**Admit Per Case Management Protocol**

| Patient placed in: | ☐ Inpatient | ☐ Observation | ☐ Outpatient |

| Admit to the service of: | Date: | Time: |

| Case Management Signature: | Date: | Time: |

| Physician Signature: | Date: | Time: |

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**Emergent Orders:**

- ☑ Notify Nursing Supervisor and ICU Coordinator for patient placement
- ☑ Time of Arrest: ____________
- ☑ Time of ROSC (Restoration of Spontaneous Circulation): ____________
- ☑ Time Cooling Started: ____________
- ☑ Time Cooling Goal Met: ____________

**Immediate Diagnostic Procedures:**

- ☑ Immediate 12 lead EKG
- ☑ Immediate Portable Chest X-Ray
- ☑ Immediate Arterial Blood Gas (ABG) (temperature corrected)

**Immediate Laboratory Test (if not done in 4 hours):**

- ☑ CMP
- ☑ CBC with diff.
- ☑ PT/INR
- ☑ PTT
- ☑ Magnesium
- ☑ Urine Pregnancy test for females less than 50 years old.
- ☑ Phosphate
- ☑ Lactate
- ☑ Blood Bank Hold
- ☑ Cardiac Profile (CPK, CKMB, Troponin I)
- ☑ UA

**Nursing: Obtain Hypothermia Cart from MSICU or ER:**

- ☑ Keep nothing by mouth
- ☑ Maintain head of bed 30 degrees while on ventilator
- ☑ Record blood pressure, heart rate, respiratory rate, pulse oximetry, Cardiac rhythm hourly
- ☑ Record temperature every 15 minutes until goal temperature is reached; then every 30 minutes until re-warming is initiated
- ☑ Insert and maintain 3 large bore peripheral IV sites (#18, #20), may saline lock
- ☑ Insert Naso/Oral Gastric Tube to low intermittent suction.
- ☑ Record Hourly Intake and Output

**Cooling:**

- ☑ Turn room temperature down
- ☑ Obtain 2 Cooling Machines from Mobile Equipment Spectralink # 85357 or ER Room #28.
- ☑ Insert temperature sensing Foley to gravity drainage with urimeter (Attach to machine # 1)
- ☑ Insert Rectal temperature or Oral / Nasal Esophageal temperature probe (Attach to machine # 2)
- ☑ Correlate primary and secondary temperatures every 2 hours. Correlation within 1 degree.
- ☑ Place 2 cooling blankets with sheets between blankets and patient; one on bottom; one on top
- ☑ Set cooling blankets to 33 degrees C (Celsius) / 92 degrees F (Fahrenheit)
- ☑ Place ice bags in bilateral axilla, groin, and around neck. Once temperature is achieved (33 Degrees C / 92 Degrees F), remove ice bags and maintain temperature with cooling blankets.

**Respiratory:**

- ☑ Place on mechanical ventilator: Vt / 10 mL/kg Mode: _____ Rate:_______ FIO2 _______ PEEP: _______ PSV: _______
- ☑ No warm humidified air.
- ☑ Suction airway as needed

**Medication Orders:**

- ☑ All IV Medications to be mixed in Normal Saline only, NO D5W Solutions
- Caution: Do not administer any medication to hypothermia patient if medication is labeled: “DO NOT REFRIGERATE; E.G. Mannitol”
- ☑ Administer up to 2 liters of 4 degree C / 39 degree F 0.9% Normal Saline over 30 - 60 minutes, if not already done by EMS or Emergency Department. Use peripheral or femoral lines only, no jugular or Subclavian lines to infuse iced Normal Saline

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**Allergies & Sensitivities:** ☐ NKA

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**Physician's Signature:** ____________________  Date _____ Time: _____

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**Form JFK65012 (REV 06/16/2010) WHITE - CHART  CANARY - PHARMACY  PINK - NURSING**
Sedation:
✔️ No Sedation Holiday (initiate sedation, analgesia, and neuromuscular blocking agents (NMBA) immediately after decision has been made to initiate hypothermia)

☐ Midazolam Infusion: Standard 50 mg in 50 mL of 0.9% Normal Saline, concentration = 1 mg / mL

Begin at _____ mg / hour to a maximum of _____ mg / hour. Call physician if patient’s needs exceed maximum dose prescribed.

