

Induced Hypothermia

Following post-resuscitation from sudden cardiac arrest

ALS Protocol

- **Indications**
 - ROSC > 5 min post cardiac arrest
 - Unconscious, GCS 3
 - Systolic BP \geq 100 mmHg (may use vasopressors to maintain)
- **Contraindications**
 - < 18 y/o
 - Traumatic cardiac arrest or significant hemorrhage
 - Hypothermia already present
 - Pulmonary Edema
 - Known pregnancy
 - Refractory or recurrent VF/VT, 2nd or 3rd heart blocks

- SpO₂
- ETCO₂
- Vital Signs
- Obtain Medical History

Procedure

- Remove patient's clothing (undergarments may remain)
- Obtain 12 Lead ECG; if STEMI transport to SCMC-B Cath Lab.
- Begin cooling process with chemical ice packs applied to groin and axilla (wet towels may be used along with ice packs)
- If feasible, establish a large-bore IV. Using high pressure bag or other method, rapidly infuse up to 2 L of chilled (39 °F) NS
- Do not administer medications at the same time through the same IV line as the chilled saline
- If patient begins to shiver, move, or have increased level of consciousness
 - Administer **5.0 mg Midazolam** IV/IO. May repeat to a Max of 10.0 mg as long as systolic BP is \geq 100 mmHg
 - If patient continues to shiver, and is intubated, consider administering **0.1 mg/kg Vecuronium**
- Transport to closest facility capable of continuing induced hypothermia



- Document:**
- ABCs
 - Medical History
 - Time of Onset of Signs & Symptoms
 - Cardiac Rhythm
 - Quality of Pulses
 - SpO₂, VS
 - Glasgow Coma Scale
 - Treatments/Meds administered
 - Lung Sounds
 - Response to Treatment