

## EC Therapeutic Hypothermia Guidelines

### Initial Checklist

REQUIRED Data Collection From EMS	
Date/Time of ROSC	
Date/Time of hypothermia initiation	
Amount of chilled saline infused by EMS	

- Placement and/or confirmation of airway with an endotracheal tube. (Provider may place or continue to utilize rescue airway at his/her discretion)
- Bilateral peripheral (at least 18 gauge if possible) or central IV line placement
- Foley catheter placement with core body temperature probe required
- Record I&O's every hour
- Vital signs monitoring every 15 minutes
  - Core body temperature, B/P, MAP, heart rate, cardiac rhythm, SpO2, ETCO2
- Laboratory and Diagnostic tests
  - CBC with Diff, BMP, Calcium, Magnesium, Phosphorus, CK, CKMB, Troponin T, PT/INR, PTT, Urine Beta hCG, ABG, CXR, 12 Lead EKG

### Cooling Procedure

- Titrate treatments to **goal CBT 33 degrees Celsius** (Range 32.5–34 degrees Celsius) **within 4 – 6 hours of ROSC**
- Assure that patient is receiving adequate analgesia, sedation, and paralysis during cooling procedure

#### IF CBT is greater than 34 degrees Celsius on arrival

1. Remove all clothing from patient.
2. Infuse chilled (4 degrees Celsius) 0.9% sodium chloride at a rate of 100 mL/min. up to a maximum total volume of 3 L. Monitor for signs of fluid overload.
3. Place ice packs on neck, groin, and in axillae.
4. Utilize cooling blankets if available. Place a sheet between cooling blanket and skin. Titrate temperature setting gradually to achieve goal of 33 degrees Celsius within 4 – 6 hours.
5. Continuously monitor CBT with bladder probe.
6. If CBT remains greater than 35 degrees Celsius after above treatments, notify provider for additional chilled normal saline bolus and/or evaporative surface cooling orders.

#### If CBT fall below 32 degrees Celsius

1. Remove ice packs and cooling blankets from the patient's body until CBT is greater than 33 degrees Celsius.
2. Discontinue chilled normal saline infusion until CBT is greater than 32.5 degrees Celsius.