THERAPEUTIC HYPOTHERMIA AFTER CARDIAC ARREST PROTOCOL Place patient sticker Date: ___/___ here **ABSOLUTE Contraindications** Return of sustained pulse > 60 minutes after Sudden Cardiac Arrest Following verbal commands after return of sustained pulse DNR/DNI or known terminal illness Impaired neurologic status before to Sudden Cardiac Arrest (coma, dementia etc) MAP < 65 or SBP < 90 mmHg despite fluid resuscitation and on 3 vasopressors. Uncontrollable arrhythmias. Uncontrolled infection – (increase in WBC with persistent fever, severe sepsis or septic shock). Major Trauma (TBI) Intracranial hemorrhage/Stroke Meeting any of the above: NOT TH candidate. STOP HERE **INCLUSION Criteria** Date /Time of SCA: __/_/__:___ Witnessed Out-of-Hospital sudden cardiac arrest (SCA)* Date /Time of ROSC: __/__/:___:___ Cooling initiation in < 6 hours from return of sustained pulse Rhythm of SCA (circle): VF VT **PEA** AS Pulseless VT or VF Unknown Meeting <u>all</u> above inclusion criteria's: **Initiate TH RELATIVE Indication** Age < 18 year SCA due to PEA, Asystole Witnessed In-Hospital Sudden Cardiac Arrest Consider cooling to 36°C only in any of the following situations High risk for uncontrollable bleeding. Requiring > 2 vasopressors to maintain MAP > 65 or SBP > 90. Recurrent ventricular arrhythmias. Pregnancy Unable to transfer patient to TH capable facility within 6 hours * See FAQ for un-witnessed SCA

MD

Nurse

Signature:



$\underline{TH\ PROTOCOL}$

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Phase	Temp Goal	СВС	CMP	Phosphate	Magnesium	Coagulation	Cardiac Marker	Arterial Blood Gas	Blood Culture
Initial Orders	33°C □	Stat	Stat	Stat	Stat	Stat	Q 6 hrs x 3	Stat	Stat x 2
		☐ MD	☐ MD	MD	☐ MD	☐ MD	☐ MD	☐ MD	МО
	36°C □	☐ Nurse	☐ Nurse	☐ Nurse	☐ Nurse	☐ Nurse	Nurse	Nurse	Nurse
Induction Phase	33°C 🗌	Q 4hr	Q 4hr	Q 4hr	Q 4hr	Q 4hr			
Cooling started Date and time:		MD	MD	MD	☐ MD	MD			
/ / :	36°C □	Nurse	Nurse	Nurse	Nurse	Nurse			
Maintenance Phase (24 hrs) Temp Goal reached	33°C □	Q 12hr	Q 12hr	Q 12hr	Q 12hr	Q 12hr		Q 12hr	Stat x 2
Date and time:		☐ MD	☐ MD	☐ MD	☐ MD	☐ MD		☐ MD	☐ MD
<u>/ /</u> :	36°C □ -	☐ Nurse	☐ Nurse	Nurse	☐ Nurse	☐ Nurse		Nurse	Nurse
Rewarming Phase Rewarming started	Re-warm goal	Q 4hr	Q 4hr	Q 4hr	Q 4hr	Q 4hr		Q 4hr	
Date and time:	0.3 to 0.5°C/hr	MD	MD	MD	☐ MD	☐ MD		☐ MD	\times
<u>/ / : </u>		☐ Nurse	☐ Nurse	Nurse	Nurse	Nurse		Nurse	
Normothermia reached Date and time: / / :	37 °C □	!	_	_				othermia reacherature < 37.5°	
Must Check off		Sig	nature:		MD	•		Nurse	



TH PROTOCOL

INITIAL ORDERS FOR TH

1. Monitoring: 12 lea	ad EKG, BP, Pulse-oximeter.	EEG if suspicion of seizures
2. Consult:	Cardiology, MICU, Neurolo	ogy and if indicated Materno-fetal
3. Temperature:	Place esophageal, rectal or b	pladder temperature probe (at least 2).
4. See table for detail	ils for labs and orders (see pa	ge 2)
5. Medication:	Buspirone (30mg po/per NO	G/OG tube q8h),
	Acetaminophen 650 mg q 4	hrs
6. Resuscitation:	As per hospital/ICU protoc	ol. Use of 4 ° C 0.9 NS i.v boluses up to
	30ml/kg through periphera	l line
	☐ If body core Temp >3	34.5°C for target temperature 33°C
	☐ If body core Temp >3	37.8°C for target temperature 36°C
placement and	0 0 , , ,	Cardiac catheterization, central line d not delay the initiation of TH!!! Apeutic hypothermia:
Electrolytes goals: 1. Magnesium: >2 n 2. Potassium: 3 med 3. Phosphate: > 2.5 4. Ionized Calcium:	q/L > K < 5.2 mg/dL	
Bleeding: Correct coagulopathy an	d if bleeding persists, use 36°	°C cooling protocol.
Shivering: See shivering protocol pa	age 5	
Signature:	MD	Nurse

Illinois HEART RESCUE

TH PROTOCOL

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INDUCTION PHASE ORDERS

- 1. Set up available cooling equipment
- 2. Sedation: Propofol preferred otherwise Fentanyl or Midazolam drip.
- 3. **See table** for details for labs and orders (see page 2)
- 4. Monitoring: When using Neuro Muscular Blocker (NMB)
 - a. Consider using Bispectral index (BIS) monitor with goal < 60
 - b. Peripheral Nerve Stimulator for train of four testing.
- 5. Medication: a. Initiate Glucose control as per ICU/ED protocol
 - b. Continue Buspirone, Acetaminophen 650 mg q 4 hrs

MAINTENANCE PHASE ORDERS

(For 24 hrs from time patient reached temperature goal)

- 1. Maintain **SET POINT for 24 hours**
- 2. **See table** for details for labs and orders (see page 2)

REWARMING PHASE ORDERS

(After 24 hrs from time patient reaches temperature goal)

- 1. **See table** for details for labs and orders (see page 2)
- 2. Stop sedation and Buspiron after normothermia reached and NMB effect weaned off.
- 3. Monitoring: When using NMB
 - a. Peripheral Nerve Stimulator for train of four testing.
- 4. Neurologic exam: Repeat every 6 hrs once normothermia reached for at least up 72 hrs post normothermia.

Prognostication should be done **no earlier** than 72 hrs post

normothermia

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Signature:	MD	 Nurse



TH PROTOCOL

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Score	Definition					
0	None: No shivering noted on palpation of the masseter, neck or chest wall					
1	Mild:	: Shiv	rering localized to the neck and/or	r thorax only		
2	Mod	erate: Shiv	ering with gross movement of the	e upper extremities (in addition to neck/t		
3	Sever	e: Shiv	vering with gross movements of the	he trunk and upper and lower extremities		
RE: 0		1 2	2 3			
			Protocol for the Treatment	t of Shivering		
BSAS Score		LEVEL	Treatment initiated			
	1	1	В	air hugger		
			If no improvemen	nt		
	2	2	Bair hugger a	and increase sedation		
	,		If no improvemen	nt		
,	3	3	Bai	ir hugger &		
3		3	Fentanyl 100 mcg intravenous push x 2, 5 minutes apart.			
			If no improvemen	nt		
		4	Bai	ir Hugger &		
		4	Meperidine 12.5mg intravenous push x 2, 5 minutes apart.			
			If no improvemen	nt		
			Bair Hugger & Short acting NMB agent intravenous push followed by			
		5	Bair Hugger & Short acting NN	MB agent intravenous push followed by		