

Therapeutic Hypothermia Post Cardiac Arrest

- ABCs
- Intubated
- IV NS TKO
- Monitor cardiac rhythm, ETCO₂, Temp, SpO₂

Review Inclusion/ Exclusion Criteria

Place Temperature Probe ①

Temperature
?

> 34 C

Start cooling measures
Cold Normal Saline IV ②
Ice packs to axilla and groin
Moist cool towels

< 34 C

Goal Temperature 32- 34 C

Target SBP > 90 mmHg
Target MAP > 80 mmHg ③

Consider sedation and paralysis ④

- Keep HOB elevated
- Observe for seizure activity
- Transport

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 arrhythmias
- * 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.