Induced Hypothermia

*not intended for use past 4 hours

<table>
<thead>
<tr>
<th>History</th>
<th>Signs &amp; Symptoms</th>
<th>Differential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Traumatic Cardiac Arrest (drowning &amp; hanging are permissible)</td>
<td>Return of pulse. Greater than 18 years of age. Persistent coma with no eye opening to pain, or GCS &lt; 9</td>
<td>Continue to address specific differentials associated with the original dysrhythmia</td>
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</tbody>
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Return of spontaneous circulation → Meets criteria for Induced Hypothermia

*see criteria at bottom of page

Advanced airway in place (King-LTS-D, ETT) → Establish Vascular Access (IV, IO, Central Line all permissible) → Perform Neuro Exam

Expose patient, apply ice packs around the head, groin, and axilla → Initiate cold saline bolus 20ml/kg max 2 liters If history of CHF then 1 liter → Reassess temperature → Shiver Protocol Ativan or Versed Plus Fentanyl Magnesium and Tylenol Warm hands/feet to suppress mild shivering Persistent Shivering>20min = Vecuronium

Discontinue Cooling Measures → Continuous ECG monitoring and frequent vitals

Post resuscitation protocol → Post-resuscitation protocol

<33°C → > 33°C

Criteria for Induced Hypothermia

- ROSC not related to blunt/penetrating trauma
- Age 18 years or older with adult body habitus
- Temperature after ROSC greater than 34°C
- Advanced airway in place with no purposeful response to pain
- Protect patients modesty and leave undergarments in place
- Do not delay transport to cool
- Frequently monitor patients airway and lung sounds
- Patients may develop metabolic acidosis. DO NOT HYPERVENTILATE