

More That Matters: Heat Advisories & Safety

With Dr. Jason Sreedhar & Dr. Benjamin Aiken

Diane (00:01):

Louisiana in the summer is one word, hot. Help protect yourself from high temperatures on this episode of More That Matters.

Clay (00:17):

Thanks for joining us for another episode of More That Matters. Today we have two special guests, Dr. Jason Sreedhar and Dr. Benjamin Aiken. Both are emergency medical doctors at University Medical Center New Orleans. We're so excited to discuss a topic that everybody in Louisiana can relate to, the heat. Thanks for joining us, gentlemen. Let's begin at the beginning. (laughs) Uh, we see a lot of heat advisories in Louisiana during the summer months. Can you explain what qualifies as a heat advisory and who declares them?

Dr. Aiken (00:53):

So, I can start off by taking this one, and my name's Dr. Aiken. Thank you, guys, for the introduction. So, a heat advisory is issued by the National Weather Service and is declared when the temperature is 103 degrees Fahrenheit or more or when the heat index is 108 degrees Fahrenheit or more. And I believe I'll, uh, kind of define heat index, uh, a little later and kind of give some more, um, information about how we, um, how we can kind of calculate that.

Diane (01:31):

And, you know, a lot of times when we are listening on the radio or watching television, a couple of, um, I guess things come up. Some, the technical terms that people sometimes seem to get confused. And it's very, it's very important that we know the difference between a heat advisory and an excessive heat warning because there are specific differences that everybody body needs to be aware of. Is that correct?

Dr. Aiken (02:02):

Yeah. Exactly. So, a heat advisory is like I said, um, a certain temperature this being 103 degrees Fahrenheit, and an excessive heat warning is kind of more extreme, on the more extreme end of that. So, a temperature of 105 degrees Fahrenheit or greater or when the heat index is 113 degrees Fahrenheit, um, or more. And last year, we set the record number of heat excess- heat, excessive heat warnings from five in 2010 to 12 in 2023.

Diane (02:40):

Wow.

Clay (02:40):

Geez.

Dr. Aiken (02:41):

Which is pretty concerning for, you know, a span of 13 years to have, um, uh, over doubled the amount of excessive heat warnings we've had. And we've really seen this in the Emergency Department with the number of heat related illness presentations that we see on, um, a daily basis, especially once it gets into like August, it becomes a fairly frequent thing. And we can see this also on, um, graphs of the presentations throughout the years trending up. Um, so it, um, it's definitely something that's become more pervasive in everyday life, and especially in the medical world.

Diane (03:24):

And, you know, here in Louisiana, we just, everybody likes to be outside in the summer and you just-

Clay (03:30):

Well, we did.

Diane (03:32):

Yeah. We- (laughing) Well, yes. But when... That's why it's important to pay attention to the verbiage of these warnings, advisories, what have you-

Clay (03:40):

Yeah.

Diane (03:41):

... so that you don't find yourself, as you said Dr. Aiken, in the emergency room. You do not wanna be there, so that is a, that is the challenge-

Clay (03:48):

Yeah.

Diane (03:48):

... that we have here that's why we're bringing this podcast because we think it's so important for people. This can't be white noise. These, you know, these advisories and these warnings, they can't just go unheeded because, oh, it's summertime in Louisiana. No. It's more than that, Clay.

Clay (04:05):

Yeah. I thought last year was an anomaly.

Diane (04:09):

Hmm.

Clay (04:09):

I was like, "Yeah. You know, it, it's hot here but, yeah, we don't typically do a series of 100-degree days with all this humidity. Ah, this year is gonna be great."

Diane (04:17):

Hmm.

Clay (04:17):

Uh, not so much.

Diane (04:18):

Right.

Clay (04:19):

So, you know, gentlemen, my repertoire of small talk runs from traffic to weather-

Diane (04:23):

(laughing)

Clay (04:24):

... and it's normally bare, but in the last (laughs) couple of years the weather has been a game changer.

Diane (04:29):

Mm-hmm.

Clay (04:29):

A big part of that has been the humidity. Everybody talks about that southern humidity. Uh, Dr. Sreedhar, Dr. Aiken, what are your thoughts about the impact humidity plays on this extreme heat?

Dr. Aiken (04:43):

Yeah. In order to understand how humidity plays a role in extreme heat, I think it's first important to understand how the human body, uh, regulates heat as we've all experienced on a hot Louisiana summer day, I think your body almost instantaneously starts to sweat. And really the primary role of sweat is to draw heat from your body into the beads of sweat that form on your skin, and that heat is then dissipated into the air through evaporation of your own sweat.

