Therapeutic Hypothermia Post Cardiac Arrest
Davie Fire Rescue Protocol

Inclusions

1. All patients with ROSC > 5 minutes post non-traumatic [Vfib / Pulseless VTach / Asystolic] cardiac arrest (defined as compressions or defibrillation performed) and:
   I. Intubated or Supraglottic Airway
   II. SBP > 90 mmHg
      a. If initial SBP < 90 mmHg but responds to fluids/vasopressors and SBP becomes >90 mmHg then the protocol may be executed

Exclusions

1. Age < 16 yrs. old
2. Pregnancy
3. Traumatic cardiac arrest
4. Significant head trauma
5. Actual or suspected significant hemorrhage
6. Initial temperature < 93.2 °F (34 °C)
7. Frank pulmonary edema
8. SBP < 90 mmHg

Procedure

1. General patient management / ACLS protocols
2. Notify Supervisor
3. Start 2 large bore IV's (18 gauge or larger)
4. Cool the patient
   a. Pressure infuse cold (4 °C / 39 °F) normal saline: 30 ml/kg (max. 2 liters)
   b. Apply ice packs to the axillae and groin
5. Maintain SBP > 90 mmHg with appropriate vasopressors as needed
   a. Consider Dopamine (5-20 mcg/kg/min)
6. Prevent shivering - In all patients administer Diazepam 5 mg IVP
   a. Give additional Diazepam 5 mg IV/IO every 5 minutes x 3 (max total dose 20 mg) for persistent shivering
   b. May also consider Morphine 2 mg IVP every 5 minutes (max 6 mg) for persistent shivering or if allergy to benzodiazepines
7. Contact receiving facility - Prepare them to resume care and cooling
8. Transfer the ROSC patient to a combined hypothermia and cardiac facility

Notes

1. If there is loss of B/P or pulse, discontinue protocol and revert to appropriate algorithm
2. Do not hyperventilate: Goal ETCO2 is 40.
3. Label saline bag - “Cold saline/Hypothermia”
4. Monitor this critical patient closely
5. Short transport times may preclude initiation of pre-hospital hypothermia

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