OR ☐ Midazolam 2 mg IV every 1 hour as needed

OR ☐ Propofol: Standard infusion: 1% solution, concentration = 10 mg / mL. Begin infusion at 5 mcg / kg / minute and adjust the infusion in increments of 5 mcg / kg / minute every 5 minutes until desired level of sedation is achieved or significant hypotension occurs. DO NOT BOLUS.

Analgesia:

☐ Fentanyl Infusion: Standard 1250 mcg in 250 mL 0.9% Normal Saline, concentration = 5 mcg / mL. Preferred for the hemodynamically UNSTABLE patient or patients with renal dysfunction.

Loading Dose: __________ mcg administered over 2 minutes.

Infusion Dose: Begin at ______ mcg / hour. Titrate to as needed for comfort. Maximum rate ______ mcg / hour. Call physician if patient’s needs exceed the maximum dose prescribed.

OR ☐ Morphine Sulfate Infusion: Standard 125 mg in 250 mL 0.9% Normal Saline, concentration = 0.5 mg / mL. Preferred method for hemodynamically STABLE patient with normal renal function.

Loading Dose: ______ mg IV times 1 dose.

Infusion Dose: Begin at _________ mcg / hour. Titrate as needed for comfort. Maximum rate ______ mg / hour. Call physician if patient’s needs exceed the maximum dose prescribed.

OR ☐ Morphine Sulfate 2 mg IV every 1 hour as needed. Note: Give a dose with each dose of NMBA.

Neuromuscular Blocking Agent (NMBA): To prevent shivering

✔️ Do not assess Train of FOUR. Not recommended for Induced Hypothermia (IH) protocol.

☐ Cisatracurium (Nimbex)

Loading Dose: Cisatracurium (Nimbex) 0.2 mg / kg __________ mg slow IV push

Continuous infusion: Begin 30 minutes after loading dose.

Cisatracurium (Nimbex) 3.3 mcg / kg / minute: __________ (80 mg in total volume 200 mL Normal Saline)

OR ☐ Vecuronium (Norcuron)

Loading Dose: Vecuronium (Norcuron) 0.1 mg / kg: _______ mg IV slow push.

Continuous Infusion: Begin 30 minutes after loading dose.

Vecuronium 1.3 mcg / kg / minute: __________ (100 mg in total volume 500 mL Normal Saline)

OR ☐ Vecuronium 0.01 mg / kg IV every hour as needed for Neuromuscular Blockade.

☐ Lacrilube for both eyes every 4 hours and as needed while on NMBA.

Shivering Control: ☐ Meperidine (Demerol)

Dose: 25 mg IV push every 4 hours as needed for shivering

☐ Magnesium Sulfate: IV infusion starts at 1 gram / hour and titrate to Serum Magnesium level of 3 mg / dL. (mixed in 0.9 Normal Saline). Check Magnesium level every 4 hours until serum level of 3 mg / dL is achieved, then every 8 hours.

Blood Pressure:

☐ Nitroglycerin IV start at 5 mcg / minute and titrate as needed to maintain systolic blood pressure (SPB) ______ mm Hg

Increase by 5 mcg / minute increments every 3 - 5 minutes until blood pressure response is noted.

☐ Levophed Drip (Mix in Normal Saline) Begin infusion at 2 mcg / minute and adjust the infusion until SBP of ______ mm Hg is achieved

Seizures:

☐ Lorazepam (Ativan) 1 mg IV every hour for witnessed seizure prior to sedation.