Dr. Aiken (05:16):

So, this basically means that sweat helps transfer heat from your body into the air around you. And ultimately humidity is, and then going into how humidity impacts your body's ability to, um, to regulate heat, humidity is a measure of how much water vapor is in the air. So, the higher percent of humidity on any given day, the higher the amount of water vapor is in the air and why it feels almost damp when you walk outside on-

Diane (05:47):

Mm-hmm.

Dr. Aiken (05:48):

... high humidity days. And with this in mind, we can now understand how humidity impacts the body's ability to regulate heat. On a high percent humidity, humidity day, especially here in Louisiana, we've all experienced, like I said, how your body almost starts to sweat immediately. The problem with the high humidity days is that the air has so much water vapor in it, that, that there, that there's no room for the sweat to dissipate into.

Dr. Aiken (06:19):

It's like if you like tried to pat yourself dry with a wet rag-

Diane (06:23):

Mm-hmm.

Dr. Aiken (06:23):

... the sweat just stays on your, on your skin. So as a result, your body can't really dissipate heat, um, because the sweat has nowhere to go into the air and so you can't have sweat evaporating from your skin. So basically, the heat just stays on your skin, and that's exactly how we measure heat index as we mentioned earlier.

Dr. Aiken (06:45):

It will feel hotter in Louisiana on a 90-de- deg- degree day as opposed to a 90-degree day in Colorado where, um, the air is much drier, because we have so much more humidity here. And it's harder for our bodies to regulate heat in higher humidity environments, so that's why I think it's really important that we kind of delineate between actual air, you know, temperature versus heat index-

Clay (07:14):

Yeah.

Dr. Aiken (07:14):

... which takes into account humidity and our ability to regulate heat. Um, so, yeah.

Clay (07:21):

It's so interesting. Last August, I remember leaving here, it's sweltering outside, and I had a, a, a business thing to attend in Phoenix. And even though it was like 25 degrees warmer, I could be in a suit and be able to move comfortably there, relatively comfortably there.

Diane (07:42):

(laughing)

Clay (07:42):

Uh, in and out of vehicle to building, whereas as soon as you get back to Louisiana, it's like, "This is just ridiculous."

Diane (07:49):

Mm-hmm.

Clay (07:49):

And I think to your point, the role humidity plays on the way heat impacts us is so great.

Diane (07:56):

Sometimes you feel like you're melting, don't you?

Clay (07:57):

Yeah.

Diane (07:57):

I mean, you ab- absolutely do. You walk out in the morning and to your point, Dr. Aiken, that's, you just, it just hits you in the face, literally hits you in the face.

Clay (08:06):

And you get that, "Oh, but it's a dry heat."

Diane (08:08):

(laughing)

Clay (08:08):

Shut up.

Diane (08:08):

Yeah. Mm-hmm.

Clay (08:10):

Well, you know, it's, it's interesting. Education wise, and, and this is a little off the grid, but I, I do wanna ask you, because you've talked about some terms that people should be familiar with. And then understanding that what the body is doing under the impact of, of humidity. What would you advise people now to think?

Clay (08:25):

I mean, in summer months people tend to put their kids in activities that have them outside from time to time. Some of the summer camps that are both athletic. And then, you know, kids getting together recreational. Are there things parents should be thinking about as we enter this new era of what heat is like, especially here in the South?

Dr. Sreedhar (08:45):

All right. This is Dr. Sreedhar, um, just wanted to go ahead and take this one. I think, uh, in terms of the presentations that we see that are related to heat, uh, we can kind of group them overall into three general classifications. I'll kind of go through those a bit and what we can do with those three groupings.

Dr. Sreedhar (09:01):

Um, the first two I really wanna hit on are heat exhaustion versus heat stroke. And there's one key difference here that I'll get, uh, get to in a second, but otherwise we're pretty much the same. Um, heat exhaustion gonna kind of be the lower grade of heat injury here. Um, I think we've all experienced this. You get a little bit of a headache, uh, fatigue, weakness, when you stand up you get suddenly a little bit, you know, lightheaded and starry-eyed for about, you know, 35, 40 seconds before it can move.

Dr. Sreedhar (09:28):

Um, the key here being that, uh, you know, people who are experiencing heat exhaustion continue to maintain normal mental status. They're not passing out. They're not confused. They are not hallucinating. They answer questions normally.

