

THERAPUTIC HYPOTHERMIA CHECKLIST

Patient Name: _____ Time of Arrest: _____ Time of Exam: _____

Inclusion Criteria (Have all)

- Post Cardiac Arrest
- < 30 min. of resuscitation
- < 6 hours since arrest
- Comatose prior to sedation
- MAP > 65 (may be on 1 presser)

Exclusion Criteria

- Traumatic Arrest
- Uncontrolled Bleeding
- Intracranial Bleeding
- Sepsis
- *Pregnant*
- *Recent Surgery*

Neurological Exam (Any * item makes the patient ineligible for protocol.)

Eye Opening

Spontaneous---* 4
 Voice-----* 3
 Pain----- 2
 None----- 1

Verbal

Oriented *5
 Confused *4
 Inappropriate 3
 Sounds----- 2
 None----- 1

Motor

Obeys * 6
 Localizes- 5
 Withdraws 4
 Decorticate- 3
 Decerbrate-- 2
 None----- 1

Brainstem

Pupils react Y N
 Corneal Y N
 Respirations Y N
 Dolls Eyes Y N

Goals of Care

- FiO2 as low as possible maint. SaO2 at 90-94%
- Elevate patients head > 30 degrees
- Keep Pplat < 30 cmH2O
- Consider Central line & Art line early
- If shivering increase Fentanyl
- If still shivering paralyze once during induction only
- Place Gastric tube & Foley (Pt. will diuresis)
- Optimize Magnesium & calcium
- Don't administer K+ unless potassium is < 3.4
- Maintain Glucose between 80-200 (insulin PRN)
- Maintain MAP > 65 ideally 80

MEDICAL DIRECTOR SIGNATURE :X _____ DATE __/__/__

SERVICE NAME _____