Out of Hospital Cardiac Arrest Audit Form
(Please complete a form for all OHCA arriving in the ED)

Audit Number: *(please do not fill)* NNNNN

Patient name:

Patient date of birth:

ED number:

Patient Label Here

Treating hospital:

EP involved in resuscitation: ED Consultant

Date of OHCA: DD/MM/YY

Time of OHCA (or time found): HH:MM hrs

Witnessed Arrest? Yes / No / don't know

Was there bystander CPR? Yes / No / don't know

Time of arrival in ED: HH:MM hrs

First recorded rhythm: VF/VT / PEA / ASYS

Time of first ROSC: HH:MM / No ROSC

Consider targeted temperature management (TTM) in all patients after OHCA, irrespective of initial cardiac rhythm

TTM:

- Comatose patient (GCS <9) after return of spontaneous circulation (ROSC).
- Intubated and ventilated.

Don't start TTM on patients if:

- Patients inappropriate for Critical Care.
- Suspected traumatic cause for OHCA.
- Pregnancy confirmed.
- Hypothermic OHCA.
- Severe coagulopathy with bleeding.

Emergency Department Cooling Protocol

Temp. recorder number: NNN

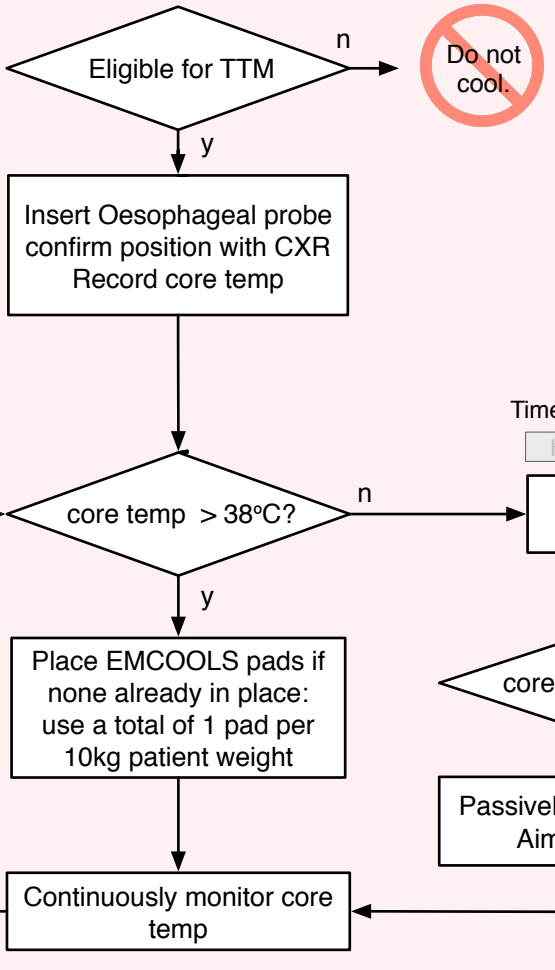
Time TTM **started**: HH:MM hrs

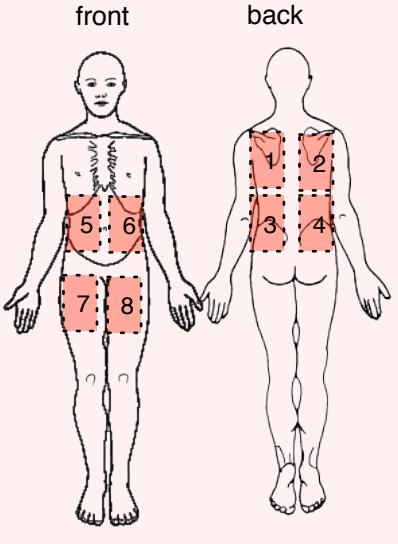
Initial core temperature: NN °C

Patient discharged to:

CT / Cardiology / Other

ICU / Mortuary





Please note location of pads by shading the above diagram

please leave oespohageal temperature probe and recorder in situ until rewarming complete

Contact - Dr Gareth Clegg - gareth.clegg@ed.ac.uk

Please leave oespohageal probe in situ until rewarming complete

Cardiac Arrest Audit Form
(Please complete a form for all post CA patients in ICU)

Audit Number: *(please do not fill)* NNNNN

Patient name:

Patient date of birth:

CHI Number:

Patient Label Here

Treating hospital:

Date of arrival on ICU: DD/MM/YY

Time of arrival on ICU: HH:MM hrs

Time ICU TTM started: HH:MM hrs

Initial Core Temperature in ICU: NN °C

Temp. logger box number: 1 NNN 2 NNN

Date and time logger changed: DD/MM/YY HH:MM

Aim is
1) Target Temperature of 36°C within 4 hrs of ROSC (Cool quickly, Warm slowly),
2) MAINTAIN 36°C for 24 hrs, Preferably use Arctic Sun with counter-warming
3) REWARM SLOWLY to 37°C over 8-10 hrs,
4) MAINTAIN at 37°C for 36 hrs

Please record times and temperatures below:

Time when T of 36°C reached:	HH:MM hrs	DD/MM/YY
Time when T of 37°C reached:	HH:MM hrs	DD/MM/YY
Time when T of 37°C maintenance complete:	HH:MM hrs	DD/MM/YY
Temp at ROSC + 72 hours:	NN °C	

Also pay close attention to:
- PaO2 ≥ 10-12kPa, PaCO2 4.5-5.5kPa
- MAP 65-85mmHg
- BM<10mmol/l. Introduce NG feed early
- Keep 30° head up, avoid straining/coughing.
- Avoid prolonged muscle relaxation.