Dr. Sreedhar (09:42):

Um, one of the precautions here is that obviously people are a little bit of a fall risk just with their overall dizziness, um, picture, but kind of the way that we recommend treating this is getting them, um, out of the direct sunlight, inside, ideally where there is fans and/or AC, um, to get them cooler faster. Uh, plenty of water, uh, for, for most people I would start with at least, you know, uh, 20 to 25 ounces, um, for younger, healthy people under the age of 40 would go, you know, upwards of two liters honestly.

Dr. Sreedhar (10:19):

Um, the other thing that we do a lot of times in the Emergency Department and with EMS, um, is packed ice packs into their groin and armpits. That has been in the research shown to get to cool a bit quicker, um, in most people's homes we're not necessarily gonna keep ice packs, but, you know, a bag of frozen corn, frozen peas, frozen spinach, whatever it is, um, certainly a good way to, um, get them cool a lot quicker.

Dr. Sreedhar (10:44):

Uh, so that's the overall picture of heat exhaustion. Um, heat stroke is a little bit of the same thing. You still have that, uh, the fatigue, the weakness, headache, maybe some lightheadedness as well. The key here is, uh, these are people with altered mental status. So they're having hallucinations, they're confused, they're not answering questions normally, they're not seeming at baseline kind of like themselves.

Dr. Sreedhar (11:08):

Uh, can have seizures, can have something like muscle rigidity as well. Uh, that's something we probably wanna see in the Emergency Department sooner rather than later. Um, just to get a bit into the biochemistry here what's happening is as the internal temperature of our bodies goes up, um, our proteins are kind of folded into specific, uh, configurations so that they can do the specific job that they're assigned to.

Dr. Sreedhar (11:33):

And as the temperature goes up, they become unfolded and thus unable to do, do their job. So for example, toxins start building up, you don't continue to, you know, make, per- perfuse our brain as

well. We don't perfuse our heart as well. Um, we can get a lot of different indirect injuries from that as well.

Dr. Sreedhar (11:50):

Um, with the heat exhaustion versus heat stroke, also wanted to hit on, you know, previously we thought about this as, you know, if it's just exhaustion, then we'll have some volume left in their, their intravenous supply, they'll be sweaty, whereas heat stroke the tank is kind of empty so there's not a whole lot of sweating.

Dr. Sreedhar (12:08):

And realistically what we're seeing these days is, um, that's not necessarily born out in kind of the overall progression of disease that the sweating status isn't necessarily correlated with how severe the injury is. Um, and that's particularly important in, you know, for example, kids which we'll get to in, in, in a second.

Dr. Sreedhar (12:27):

Um, sometimes their, you know, thermo regulatory systems and sweating mechanisms are not fully developed. And so really staying on top of hydration, making sure we're looking for the, the appropriate symptoms here, uh, is kind of key with, uh, with pediatrics.

Dr. Sreedhar (12:41):

The last group of disease that I'll hit on is just kind of some indirect stuff. Um, uh, as a result of kind of volume depletion, we do see, you know, kind of poor blood flow to a number of different organs in the ED, um, specifically the heart to the kidneys, to the liver, to the brain, um, can see, uh, what's known as rhabdo or rhabdomyolysis, which is basically poor perfusion into the muscles causing muscle breakdown.

Dr. Sreedhar (13:06):

Um, can also see some changes in electrolytes affect the brain, um, can cause, you know, some pretty serious stuff in the brain. This is obviously much more, um, much more frequent with heat stroke rather than heat exhaustion. So, we definitely wanna get people with heat stroke in, um, but anything that seems all concerning, we're more than happy to field in the ED at any point in time.

Clay (13:27):

Um, you, you mentioned earlier and I, I think Dr. Aiken talked about it too, the impact of it. If you were out in a group, are there signs early on that would indicate someone's about to have a problem? I mean, outside of saying, "Hey, it's hot outside," are there-

Diane (13:44):

Mm-hmm.

Clay (13:44):

... things going on with a person that you'll notice to say, "Hey, if you see that these are early stages of someone who may be about to have an issue?"

Diane (13:51):

And as a layman, what do we do about it?

Clay (13:53):

Yeah.

Diane (13:54):

That's the, that's the important thing-

Clay (13:55):

Yeah.

Diane (13:55):

... we just don't know.

Dr. Sreedhar (13:57):

Absolutely. Um, generally speaking, uh, the things that are gonna kind of queue us off to some kind of heat issue is, you know, we're outside in the heat for an extended period of time and sudden, someone suddenly starts getting a little bit weak, a little bit fatigued, needs to sit down, feeling slightly short of breath, um, getting a headache, getting a little bit of nausea without any real obvious, uh, direction of where it's coming from, um, or, you know, starting to act a little weird.

