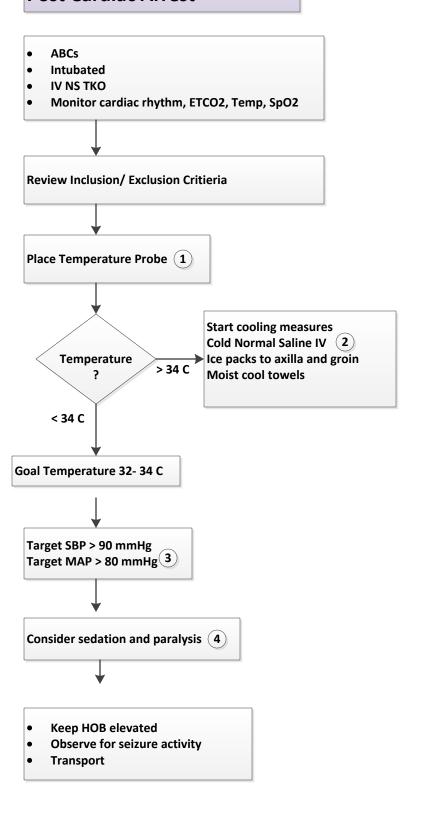
Therapeutic Hypothermia Post Cardiac Arrest



Inclusion Criteria: (all must apply)

- * Cardiac arrest with return of spontaneous circulation (ROSC).
- * Age > 16 years
- * SBP can be maintained > 90 mmHg spontaneously or with vasopressors
- * ROSC occurred < 6 hours ago
- * Comatose and intubated

Exclusion Criteria: (any will exclude the patient)

- * Another reason for coma exists : (OD, head injury, CVA)
- * Pregnancy
- * Uncontrolled, life- threatening arrythmias
- * Hypotension: MAP < 60 mmHg
- * Uncontrolled coagulopathy (platelet count < 30,000, INR > 3.5)
- * Brain Death
- * Terminal illness: DNR, DNI
- * Pre-existing hypothermia
- * Follows verbal commands
- * Recent major surgery (within 14 days)
- * Systemic infection/ sepsis

Document:

- * Time of Cardiac Arrest
- * Initial Cardiac Rhythm
- * Duration of Arrest and CPR
- * Temperature
- * GCS
- * Time Cooling began
- * Methods used to cool patient
- * Sedation/ Paralytics used
- 1. Continuous core temperature monitoring: May use esophageal probe, foley or rectal probes.
- 2. Two liters of Normal Saline IV are stored in the medication refrigerator at each base. Anticipate need for them on all Cardiac Arrests.
- 3. To maintain and support cerebral perfusion pressures, continue fluids and vasopressors to maintain MAP > 80 mmHg.
- 4. Continue or initiate the use of Fentanyl, Versed, Zemeron to provide patient comfort and prevent shivering. Shivering will increase the patient's core temperature.