We are holding another 2 day CME-certified hypothermia “bootcamp”, with an expanded focus on key resuscitation elements! Please see details below:

**Guest Speakers:**
- Clifton W. Callaway, MD, PhD, University of Pittsburgh School of Medicine
- Dana P. Edelson, MD, MS, University of Chicago Medical Center

**Location:** Loews Philadelphia Hotel, 1200 Market Street Philadelphia, PA 19107

**Registration is open!** See attached current brochure

Additional Courses will be held October 13-14, 2011 and March 15-16, 2012

**Another Course of Interest**

**EMS Therapeutic Hypothermia Training Workshop**
A part of the HSI International Conference
**May 20, 2011**
Red Rock, Las Vegas

**Guest Speakers:**
- Benjamin S. Abella, MD, MPhil
- Bentley J. Bobrow, MD
- Marion Leary, BSN, RN

For more information, please visit this website: [http://hsi.com/2011conference/](http://hsi.com/2011conference/)

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**Upcoming Hypothermia Training Courses**

**Hypothermia and Resuscitation Training Institute at Penn (HART)**
**July 7-8, 2011, Philadelphia, PA**

We are holding another 2 day CME-certified hypothermia “bootcamp”, with an expanded focus on key resuscitation elements! Please see details below:

**Guest Speakers:**
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**What’s New in Hypothermia Literature?**

**Medical Director's Top Pick**

**Hypothermia Research Spotlight**

Bernard S. et al., Circulation 2010: Induction of Therapeutic Hypothermia by Paramedics After Resuscitation From Out-of-Hospital Ventricular Fibrillation Cardiac Arrest: A Randomized Controlled Trial

Medical Director's commentary: For those of you who are wondering if we should be cooling in the ambulance, or if you are getting questions from your EMS providers, this research paper represents the most definitive study at the present time – and it shows no survival benefit to starting cooling in the field. That doesn’t mean EMS providers shouldn’t do it (the risk of harm is very low) – but it probably won’t make a big impact either – so they are justified if they DON’T want to start a pre-hospital cooling program. See the table below, lifted from the paper, with the key survival percentages in the top line (circled):

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Survival Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Favorable outcome, n (%; 95% CI)</td>
<td>5 (47.3; 31.6-68.9)</td>
</tr>
<tr>
<td>Discharge to home, n (%; 95% CI)</td>
<td>24 (22.3; 15.5-32.1)</td>
</tr>
<tr>
<td>Discharge to rehabilitation, n (%; 95% CI)</td>
<td>32 (27.1; 19.3-43.6)</td>
</tr>
<tr>
<td>Discharge to nursing home (n; 95% CI)</td>
<td>3 (6.0; 0.0-12.1)</td>
</tr>
<tr>
<td>Discharge to discharge home (n; 95% CI)</td>
<td>62 (52.5; 43.1-61.8)</td>
</tr>
</tbody>
</table>

- Dr. Abella

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Interesting case report of a patient who had an arrest, was cooled, and then was determined to be brain dead prematurely. He recovered neurologic function as he was being taken to the OR for organ harvest. A cautionary note for all of us to take several days before we determine brain death.


A case series of 34 post arrest patients showing that QT intervals can become prolonged with cooling – however, the rate of ventricular tachycardia was low (8%) and no patient had torsades or VF. So, the bottom line is that we have to pay careful attention to the ECG during cooling and rewarming, but QT prolongations should be expected.


A comprehensive review of current post cardiac arrest therapeutic strategies and methods to manage patients.

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**Hypothermia Discussion Group (Get Involved!)**

We have developed a forum to generate inter-hospital discussion on hypothermia implementation. How to join GoogleGroups:

1. Go to the group website: [http://groups.google.com/group/penn-hypothermia-](http://groups.google.com/group/penn-hypothermia-)
2. Click on “Apply for membership”
3. Choose your email settings

If you do not have a gmail account:

1. Send an email to: penn-hypothermia-subscribe@googlegroups.com

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**Check out the Center for Resuscitation Science website:** [http://www.med.upenn.edu/resuscitation/](http://www.med.upenn.edu/resuscitation/)