Dr. Sreedhar (14:26):

Is act is not answering questions right, maybe suddenly, you know, suddenly isn't able to walk in a straight line, those kinds of things are where we start to say, "Okay. Maybe this is a heat issue." Um, again, if they're, if they're medicating appropriately, I think it's, it's fair enough to at least try to get them inside, get them some fluids, get them cooled off. See if that resolves everything.

Dr. Sreedhar (14:49):

Um, if they're starting to behave a little bit strange, I think we probably need to get to medical care sooner rather than later.

Dr. Aiken (14:56):

I think we can like, we can, you know, put this in, in context as well. If that, they're acting like that and there's also an excessive heat warning and it's 100 and, you know, 10 degrees out, um, I think those two things together should be, you know, high index of suspicion. That we should be a little more cautious, especially on these symptoms that Jason just explained that, you know, we can take immediate intervention pretty quickly to get them out of the heat.

Diane (15:27):

And I think we all need to be just more cognitive of what could happen, what may happen, and be aware of it. Hopefully, it doesn't, but we all need to play a role in protecting ourselves and our family or friends if we're outside for any period of time. You know, you're together with your family, you're having a great time until all of a sudden, you're not. And it doesn't have to be that way.

Diane (15:47):

I, I believe that, that would kind of lead into our next question about, uh, protecting ourselves or others from heat related illnesses. You know, you've got, you know, we were talking about being hydrated and being careful when you're out with your family but there are a lot of people also that work outside. You know, they work outside for a living, God love them in the summertime-

Clay (16:11):

I know, right?

Diane (16:12):

... when they have to be outside, what do you, how do you protect yourselves from, or anyone protect themselves from heat related illnesses, doctors?

Dr. Aiken (16:23):

So, I think, um, you know, one of the obvious ones is to stay hydrated, but wha- what does that exactly mean?

Diane (16:29):

Mm-hmm.

Dr. Aiken (16:31):

So, so one is just drinking plain old water. Um, and also for people who are spending a lot of time outside sweating, it's also beneficial to, to have drinks like Gatorade that have electrolytes in them as well. Um, and I think another big thing is what drinks we should avoid? So, drinks like soda, um, are, you know, even though it has water in it, also has caffeine in it as well, which we consider a diuretic which actually ends up making you pee out more water than you actually drink.

Dr. Aiken (17:06):

So even though, you know, these drinks like soda are advertised to be, um, hydrating or refreshing, um, really it can end up being, uh, more harmful than, um, just sticking to the basics like water, Gatorade, stuff like that. Um, and with this also if you're an outdoor worker, someone who's, you know, out working on pavement, or in an enclosed home, um, as like a construction worker. I think really being intentional about taking frequent breaks, um, trying to, you know, to take at least a break every hour to, to stop.

Dr. Aiken (17:49):

One, get into some shade, and two, to just like have a drink of water. Um, uh, I think that requires a lot of intention to be able to do do that especially if you're, you know, you have a busy day and a lot of work to get through. Um, on these high heat days, we really need to protect ourselves because in the Emergency Department, we really see a lot of these out, we see a lot of outdoor workers who come through-

Diane (18:13):

Mm-hmm.

Dr. Aiken (18:13):

... our Emergency Department, um, because they're really ones who are most at risk.

Dr. Aiken (18:19):

I think, um, you know, some other, a couple other big things that, um, are really important for people is to stay connected. So, uh, one, using your cell phone. Um, most cell phones have a weather app on it and those weather apps will typically tell you if there's a heat advisory or a heat warning, um, and usually you can get that information, uh, in advance.

Dr. Aiken (18:44):

You can also look through like your local weather. I know in New Orleans, uh, we have, um, something called NOLA Ready, which is a text chain that, um, helps inform, uh, the population here in New Orleans about upcoming, um, heat related, um, events as well as other, um, extreme weather events. And, um, if your local government or area has some resource like this, I think would be extremely beneficial to help be more proactive, um, when you're like planning your day ahead or your week.

Dr. Aiken (19:24):

Um, and then next thing would be just, um, you know, if, if you're, um, feeling overheated getting into either some shade or into an area that has AC. Um, definitely if, um, you have a home or friends who have a home that has AC, that's the best way to go, but, um, if you don't have access to that, you can also consider like public, public resources such as a library which is, uh, pretty reliable, um, to go and get cooled down.

Dr. Aiken (19:57):

Um, again, here in New Orleans, we, we do have, um, in the summer, um, kind of cooling stations that are designated throughout the city. Um, so keeping an eye on where those are available, um, I, I think is really important to be aware of.

