THERAPEUTIC HYPOTHERMIA PROTOCOL
M.D. TO COMPLETE CHECK LIST BELOW PRIOR TO INITIATION OF COOLING
GUIDELINES TO FOLLOW

Inclusion Criteria
☐ Patient experienced a period of absence of pulses requiring chest compressions and/or electric cardioversion followed by a
return of spontaneous circulation
☐ GCS less than 6 pre−sedation
☐ Patient does not follow any verbal commands, does not open eyes to painful stimuli, and is without any lateralizing signs

Exclusion Criteria
☐ Pulseless for greater than 60 minutes
☐ Initial EKG showing ST−elevation MI or new LBBB (activate acute MI protocol) (consider hypothermia post cath)
☐ Recurrent cardiac Vtach or Vfib despite ACLS
☐ Pregnancy ☐ Trauma ☐ DNR/DNI status
☐ Suspected sepsis ☐ Suspected stroke ☐ Active bleeding of any kind (trauma, GI, stroke, recent surgery)
☐ Already experiencing hypothermia ☐ Severely impaired baseline mental status pre−arrest

Consults (Upon initiation of therapeutic hypothermia, Neurology, Critical Care, and Cardiology consultations should be considered):
☐ Critical Care: ____________________________________       Time: _____________________
☐ Neurology: ______________________________________       Time: _____________________
☐ Cardiology: ______________________________________      Time: _____________________

Pre−Induction Phase: (All orders will be enacted unless a specific order is written to the contrary)
- ECG
- CBC with diff, CMP, magnesium, phosphate, CPK, troponin, and type screen, UA, urine pregnancy, urine toxicology, EtOH level
- Blood Cultures X 2, urine culture
- Temp sensing foley
- Intubation
- NGT placement
- Central line placement with CVP monitoring
- Foley catheter to bladder

Pre−Induction Phase Medications:
☐ Aspirin  300 mg PR ☐ Tylenol 650 mg PR if body temperature is above 38 C

Initial Cooling Phase: (All orders will be enacted unless a specific order is written to the contrary)
- Initiate cooling after patient is sedated
- Undress patient and apply ice packs to groin, axilla, and neck
- Place Blanketrol III cooling vest and head wrap on patient
- Vital sign checks every 15 minutes until goal temperature reached

Initial Cooling Phase medications:
☐ Initiate Neuromuscular Blockade Protocol (NBP) (Form #6121−23MR) ☐ Infuse 2 liters of cool 0.9% normal saline IV bolus

Maintenance Phase:
- Remove ice packs when temperature reaches 34 degrees Celsius
- Maintain core temperature between 32 – 34 degrees Celsius
- Adjust temperature of inspired ventilator air to room temperature
- CBC with diff, CMP, magnesium, INR every 6 hours
- CPK, CK−MB, troponin, every 12 hours
- Vital sign checks every 15 minutes X 1 hour, then every 30 minutes X 2 hours, then hourly

Re−Warming Phase:
- Initiate re−warming 24 hours after target temperature of  32−34 degrees Celsius has been reached
- Discontinue all potassium containing solutions 1 hour prior to re−warming
- Repeat serum potassium every 6 hours during re−warming phase
- Increase temperature of Blanketrol III by 0.5 degrees Celsius per hour until target temperature of 36.5 degrees Celsius is reached
- BP checks every 15 minutes until temperature reaches 36.5 degrees Celsius

Re−Warming Phase medications:
☐ Initiate discontinuation of the Neuromuscular Blockade Protocol as per guidelines when temperature increases to 36.5 degrees Celsius
☐ Meperidine 12.5mg − 25mg IV every 4 hours PRN (not to exceed 100mg) for control of shivering once paralysis has been stopped

PHYSICIAN SIGNATURE ___________________________         DATE/TIME ___________________________

Wentworth−Douglass Hospital
PHYSICIAN ORDERS
Therapeutic Hypothermia Protocol

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