

Virginia Beach EMS Post Arrest Cooling Protocol Post Test

This post test must be completed and passed with 100% before using the Post Arrest Cooling Protocol. Please complete and email to cbudy@vbgov.com or send to Capt Budy at EMS Admin via interoffice, PPCR box, US Mail, hand deliver, or fax to 757-431-3019. You will be contacted with your score. If you have any questions, please contact Capt Budy at 385-5063.

Name: _____ **Email/phone:** _____

1. Therapeutic mild hypothermia ranges from _____.

- A. 32°C to 35°C
- B. 87°F to 89°F
- C. 28°C to 32°C
- D. 82°F and below

3. Cooling should be started within _____ of ROSC.

- A. 30 minutes
- B. 2 hours
- C. 6 hours
- D. 12 hours

4. Side effects of therapeutic hypothermia that we will likely have to deal with in the prehospital setting include:

- A. Shivering
- B. Metabolic alkalosis
- C. Increased bleeding
- D. Altered medication actions
- E. Both A and B
- F. Both A and D

5. The entire protocol with the exception of the administration of Vecuronium is standing order.

- A. True
- B. False

6. Patients undergoing therapeutic hypothermia should be transported to the nearest hospital.

- A. True
- B. False

7. The city is busy and you are starting post arrest cooling on a ROSC patient. You start the cold saline and offer to turn the patient over to a non RSI medic. This is acceptable.

- A. True
- B. False

8. You are the AIC for a 67 year old female patient in cardiac arrest at a local nursing home. The patient was admitted yesterday for rehab after surgery to repair a broken hip and has a history of Alzheimer's. The arrest was witnessed and CPR was started immediately. The patient was in VFib and converted to Sinus Tach with a pulse after one shock. She now has spontaneous respirations but does not respond to commands and has a GCS of 5. This patient meets the criteria for the post arrest cooling protocol.

- A. True
- B. False

9. Shivering is problematic due to which of the following:

- A. Increased metabolic demand
- B. It is painful and uncomfortable
- C. Increased temperature
- D. All of the above

10. This ROSC patient is a candidate for prehospital hypothermia: 35 year old male, down time of 25 minutes, current GCS of 3 and a BP of 148/86, is intubated with an ET tube, complained of chest pain just before collapse at work, and only has a history of hypertension.

- A. True
- B. False

11. You have started the therapeutic hypothermia protocol on a ROSC patient and they go into VFib during transport. What is your treatment for this patient?

- A. Stop the hypothermia protocol, defib at 360, 2 minutes of CPR, obtain pulse and continue on with the hypothermia protocol
- B. Defib at 360, 2 minutes of CPR, recheck pulse, administer 300mg Amiodarone and continue hypothermia treatment
- C. Stop the hypothermia protocol, defib at 360, 2 minutes of CPR, obtain pulse and continue on with the post resuscitation protocol
- D. 2 minutes of CPR, Defib at 360, recheck pulse, administer 300mg Amiodarone and continue hypothermia treatment

12. You have started the hypothermia protocol on a ROSC patient and you notice their jaw is quivering and tense. What is your next course of action?

- A. Nothing. They are just starting to come around after they regained their pulse and this is normal.
- B. Administer 2mg Versed for post intubation with physician order.
- C. Administer 2mg Versed and cover with a light blanket for shivering control on standing order as part of the therapeutic hypothermia protocol.
- D. Stop the cold fluids.

13. Which is not an acceptable way to administer the cold fluids as part of the therapeutic hypothermia protocol?

- A. Administer the first liter of cold saline over 15 minutes via IV and repeat with the second liter.
- B. Administer the first two liters of cold saline via IO over 15 minutes each.
- C. After administration of the first two liters of cold saline, administer the third liter at 200 cc/hr.
- D. Administer the first liter of cold saline IV/IO at 200 cc/hr and repeat with the second liter.

14. What is the proper medication dosing for shivering control?

- A. Administer 2mg Versed every 5 minutes on standing order and 10 mg Vecuronium on physician order.
- B. Administer 1mg/kg Rocuronium and 2 mg Versed on standing order.
- C. Administer 2mg Versed every 5 minutes and 10 mg Vecuronium on standing order.
- D. Administer 10 mg Versed immediately followed by 1mg/kg Rocuronium.

15. The 2005 AHA changes include which of the following recommendations:

- A. ALS airway moved lower in the algorithm
- B. Comatose adult pt with ROSC after out of hospital V-Fib cardiac arrest should be cooled to 32-34°C for 12 - 24hrs
- C. CPR for at least 2 minutes after each defibrillation and prior to defibrillation in unwitnessed arrest
- D. Consistent, good quality CPR with minimal interruptions
- E. All of the above
- F. None of the above

