

Conway Medical Center
Conway, South Carolina
PHYSICIAN'S ORDERS

Center Patient Admission
Label Here

Target Temperature Management
(ED/CCU ONLY)

Admit:	<input checked="" type="checkbox"/> Inpatient ICU service of _____
Diagnosis:	<input checked="" type="checkbox"/> Cardiac Arrest <input type="checkbox"/> Other _____
Patient must meet all of this criteria: <input type="checkbox"/> Post cardiac arrest with return of spontaneous circulation (ROSC) <input type="checkbox"/> Age greater than 18 years old <input type="checkbox"/> Negative pregnancy test for women under age 50 <input type="checkbox"/> MAP \geq 60 mmHg (spontaneously or with fluids and/or vasopressors)	
Exclusion Criteria: (do not implement if any of these present) <input type="checkbox"/> Known advanced terminal illness preceding the arrest/conflict with advanced directives or DNR status <input type="checkbox"/> Known coagulopathy, bleeding tendency, or active bleeding <input type="checkbox"/> Cardiovascular instability (uncontrollable dysrhythmias) <input type="checkbox"/> Major intracranial surgery within 14 days <input type="checkbox"/> Gravid pregnancy <input type="checkbox"/> >8 hours post arrest	
Relative Contraindications:	<input type="checkbox"/> Active sepsis, acute pancreatitis or adrenal insufficiency <input type="checkbox"/> QT prolongation greater than 450 msec <input type="checkbox"/> Intraabdominal and/or intrathoracic surgery within 14 days
Consults:	<input type="checkbox"/> Cardiology _____ <input type="checkbox"/> Pulmonology _____ <input checked="" type="checkbox"/> Neurology _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> _____ for A-Line Placement <input type="checkbox"/> _____ for Central Line Placement
Cooling phase: Time Started: _____ Time goal temp met: _____ (rewarming phase begins 24 hours from time goal met)	<input checked="" type="checkbox"/> Complete Neuro Assessment Worksheet and obtain baseline Train of Four (TOF). Sheet to be repeated 48 hours from start of protocol and again at discharge from ICU. <input checked="" type="checkbox"/> Cool body temperature to 34° ASAP (no later than 8 hrs post event) and maintain x 24 hours (initial the following when complete) _____ insert Foley with temp sensing probe (use esophageal probe if patient is aneuric) and connect to cooling machine _____ place vest and leg wraps and set cooling machine for rapid cool on auto to target of 34° _____ RT to turn off ventilator heater
Vital Signs	<input checked="" type="checkbox"/> BP, MAP, pulse, resp, SaO ₂ , and any additional hemodynamics Q 15 min until target temp met then Q 1 hour and prn *** Do not cool less than 34°C *** <input checked="" type="checkbox"/> Document VS during titrations according to the individual medications protocol
BP/Volume Management:	<input type="checkbox"/> Infuse 0.9% NaCl at _____ ml/hr <input type="checkbox"/> Infuse LR at _____ ml/hr *** stop all potassium infusions prior to starting rewarming phase*** <input type="checkbox"/> IV bolus _____ ml 0.9% NaCl at _____ ml/hr. Goal keep \geq 65 <input type="checkbox"/> Norepinephrine IV 8mg in 500ml D ₅ W. Start at 4 mcg/min and titrate by 2 mcg Q 3 min to maintain MAP \geq 65 <input type="checkbox"/> Other: _____

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<p>Sedation:</p>	<p><input checked="" type="checkbox"/> Goal: Sedate to Ramsay Scale of 6 (and/or control of seizures) with :</p> <p><input type="checkbox"/> Propofol IV infusion (form #343) OR</p> <p><input type="checkbox"/> Fentanyl IV initiate at _____mcg/hr and titrate q 15 min to goal max 300 mcg</p> <p><input type="checkbox"/> Midazolam IV 0.125 mg/kg/hr titrated by 1-2 mg/hr q 15 min to goal max 8 mg</p> <p>*** Patient is to remain continuously sedated until rewarming is complete (and baseline TOF achieved if paralytic administered)</p>
<p>Shivering prevention:</p>	<p><input checked="" type="checkbox"/> Acetaminophen 975mg POGT Q 6 hours x 12 doses prevention of shivering</p> <p><input checked="" type="checkbox"/> Magnesium 2 grams IV every six hours PRN x 24 hours for goal serum magnesium level of 3-4mg/dL on all patients for prevention of shivering. Infuse 2 grams over 1 hour</p> <p><input checked="" type="checkbox"/> Buspirone 30mg PNGT Q8 hours x 4 doses for prevention of shivering (Decrease dosing to 15 mg PO Q 8 hours x 3 doses for CrCl less than 30)</p> <p>BSAS 1/Mild sedation (initiate opioid first if pt shows s/s of pain, initiate precedex first if patient shows s/s of agitation)</p> <p><input checked="" type="checkbox"/> Fentanyl infusion at 25mcg/hr starting dose for shivering</p> <p><input checked="" type="checkbox"/> Fentanyl 50 mcg Q 2 PRN for shivering</p> <p><input checked="" type="checkbox"/> Precedex infusion 0.2-0.7 mcg/kg/hr (hold for HR < 45, and MAP < 65) for BSAS \geq 1</p> <p>BSAS 2/Moderate sedation (opioid and precedex)</p> <p><input checked="" type="checkbox"/> Increase titration of Precedex up to 1 mcg/kg/hr (hold for HR <45 and MAP <65)</p> <p><input checked="" type="checkbox"/> Given fentanyl 50 mcg IVP x 1 dose and increase continuous infusion for Fentanyl infusion to 50 mcg/hr</p> <p>BSAS 3/Deep sedation</p> <p><input checked="" type="checkbox"/> Initiate propofol 10-55 mcg/kg/hr</p> <p>BSAS 3, refractory to Propofol</p> <p><input checked="" type="checkbox"/> Initiate TOF monitoring</p> <p><input checked="" type="checkbox"/> Initiate BIS monitoring (goal 40-60)</p> <p><input checked="" type="checkbox"/> Rocuronium 0.6-1mg/kg IV push PRN Q 1 hour for shivering</p> <p><input checked="" type="checkbox"/> If patient requires additional NMBA, discuss infusion options of a neuromuscular blocking agent with attending physician</p> <p>** Placing forced air blanket and socks may help decrease shivering**</p>
<p>VTE Prophylaxis:</p>	<p><input checked="" type="checkbox"/> Physician must complete Form # 395</p> <p><input type="checkbox"/> Lovenox 40 mg SQ 1 time daily</p> <p><input type="checkbox"/> Heparin 5,000 units SQ TID</p> <p><input type="checkbox"/> IPC's</p>