Diane (20:15):

And again, just being aware-

Clay (20:17):

Mm-hmm.

Diane (20:17):

... being proactive and not thinking, "Oh, this couldn't happen to me." I know that, you know, I've gone through summers here in South Louisiana, nothing's changed, but every summer, we get just a little bit older. You know, if we're a year older, maybe not quite, you know, the way we were a year or two or five years ago.

Clay (20:32):

Mm-hmm.

Diane (20:33):

The summers get more intense, the heat gets more intense, and we just have to be careful. And, you know, and that would be something about, uh, the, the who is most at risk for the heat related illnesses? I would imagine older folks and the very young, as Clay said, you know-

Clay (20:51):

Yeah.

Diane (20:51):

... playing sports. So, could we kind of walk through that a little bit, doctor?

Dr. Sreedhar (20:56):

So, yeah. Absolutely right. Um, and we refer to that kind of as the extremes of age, but definitely on the same page there. Um, the under 18 group is definitely gonna be at risk, uh, specifically kind of under 10, 11 kind of range just because, um, a lot of their physiology isn't fully developed. And so, you know, they have a little bit less of what we call cardiopulmonary reserve. Their, um, their heart, their vessels, and their lungs are maybe a little bit less able to take such big insults.

Dr. Sreedhar (21:25):

So, as we start to dehydrate them more, they're not able to, uh, kind of compensate for that as well as, for example, a fully grown adult who has no medical conditions. Um, as we get kind of into that teenage range, we start to get into the athletic range where we're, uh, potentially outside a lot, potentially exerting ourselves a lot, um, and particularly with kids in this age range, uh, it's hard for them to determine, you know, am I just in a little bit of discomfort because of the athletic situation that I'm trying to work through or is this a serious issue and I need to seek help right now?

Dr. Sreedhar (21:57):

And a lot of times by the time they can tell the difference between those two, it's a little bit too late. Um, so certainly that under 18 age group is a little more. Um, the over 60 age group as well, um, I'll also group in here the chronic comorbidities, um, kind of population as well. Um, uh, uh, as we get older our overall, you know, ability for all of our organs to function starts to drop off a bit, um, even more so if we have things like heart disease, kidney disease, um, you know, asthma, COPD, those kinds of things.

Dr. Sreedhar (22:28):

So, um, certainly those people need to be a little bit more vigilant, can be more prone to heat issues. Uh, the next one I'll hit is, uh, pregnant people, um, in part because of the, the kind of the circulatory status in pregnancy, you're now circulating blood for two people. So, you know, an ins- a little bit of an insult, a little of bit a decrease is gonna affect two people rather than one.

Dr. Sreedhar (22:51):

Um, also because their body surface area to volume ratio, uh, goes down a bit during pregnancy. And as a result, makes it a little bit harder to get heat off. Um, so you kind of retain heat a bit more and, uh, are more prone to heat injury there. Um, the other ones I wanna talk about, um, athletes of all ages-

Diane (23:13):

Mm-hmm.

Dr. Sreedhar (23:13):

... we spoke about this in-

Diane (23:13):

Yes.

Dr. Sreedhar (23:14):

... the teenage age group but even as adults.

Diane (23:16):

Yeah.

Dr. Sreedhar (23:16):

Um, use of alcohol certainly is a potent diuretic. Um, so any beer, wine, liquor, um, really would recommend especially if you're outside. Um, for every drink doing a little eight-ounce cup of water, um, particularly true if you are drinking some kind of mixed drink, because now we've got the alcohol and the liquor, plus we've got the sugar in whatever mixture you've got going there.

Dr. Sreedhar (23:39):

Um, other recreational substances, uh, specifically stimulants can cause, you know, increased heart rate, increased muscle usage. Those are all gonna make you more prone to heat, uh, heat injuries overall. And the last one that, uh, Dr. Aiken hit on was, uh, outdoor laborers, um, particularly in the context of, uh, construction and agriculture. Trying to fight this battle of I need to wear PPE to protect myself from the chemicals, the industrial substances I'm using versus it's really hot outside and I really would prefer to keep myself more open and vented. Um, and so that's particularly tough.

Dr. Sreedhar (24:17):

Um, just in terms of recommendations for all these populations, um, generally just being more vigilant in terms of knowing kind of where the ambient temperature is, knowing what the symptoms are, staying on top of our hydration beforehand, as well as making sure in terms of sun exposure, we have some kind of, you know, sun protection, sun block, uh, anything in that range. Um, and then seeking help as needed.

