**FAQ Concerning**

**Therapeutic Hypothermia (TH)**

**A: Initiation**

* **The patient just arrived in my ED s/p cardiac arrest with return of spontaneous circulation (ROSC) but they are now awake and responding to commands. Should I cool this patient?**
	+ *No. The patient responding to basic commands post-ROSC does not meet the inclusion criteria for initiation of TH.*
* **What if the patient has an unwitnessed cardiac arrest? Should the patient undergo TH?**
	+ *The choice is up to the primary team involved in the patient’s care. The decision is influenced by multiple factors such as co-morbidities and time patient was last seen normal.*
* **My post-ROSC patient is pregnant. Should I initiate TH?**
	+ *This patient should be managed in conjunction with consultants from Maternal Fetal Medicine, if available at your institution, or in conjunction with the consultants at your referral institution. There is limited evidence of benefit from TH in pregnant patients but the decision should be made on a case by case basis. Consider cooling these patients to 36°C.*
* **Should I obtain consent from the next of kin or POA before initiating TH?**
	+ *No.*
* **Should I delay initiation of TH for placement of an arterial line, central venous access, or imaging studies?**
	+ *No. TH should be initiated as soon as possible and should not be delayed.*
* **Should I obtain a head CT prior to initiation of TH?**
	+ *No, unless you have reason to suspect intracranial bleeding (unilateral dilated pupil, pre-arrest focal neurological deficits, etc).*
* **Can I give cold saline through a central line?**
	+ *Cold normal saline should be preferably given through a peripheral line. Administration of chilled saline through a central line could be associated with a higher risk of arrhythmias.*
* **I obtained a post-ROSC ECG which shows STEMI. Should I initiate TH while awaiting cardiology arrival?**
	+ *Absolutely. TH should be initiated ASAP.*
* **How should I get patient to target temperature?**
	+ *There are numerous different modalities to assist in reaching targeted temperature in TH. These include ice packs, external cooling devices, and intravascular cooling devices.*
* **What cooling method has been shown to be most effective?**
	+ *No cooling method has been shown to produce superior outcomes in TH.*

**B: Induction**

* **What is my patient’s target temperature?**
	+ *Most patient’s target temperature is still 33°C. For some patients, target temperature is 36°C, such as patients who are unstable, at high risk for severe bleeding, or with recurrent ventricular arrhythmias. Please see the flow chart for further details.*
* **How fast should I get my patient to target temperature?**
	+ *The patient should be cooled as quickly as possible to the selected target temperature.*
* **My patient has CHF or ESRD and I am concerned about fluid overload. Can I still give chilled saline?**
	+ *Yes, but you can infuse at a lower rate or administer smaller boluses of fluid and reassess the patient after each bolus.*
* **What are the negative consequences of shivering?**
	+ *Heat generated by shivering can delay reaching target temperature, and shivering has been shown to have a negative effect on patient outcomes. Additionally, attempts should be made to differentiate shivering from seizure activity.*

* **What do I do if the patient starts to shiver?**
	+ *Shivering is common during the induction phase of TH and will often resolve as you reach goal temperature. Refer to the shivering protocol for further details.*

**C: Maintenance**

**D: Rewarming**