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Stress ulcer prophylaxis:	<input type="checkbox"/> Protonix 40 mg IV daily <input type="checkbox"/> Famotidine 20 mg IV BID <input type="checkbox"/> Other: _____
Other Medications:	<input type="checkbox"/> Fosphenytoin load _____ mg (20mg/kg) IV infused no faster than 50mg/min followed by phenytoin 100mg q 8 hours for seizure activity (and notify physician). Obtain phenytoin level in AM <input checked="" type="checkbox"/> Lacrilube to both eyes q 4 hours and prn if on rocuronium
Labs:	<input type="checkbox"/> Stat if not done in ED: Serum HCG (for women ≤ 50), BMP, Mg, Phos., Hepatic Panel, Troponin 1, ABG, Amylase, UA, CBC with Diff., PT, PTT, Cardiac Enzymes, EKG <input checked="" type="checkbox"/> BMP, Mg, Phos, CBC, PT, PTT q 6 hours x 12 <input checked="" type="checkbox"/> BC x 2, at initiation and 24 hours <input checked="" type="checkbox"/> ABG daily while on Vent (make sure temperature corrected) <input type="checkbox"/> Other: _____
Diagnostics:	<input checked="" type="checkbox"/> CXR daily while on TTM protocol <input checked="" type="checkbox"/> Daily EKG x 3 days <input type="checkbox"/> Other: _____
Vent Management:	<input checked="" type="checkbox"/> Vent Settings: _____ *** Do not attempt weaning until treatment complete***
Nursing Other:	<input checked="" type="checkbox"/> OG Tube to <input type="checkbox"/> LIS or <input type="checkbox"/> Gravity <input checked="" type="checkbox"/> Hourly I&O, notify physician for UO less than 0.5 ml/kg/hr <input checked="" type="checkbox"/> Q 1 hour neuro checks for 48 hours (if paralyzed TOF Q 4 hours and PRN titration of NMBA) then Q 2 hour neuro checks until TTM completed <input checked="" type="checkbox"/> HOB elevated 30° and turn Q 2 hours unless contraindicated <input checked="" type="checkbox"/> Examine skin under cooling pads Q 4 hours for breakdown <input checked="" type="checkbox"/> Q 4 hours oral care per VAP prevention guidelines <input checked="" type="checkbox"/> Continuous subglottic suction per VAP prevention guidelines <input checked="" type="checkbox"/> Do not initiate tube feeding until TTM complete <input checked="" type="checkbox"/> Patient to remain RN clinical 1:1 for the first 48 hours

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**Rewarming
phase:**

- ☒ Set cooling blanket to slow with a target of 37° (.25°c per hour)
***** Watch for rebound hyperthermia, use the cooling device to keep
patient at 37°**
***** Expect vasodilation so continue with hourly and prn vitals*****
☒ No RT trials until treatment complete

Physician

____/____/____
Date

Time

Induced Hypothermia: Post Cardiac Arrest Neurologic Assessment Downtime Worksheet

	Initial Assessment	Assessment after 48 hrs	Discharge Assessment
	Time/Date: _____	Time/Date: _____	Time/Date: _____
Glasgow Coma Scale			
Pupils (equal, unequal, reactive, etc.)			
Oculocephalic reflex (if done by physician)			
Eye movements (purposeful, roving, or no response)			
Signature			

Train of Four baseline = ____/4 Time/Date: _____

Site used = _____

Myoclonus present: ☐ Yes ☐ No

Other findings:

Glasgow Coma Scale Scoring:

Motor

Obeys = 6
Localizes = 5
Withdraws = 4
Abnormal Flexion = 3
Extends = 2
No response = 1

Verbal

Oriented = 5
Confused conversation = 4
Inappropriate words = 3
Incomprehensible sounds = 2
No response = 1

Eye Opening

Spontaneous = 4
To Speech = 3
To pain = 2
No response = 1