Clay (24:42):

You know, that's one thing we do pretty well here in the South is, and, and that's keep up with the weather because it's, it is such a big part of our daily life. You know, the, the weather impacts, uh, our commute time getting to work, what we do when we're at work depending on what industry you're in.

Clay (24:56):

And I do think we're pretty good at that. You talked about the NOLA Ready. I think, uh, and, and, you know, in the Baton Rouge area there's something called Red Stick Ready, which is very, very similar. And some communities have it, but even if you don't depending on where you're listening to us, sign up for your local television weather app-

Diane (25:12):

Yeah.

Clay (25:12):

... because they typically will take direction from the National Weather Service to get information out. Those apps are free-

Diane (25:19):

Mm-hmm.

Clay (25:19):

... and they're, they're generally intuitive to let you know, uh, technology plays a big part in everything that we do right now. And so, I think that's such a, such a great point. Speaking of technology, air conditioners have a se- a sense of humor. They typically wait until the hottest part of the summer to start to say, "I think I need a mental health day.

Diane (25:38):

Yeah. (laughs)

Clay (25:39):

I'm not gonna work today." (laughs) And so if someone is having issues with their... And you can't see him nodding at me here. (laughs) If someone is working, having issues with their AC, um, what tips would you give them? And, and one thing that I would encourage people to do is always think maintenance far in advance of the summertime. It's much more cost-effective to have your system checked-

Diane (25:59):

Yes.

Clay (25:59):

... when it's not hot, as hot because the people who are doing the work are not as pressed because they're, you know-

Diane (26:04):

Oh, yeah.

Clay (26:05):

... so, it's always a good thing to do. Too late now as we record this-

Diane (26:08):

Mm-hmm.

Clay (26:08):

... but it's a good idea. What do y'all think about that? People having AC's, what would you advise?

Dr. Sreedhar (26:12):

Yeah. It's, uh, definitely agree with that. Definitely would, uh, err on the side of maintenance rather than having it break down then have a problem. Um, some of the, you know, worst key injuries we see here are people who EMS brings them in after being found down inside a house, either the AC is broken-

Clay (26:27):

Yeah.

Diane (26:27):

Yes.

Dr. Sreedhar (26:27):

... AC is not on, AC is not working right, uh, and it's really unfortunate.

Clay (26:31):

Yeah.

Dr. Sreedhar (26:32):

Um, overall in terms of staying, uh, cool during, uh, during the hottest parts of the, of the day, um, usually the worst parts of the day are gonna be something like 10:00 AM to about 4:00 PM. Um, ideally, you know, you'd have AC in your own house, but if that's not possible, uh, would recommend, you know, looking at other ways to get in some kind of climate controlled area.

Dr. Sreedhar (26:55):

That could be anything, uh, you know, not exhaustive list here, but could be neighbor's house, friend's house, coffee shop, bookstore, um, you know, go for a little shopping s- go to the library, uh, really any kind of public space is probably gonna have air conditioning and it's gonna be better than sitting in a house with, uh, no AC or suboptimal AC.

Dr. Sreedhar (27:13):

Um, the other option for a lot of people is, uh, you know, from a cost point of view, it's, uh, during the hottest part of the day, it might be that more beneficial to keep one room with the AC on, just keep that to, you know, 80, 80, 70 degrees whatever it is, um, and spend the hottest part of the day in that room. And then kind of come out once we get to about 4:00 or 5:00 PM.

Dr. Sreedhar (27:34):

Um, the other thing that I'll mention here is Entergy, uh, is currently offering a series of different, uh, rebates for replacement and maintenance of home units. Um, I won't give too much in detail, uh, on the specifics of that, but, um, more than welcome to check that out.

Dr. Sreedhar (27:49):

The other thing is, um, look at kind of your local, um, local overall housing ordinances. So, uh, at least for us there is a, um, the, the set of New Orleans healthy homes minimum rental standards says that you, uh... And I'll paraphrase here, but basically you have to be able to get the bedroom down to, uh, 80 degrees Fahrenheit or it is considered non-livable, and the landlord has to provide for some other kind of climate control.

Clay (28:13):

Mm-hmm.

Dr. Sreedhar (28:13):

Um, certainly there... I'm, I'm guessing there are similar ordinances in other areas, uh, so it might be wise to look at what, what area you live in and see if there's any kind of legal protections as well.

Clay (28:23):

Well, my esteemed colleague here made her name as being one of the premier weather personalities in the capitol region and she knows especially in the last decade, we've had some major hurricanes here-

Diane (28:35):

Oh, boy.

