

**Therapeutic Hypothermia ED Protocol FOR AGE  $\geq$  16**

(addressograph)

**Emergency Physician Orders**

**THERAPEUTIC HYPOTHERMIA PROTOCOL POST CARDIAC ARREST**

Allergies: \_\_\_\_\_

Patient Weight: \_\_\_\_\_

**Guidelines for the Use of Therapeutic Hypothermia following Cardiac Arrest**

**1. Answer all questions below prior to initiating the Therapeutic Hypothermia After Cardiac Arrest Protocol.**

INCLUSION CRITERIA		
YES	NO	CRITERION
<input type="checkbox"/>	<input type="checkbox"/>	Patient is over 18 years of age
<input type="checkbox"/>	<input type="checkbox"/>	If female, is over 50 years of age or has negative pregnancy test documented
<input type="checkbox"/>	<input type="checkbox"/>	Patient had cardiac arrest (VF or pulseless VT) followed by successful return of spontaneous circulation
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac arrest is presumed to be of cardiac origin
<input type="checkbox"/>	<input type="checkbox"/>	Patient is in a persistent coma at the time of entry into the Therapeutic Hypothermia protocol (defined as no eye opening to pain or response to verbal stimulation)
<input type="checkbox"/>	<input type="checkbox"/>	Patient down time was < 60 min (time of collapse to return of spontaneous pulse)

EXCLUSION CRITERIA		
YES	NO	CRITERION
<input type="checkbox"/>	<input type="checkbox"/>	Patient is comatose for another reason (besides anoxic encephalopathy) including drug overdose, head trauma, CVA
<input type="checkbox"/>	<input type="checkbox"/>	Patient is pregnant
<input type="checkbox"/>	<input type="checkbox"/>	Patient has cardiogenic shock or persistent hypotension (>30 min) requiring vasopressors
<input type="checkbox"/>	<input type="checkbox"/>	Patient has severe hypoxemia (SpO <sub>2</sub> < 85%) > 15 min after return of spontaneous pulse
<input type="checkbox"/>	<input type="checkbox"/>	Patient has a known terminal illness
<input type="checkbox"/>	<input type="checkbox"/>	Patient has a known pre-existing coagulopathy
<input type="checkbox"/>	<input type="checkbox"/>	Initiation of cooling protocol is > 1 hour after ED arrival

**2. Determine if patient is eligible for Therapeutic Hypothermia After Cardiac Arrest.**

- Yes, this patient is eligible for Therapeutic Hypothermia After Cardiac Arrest. This patient meets ALL of the Inclusion Criteria and meets NONE of the Exclusion Criteria.
- No, this patient is not eligible for Therapeutic Hypothermia After Cardiac Arrest. This patient does not meet ALL of the Inclusion Criteria or meets one or more of the Exclusion Criteria.

**3. Nursing**

- NPO
- Cardiac Monitor, SaO<sub>2</sub> Monitor
- Vitals q 5 minutes, q 15 minutes when stable
- Pupillary reaction and GCS baseline and q 1h
- Continuous Rectal Temperature Monitor if available

- Rectal temperature q 15 minutes
- Expose Patient (excluding genitalia) to ambient air
- Wrap hands and feet in dry towels
- Apply Ice Packs around Head, Axillae and Groins
- Use Cooling blanket whenever available
- **Target Temperature 32-34°C**
- D/C Ice packs and cold NS infusion and notify physician if T < 33°C
- IV NS @ \_\_\_\_\_ ml/hr
- Refrigerated or cooled NS \_\_\_\_\_ ml (10-20ml/kg) over 30-60 minutes
- IV \_\_\_\_\_ Bolus \_\_\_\_\_ ml x \_\_\_\_\_ prn if BP < \_\_\_\_\_ systolic
- Gastric tube to straight drainage post intubation prior to CXR
- Foley catheter, Urine Output q 1h, notify physician if < 25ml/hr
- Consult Respiratory Therapy
- Consult Internist Dr \_\_\_\_\_
- Consult Anesthesia Dr \_\_\_\_\_

**4. Investigations**

- ED Cardiac Panel
- Portable CXR
- ECG
- VBG
- ABG

**5. Medications for Sedation and Paralysis**

- Sedation and paralysis to be given prior to initiation of cooling and maintained during therapeutic hypothermia
- Midazolam \_\_\_\_\_ mg IV (0.5-2 mg) q \_\_\_\_\_ mins prn.
- Rocuronium 1 mg/kg IV q \_\_\_\_\_ mins prn.
- \_\_\_\_\_
- \_\_\_\_\_

**6. Ventilation**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>● EVAC Tube and protocol whenever possible</li> <li>● Titrate FIO2 to keep SaO2 &gt; 90 %</li> <li>● Tidal Volume _____ ml/kg ( 6-10 ml/kg )</li> <li>● ETCO2 monitor</li> <li>● ABG 30 minutes after ventilation starts</li> </ul> | <ul style="list-style-type: none"> <li>● Notify MD if Ppeak &gt; 30 cm H2O</li> <li>● Elevate HOB to reduce aspiration</li> <li><input type="checkbox"/> Arterial Line by _____</li> <li><input type="checkbox"/> PEEP _____ cm H2O ( 5 cm usually)</li> <li><input type="checkbox"/> _____</li> <li><input type="checkbox"/> _____</li> </ul> |
|--|--|

Date \_\_\_\_\_  
Time \_\_\_\_\_

Physician's Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

## References:

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