

**MEHLVILLE FIRE PROTECTION DISTRICT
EMERGENCY MEDICAL SERVICES
GUIDELINES FOR PREHOSPITAL EMERGENCY CARE**

**SUBJECT: 700.14
THERAPEUTIC HYPOTHERMIA**

ORIGINAL ISSUE 11/13

Indications:

- Patients > 18 years old in non-traumatic cardiac arrest of presumed medical etiology, not related to hemorrhage.
- Patients > 18 years old with return of spontaneous circulation after non-traumatic cardiac arrest of presumed medical etiology, not related to hemorrhage who are not alert and cannot follow commands

Contraindications:

- Temp $\leq 34^{\circ}\text{C}$ (93.2°F)
- Patient is DNR
- Significant cognitive impairment or comatose before cardiac arrest.
- Traumatic cardiac arrest or arrest related to hemorrhage.
- Post cardiac arrest patient who is awake and follows commands or has purposeful movement.
- Patient will be transported to a facility that cannot continue the cooling process.
- Pregnancy
- Hypotension with SBP < 90

Procedure:

- Ensure the patient has an advanced airway in place (King or ETT)
- Perform a basic neurologic exam and document it in the run report
- Apply the Excel Cryo device and cold pack
- The cold pack should be changed every 20-25 minutes
- If the patient is in cardiac arrest, continue to follow ACLS protocols
- If the patient is post-arrest, follow the post arrest protocol.
- Notify the hospital as soon as possible that therapeutic hypothermia has been initiated.
- Shivering may be treated with midazolam 5mg IV with repeat doses every 5-10 minutes prn.

Note:

- Do not compromise quality ACLS care in patients with cardiac arrest to initiate therapeutic hypothermia.
- Do not delay transport to initiate therapeutic hypothermia.