Clay (28:35):

... which often lead to-

Diane (28:37):

Yeah.

Clay (28:37):

... power outages-

Diane (28:38):

Mm-hmm.

Clay (28:38):

... in parts of the year where it is still hot. I mean, Gustav had neighborhoods out for a couple of weeks with no power. And so, I think as we think about hurricane preparedness, we should also add to that. Think about what the heat will do to you and your home? And if you have an infant or a special needs person in your home or an elderly person not, don't just think about food and water, think about how you protect yourself from the heat. Do you have any thoughts about that, doctors?

Dr. Aiken (29:06):

Yeah. So, I, I just moved to Louisiana about a year ago. So, I've started to make my emergency preparedness kit and as we met-

Clay (29:16):

Where did you move from?

Dr. Aiken (29:17):

I moved from Nashville, Tennessee.

Diane (29:23):

Oh.

Clay (29:23):

Okay.

Diane (29:23):

Nice.

Clay (29:23):

That's close enough-

Diane (29:23):

Yeah. Ah-huh.

Clay (29:23):

... to the heat though.

Diane (29:23):

Welcome.

Dr. Aiken (29:23):

(laughs) It's, it's still pretty hot up there but-

Diane (29:25):

Yes. It is.

Dr. Aiken (29:26):

... um, I, not, not many hurricanes over there.

Diane (29:28):

Oh.

Dr. Aiken (29:30):

Um, but, uh, yeah. So, you know, I think one of the, you know, imp- obviously important things to have in this emergency preparedness kit is some sort of clean drinking water.

Clay (29:42):

Mm-hmm.

Dr. Aiken (29:42):

So you can buy something as simple as like a five gallon water jug to fill up with water, um, before the storm comes, um, or have bottled water available, um, at least to cover you for a couple days, whether you're trying to evacuate or if you try to stick through it for, um, through the duration of the storm, don't recommend that but, um, if, if you're kind of forced to stay then, um, also have like a way to stay connected to the resources that will be available, um, either during a hurricane event or an extreme heat related event which we typically see go hand in and with hurricanes, especially when the power goes out afterwards.

Dr. Aiken (30:28):

Um, so having a way to stay connected, extra batteries, cell phone, uh, radio, uh, ways to kind of figure out where you can go next to get resources, I think is really one of the big things to, to have in your kit. Um, you can also have things like electrolyte tabs, um, that you can put into your drinks to help supplement kind of your, your loss of electrolytes through sweating and stuff during those events.

Dr. Aiken (30:57):

Um, if there's a way to like keep track of your temperature, you can have a thermometer, um, but also just like being aware of, um, you know, if, if you have family, being aware of the individuals who are like limited mobility maybe are gonna be stuck in the home, helping them, um, figure out a plan as well. Um, and if you know someone who's more at risk, um, such as, such as a, you know, an older family member, um, that needs help, um, to, to, to be aware and to be intentional about trying to get them to a safe place as well.

Diane (31:35):

I think that's an excellent idea, Clay, that I hadn't really thought of in all the years-

Clay (31:39):

Yeah.

Diane (31:39):

... that I was doing weather-

Clay (31:40):

Yeah.

Diane (31:40):

... we all know about the emergency preparedness kits for the hur- for hurricanes, but maybe not so much differentiating the two-

Clay (31:48):

Right.

Diane (31:48):

... having the emergency kit for heat as well and-

Clay (31:52):

Oh, same thing happened-

Diane (31:53):

Yeah.

Clay (31:53):

... when we had the flood in Ba- in the Baton Rouge area-

Diane (31:55):

Mm-hmm.

Clay (31:55):

... for people in other places-

Diane (31:56):

Right.

Clay (31:57):

... I mean, there were people without power for a couple of weeks-

Diane (31:59):

Right.

Clay (31:59):

... because you have to wait for the water-

Diane (32:01):

Mm-hmm.

Clay (32:01):

... uh, you know, to, to just recede. So, you're right. It, and it's the new normal now, Di.

Diane (32:05):
Unfortunately.

Clay (32:06):
We got to think about that.

Diane (32:06):
Yeah.

Clay (32:07):
And for people who can't have home generators. I mean, and that's a new thing now people are getting gene- I mean, I remembered after the last situation I had to get one and there are portable things that you can buy, um, that, that will at least cool the individual.

Diane (32:21):
Right.

Clay (32:21):
Things that you can put around your neck-

Diane (32:22):
Right.

Clay (32:23):
... fans that are battery powered with USB ports that can connect them to-

Diane (32:26):
Mm-hmm.