Intensive Care Unit Cooling Protocol

Pyrexia >38°C - MUST be avoided

Shivering - Counter warming must be used
1) Bolus/Increase sedation
2) Bolus NMB drug
3) Further bolus NMB drug
4) Infusion of NMB drug ***(this may mask early seizures)***
5) Consider pethidine

TTM method
Arctic Sun ☐
Sub Zero ☐

On arrival in ICU, remove any cooling pads and apply **Arctic Sun** (OR **Sub-Zero** blanket). **TARGET 36°C**

Temp **>36°C** or **<35°C** at ROSC + 2h?

N → **Target T 36°C within 4hr of ROSC**

Y → Aim to ***cool*** to 36°C quickly. Aim to ***warm*** to 36°C slowly at 0.5°C/hr.

Temp **36°C** at ROSC + 4 hours?

Y → **Target T 36°C within 4hr of ROSC**

> 36°C → Consider IV cold saline or NMB

< 36°C → Consider active rewarming at 0.5°C/hr

Target T 36°C within 4hr of ROSC

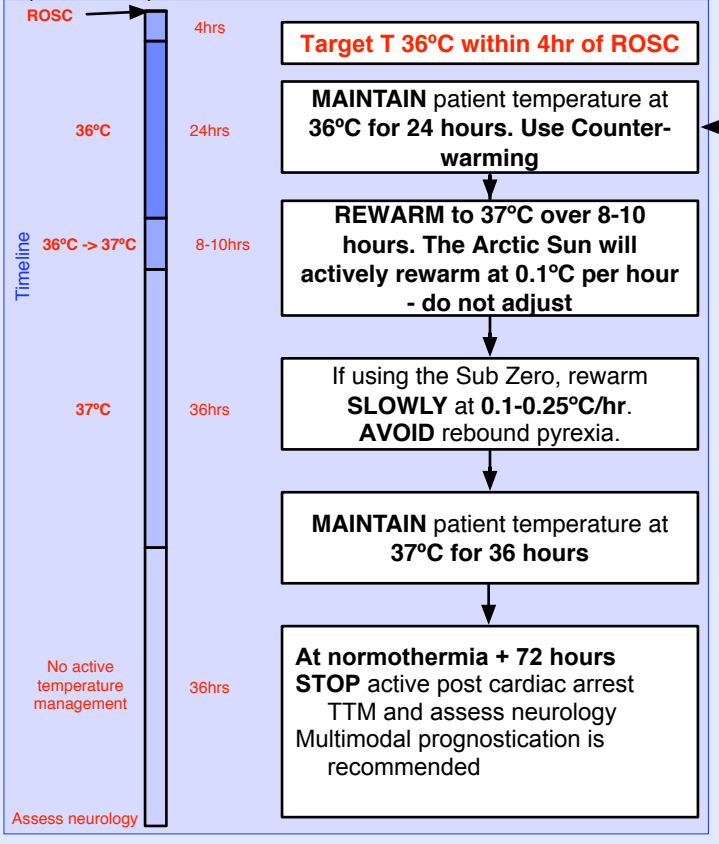
MAINTAIN patient temperature at **36°C for 24 hours. Use Counter-warming**

REWARM to 37°C over 8-10 hours. The Arctic Sun will actively rewarm at 0.1°C per hour - do not adjust

If using the Sub Zero, rewarm **SLOWLY** at **0.1-0.25°C/hr**. **AVOID** rebound pyrexia.

MAINTAIN patient temperature at **37°C for 36 hours**

At normothermia + 72 hours
STOP active post cardiac arrest TTM and assess neurology
Multimodal prognostication is recommended



please leave oesophageal temperature probe and recorder in situ until rewarming complete.

Dr Mike Gillies, Dr Mark Dunn (ICU), Gareth Clegg (ED)

Cardiac Arrest Audit Form
Please complete a form for all post CA patients in ICU

Audit Number: *(please do not fill)* NNNNN

Patient name:

Patient date of birth:

CHI Number:

Patient Label Here

Treating hospital:

Current Prognostication Algorithm

Prognostication in comatose survivors of cardiac arrest: An advisory statement from the European Resuscitation Council and the European Society of Intensive Care Medicine

Intensive Care Med (2014) 40:1816–1831

NB This is a guideline not a protocol. This does not take into account the patient's expressed or known wishes and beliefs, their co-morbidities or their pre-existing physiological reserve. Decision making should be individual based, taking into account all these factors, and this algorithm will not be applicable to all patinets.