

Target Temperature Management (Optional)

History

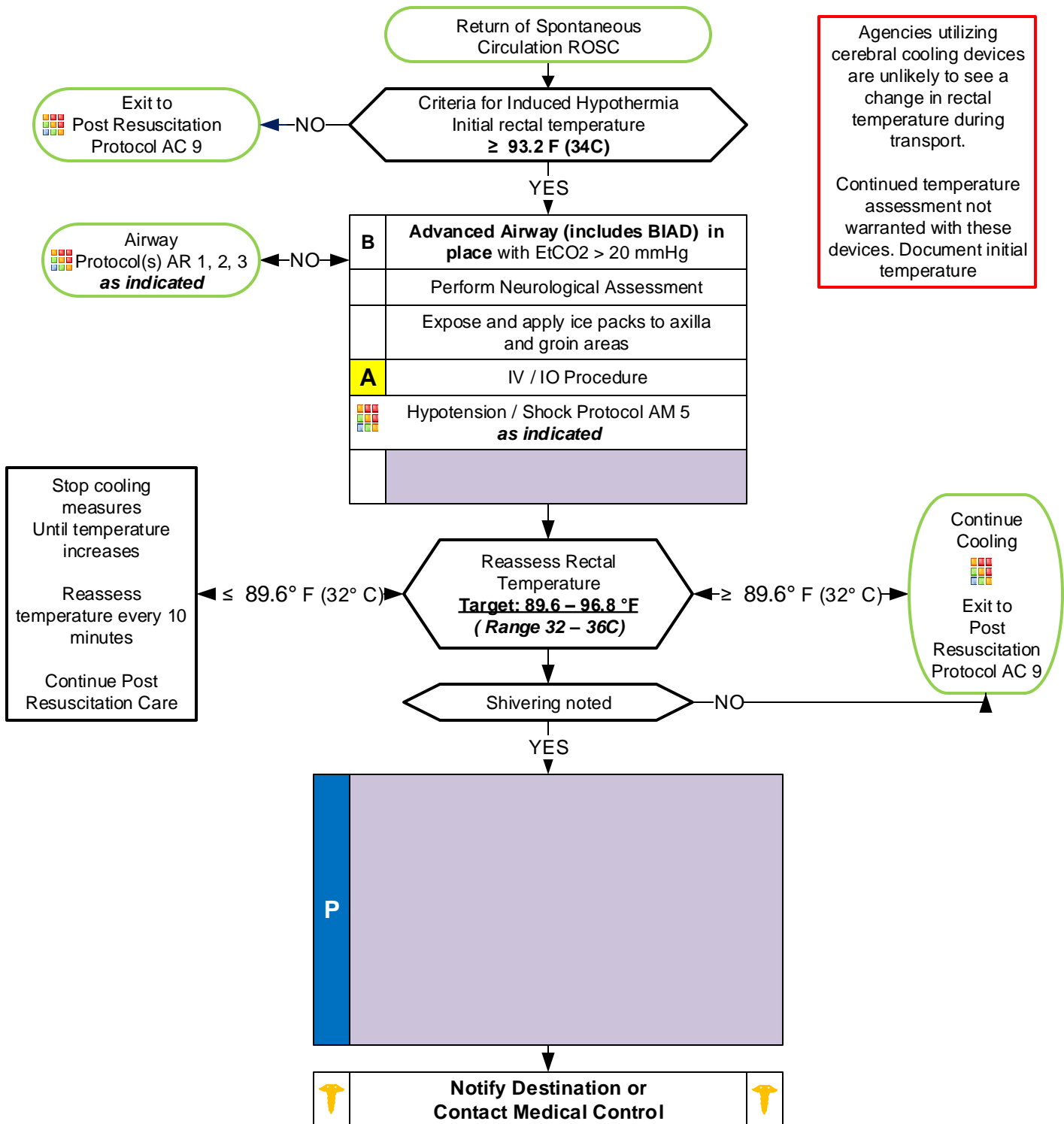
- Non-traumatic cardiac arrests (drownings and hanging / asphyxiation are permissible in this protocol.)
- All presenting rhythms are permissible in this protocol
- Age 18 or greater

Signs and Symptoms

- Cardiac arrest
- Return of Spontaneous Circulation post-cardiac arrest

Differential

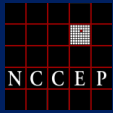
- Continue to address specific differentials associated with the arrhythmia



Agencies utilizing cerebral cooling devices are unlikely to see a change in rectal temperature during transport.

Continued temperature assessment not warranted with these devices. Document initial temperature

Adult Cardiac Protocol Section



Induced Hypothermia (Optional)

Pearls

- **Criteria for Targeted Temperature Mangement:**
 - Return of spontaneous circulation not related to blunt / penetrating trauma or hemorrhage with ventricular fibrillation / tachycardia and non-shockable arrhythmias.
 - Temperature greater than 93.2°F (34° C).
 - Advanced airway (including BIAD) in place with no purposeful response to verbal commands.
 - Infusion of cold saline is NOT recommended in the prehospital setting.
- Hyperventilation is a significant cause of hypotension and recurrence of cardiac arrest in the post resuscitation phase and must be avoided at all costs.
- Titrate FiO₂ to maintain SpO₂ of ≥ 94%.
- Initial End tidal CO₂ may be elevated immediately post-resuscitation, but will usually normalize. While goal is 35 – 45 mmHg avoid hyperventilation to achieve.
- Most patients immediately post resuscitation will require ventilatory assistance.
- If no advanced airway in place obtained, cooling may only be initiated on order from medical control.
- Titrate fluid resuscitation and vasopressor administration to maintain SBP of 90 – 100 mmHg or Mean Arterial Pressure (MAP) of 65 – 80 mmHg.
- **STEMI**
 - Transport to a primary cardiac catheter facility with evidence of STEMI on 12 Lead ECG.
- Consider transport to facility capable of managing the post-arrest patient including hypothermia therapy, cardiac catheterization and intensive care service.
- Utilization of this protocol mandates transport to facility capable of managing the post-arrest patient and continuation of induced hypothermia therapy.
- Maintain patient modesty. Undergarments may remain in place during cooling.
- No studies to date demonstrate improved neurological outcomes with prehospital initiated cooling.