

VBEMS Post Arrest Cooling FAQ's

- ▶ **Patients who can receive post arrest cooling must meet all of the following criteria:**
 - ▶ Status post cardiac arrest with current ROSC
 - ▶ GCS less than 6
 - ▶ Non traumatic arrest
 - ▶ Age 16 and older
 - ▶ Patient has an ALS airway
 - ▶ Patients in cardiac arrest for less than one hour

- ▶ **Patients with any of the following criteria are not candidates for therapeutic hypothermia**
 - ▶ Patients who lose their pulse at any point after post arrest cooling protocol is started
 - ▶ Have a DNR or terminal illness
 - ▶ Currently pregnant
 - ▶ Known bleeding disorder
 - ▶ Current major infection/sepsis
 - ▶ Recent major surgery
 - ▶ Within past 2 weeks
 - ▶ Under the influence of alcohol or drugs
 - ▶ Diminished neuro status prior to arrest
 - ▶ Patients who can respond to verbal commands
 - ▶ Unable to maintain a BP
 - ▶ On own or with medication

▶ **I am not an RSI medic. Can I do hypothermia?**

No. At this time, only RSI medics are allowed to administer the post arrest cooling protocol due to the potential need for Vecuronium. In addition, only RSI medics who have completed the hypothermia training can use the post arrest cooling protocol

▶ **EMS5/6 is not responding to my case and my patient is a candidate for hypothermia. Can I just use cold packs?**

No. The cold packs are ancillary to aid in the cooling process. The cold saline must be administered in order to participate in the protocol.

▶ **Can I bypass Bayside and transport to a hypothermia hospital if I am not able to start prehospital hypothermia?**

No. At this time, there are no true hypothermia centers like a trauma center. The only patients that can be diverted are those undergoing the hypothermia protocol. Sentara is working on a plan to begin hypothermia at non-participating hospitals using cold fluids and other methods.

▶ **I am not sure of the exact down time but it isn't much longer than one hour. Can I start post arrest cooling anyway?**

No. The protocol should only be initiated in patients with a down time of less than one hour.

▶ **I started the cooling protocol but I heard the hospital did not continue it. Why not?**

There are many reasons why the hospital did not continue the cooling process including having a more detailed exclusion list, finding out more detailed history, determining lab values, etc. If the patient met the criteria for prehospital cooling, it is ok and they will rewarm the patient and continue with further treatment.

▶ **I can give Vecuronium or Rocuronium for shivering but it mentioned I should maintain sedation. Will the Versed be enough? If not, what can I give?**

That will be dependent on each individual patient. Remember that only patients with a GCS of less than 6 can be entered into this protocol so the likelihood of shivering will be low. Work with online medical control to determine if other sedative medications such as Etomidate will be needed.

