

Protocol C-9

SECTION: C-9

TITLE: INDUCED HYPOTHERMIA

REVISED: October 7, 2014

GENERAL COMMENTS:

BLS SPECIFIC CARE: See Adult General Cardiac Care/ACS Protocol C-3

ILS SPECIFIC CARE: See Adult General Cardiac Care/ACS Protocol C-3

ALS SPECIFIC CARE: See Adult General Cardiac Care/ACS Protocol C-3

INCLUSION CRITERIA:

ROSC	Neuro exam 5 minutes after ROSC
Age >16 (Adult)	shows NO purposeful pain response
Temp > 34 C/ 93.2 F	Intubated (Intubate if indicated)
SBP > 90mmHg	

EXCLUSION CRITERIA:

DNR/POST, or other Advanced Directive	Obvious Pregnancy
Obvious Terminal Illness	Obvious Traumatic Arrest

PROCEDURE:

<u>Assess and Documents:</u>	<u>Airway Control:</u>
Pupil Response	Intubate as indicated
Neuro assessment	Ventilate to a ETCO ₂ of 35. Do not hyperventilate

Sedation and Paralytics:

- Midazolam (Versed) – may be used to prevent shivering
 - IV/IO/IM: 0.5-2.5 mg slow IV push every 5-10 minutes (max dose 5 mg)
 - IN: 2.5 mg every 10 minutes (max dose of 5 mg)
- Vecuronium (Norcuron): Use only when patient shivering is witnessed (to prevent heat production) **ADMINISTER ONLY AFTER ENDOTRACHEAL TUBE** type airway is **SECURED** and placement confirmed with **SPO₂** and **CONTINUOUS ETCO₂**
 - IV/IO: 0.1mg/kg, repeated PRN

Induced Hypothermia

- Establish a second IV if possible
- Expose the patient while protecting modesty
- Cold Packs to Groin, Axilla, and Neck (if accessible)
- Saline/Water soaked Sheet applied to trunk

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Target Systolic Blood Pressure : ≥ 90 mm/Hg

Vasopressors: titrate to a blood pressure of 90mm/Hg systolic.

Watch blood pressures closely!

- Dopamine infusion
 - IV: 5-20 mcg/kg/min
- Epinephrine infusion
 - IV: 2-10 mcg/min

Ensure early notification to receiving facility for expeditious coordination of care.

PHYSICIAN PEARLS:

If vecuronium is administered, ensure versed is provided for patient sedation.

To clarify: SBP >90 needed before initiation of cooling. Patients may require vasopressors to meet this inclusion criteria.

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