The criteria for initiating field hypothermia is either:

1) Initial VF
2) Witnessed cardiac arrest regardless of initial rhythm if the EMS response time interval is relatively short (as is usually the case in Richmond).

Cooling should be initiated with 2L iced saline as soon as possible DURING ongoing resuscitation. Do NOT wait until ROSC occurs. If unable to initiate cooling during resuscitation, start it as soon as possible after ROSC.

Do NOT discontinue cooling once begun just because if the patient re-arrests.

The Richmond Ambulance Authority Duty Supervisor or designee will be dispatched on all Cardiac Arrests per current protocols. The Duty Supervisor will carry the necessary cold fluids on each vehicle. All AIC’s will be trained in current protocol and be able to transport and treat patients per protocol.

**ALL ROSC patients with induced Hypothermia will be transported to VCU per protocol**

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**Flowchart:**

1. **ROSC**
2. **Criteria for Induced Hypothermia**
   - And initial temp (tympanic) >34C
3. **ETT or King LTSD Placed with Capnography (REQUIRED)**
4. **Expose Patient**
   - Apply Ice Packs to Axilla, Neck and Groin
5. **Cold Saline Bolus 30ml/kg**
   - Max of 2 liters
6. **Insert OG 18f OG Tube**
7. Once you have decompressed the abdomen & no further gastric content is being obtained—DC (discontinue) and remove the 18f OG Tube
Measure the NOVATEMP OG from the nares to the 4th intercostal space. Lubricate the end of the NOVATEMP OG temp probe. Insert temp probe. Insert NOVATEMP OG temp probe. Record the Initial, Transporting and at Destination temperatures.

<table>
<thead>
<tr>
<th>Celsius</th>
<th>Fahrenheit</th>
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</thead>
<tbody>
<tr>
<td>38</td>
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</tr>
<tr>
<td>37</td>
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<td>34</td>
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<td>89.6</td>
</tr>
<tr>
<td>31</td>
<td>87.8</td>
</tr>
</tbody>
</table>

Dopamine 10-20 mcg/kg/min
For MAP 90-100

MAP = 2(DBP)+SBP
3