Clay (32:27):
... a portable battery that can cool. What are your thoughts on that?

Dr. Sreedhar (32:32):
Yeah. I mean, I definitely think any, any sort of like fan is a, a great way to help, uh, cool, cool your body, especially if you're gonna be in like a home. I would say opening windows and stuff too, making sure the home is ventilated. Um, and again, using fans is a great way to help, um, help the body dissipate heat.

Dr. Sreedhar (32:53):
That's honestly one of the primary ways we do it in the Emergency Department sometimes is we just put water on people, and then we blow a big fan on them and-

Clay (33:01):

Hmm.

Dr. Sreedhar (33:02):

... um, that, that can be a pretty effective way to cool somebody down.

Clay (33:07):

Is there anything we left out in this conversation? I know as people listen in this part of Louisiana, it is, here we go, hot as fish grease outside-

Diane (33:15):

(laughing)

Clay (33:15):

... (laughs) and is there-

Diane (33:16):

Well said.

Clay (33:16):

There you go. There you go. Uh, but is there anything that we did not ask or, or address that you think we, we should include in this podcast before we wrap?

Dr. Sreedhar (33:25):

Yes. I can go ahead and take this. Uh, I think one of the things that I just wanted to reape on a little bit is kind of the, um, the outdoor heat exposure while working, uh, over the last week, maybe two weeks or so, we've been seeing a big jump in the number of people who are either working at home, working at work, outside, um, and come in with some level of heat injury.

Dr. Sreedhar (33:47):

Um, and so I think one of the really important things here is making sure we're wearing, um, an adequate amount of PPE. Um, I used to work in central Florida, and we used to see, um, uh, a lot of people who would come in for either direct heat injury or because they weren't wearing the right amount of PPE because of the heat, uh, would then have some kind of chemical exposure and now we got to deal with that as well.

Dr. Sreedhar (34:08):

Um, so really making sure we're doing well in PPE but simultaneously, you know, taking breaks, taking that PPE off, making sure we're hydrated during that time, uh, and kind of knowing the symptoms there. Um, and lastly just working on, um, you know, making sure our workplace is covering us from a heat protection point of view. Um, obviously it's state level, it's not, we don't have a whole lot of protection but, um, they should at least be abiding by OSHA protocols and making sure that, you know, if they're not, we get the right, um, level of help that gets there.

Dr. Sreedhar (34:38):

Um, the groups that I'm aware of are, uh, Louisiana Workforce Coalition as well as Tulane Law Center, but I'm sure there are plenty out there. So, uh, would advise anyone to, uh, go ahead and start, uh, looking up resources from that point of view.

Dr. Sreedhar (34:50):

Um, the last thing I wanna hit is, uh, uh, anecdotally and I think on a national level as well. Heat injury overall tends to be mostly men. Um, and the origins of that I won't get into too much, but I think as men, we do need to kind of be honest with ourselves, you know, staying on top of our own hydration, our own nutrition, you know, taking ownership here, making sure, you know, when we need help, we acknowledge that and get help, um, is certainly a key, um, key step here.

Diane (35:20):

Dr. Aiken, is there anything else you'd like to add as well?

Dr. Aiken (35:25):

Yeah. Uh, you know, um, it's funny how we like every year kind of say, you know, it's, it's a really bad summer and, um, you know, we, we kind of assume that the next summer will be better or, um, or, you know, this will get better in the future. And I, you know, I, as with the trend of how many Emergency Department visits we're getting and, uh, with the trend of just general, uh, average temperature is getting warmer year-over-year, I think, you know, this is something that is kind of here to stay unfortunately. And something that we need to take a lot more seriously going forward.

Dr. Aiken (36:08):

Um, I, I think, um, you know, it's kind of a new thing that really has started to, um, become addressed over the years with heat advisories, heat warnings. Um, it, it kind of seems like a new term to us all and I think it's something that we need to maybe pay attention, uh, to a little bit more because, um, heat related illness is a, a very serious thing and, and something to, um, something to take, um, to not take lightly.

Diane (36:39):

Absolutely. And we just need, as we said in the beginning of this podcast, do not let this be white noise because we're still thinking we're used to this in South Louisiana but we are not, our bodies are changing every summer, we need to be aware.

Diane (36:54):

Well, we appreciate everyone tuning into today's episode. We certainly hope you've learned some valuable information and I know you did with these two doctors about heat-related illnesses. Please, please stay safe out there in the summer months and make sure to listen to other Vax Matters and More That Matters episodes wherever you get your podcasts.