

The chart below can be utilized for practicing Induced Mild Hypothermia for Comatose Survivors of Cardiac Arrest:

Step	Yes	No
Scene Safety & BSI		
Runs Code scenario with ROSC		
Identifies that ALL criteria are present for therapeutic hypothermia: <ul style="list-style-type: none"> • ROSC after cardiac arrest not related to blunt/penetrating trauma • Age greater than 18 without identified pregnancy or obviously gravid uterus • Quantitative wave form capnography > 20 mmHg if available • Measure & record initial tympanic temperature. Initial temp. > 34C (93.2F) • Remains comatose: Patient must have GCS<8 or not following commands 		
EMT: <ul style="list-style-type: none"> • Call for Intercept • Maintain oxygen saturation greater or equal to 94% • Acquire and transmit 12-Lead ECG, if available • Perform neurological exam (GCS, cranial nerves, reflexes, general motor tone, seizure activity) • Expose patient and apply cerebral cooling collar if available. Collar may be applied by EMT even without advanced airway in place. Replace cooling pack every 20 minutes. • Apply ice packs to axilla & groin 		
AEMT: <ul style="list-style-type: none"> • Establish IV access • Establish advanced airway 		
Paramedic: <ul style="list-style-type: none"> • Administer cold normal saline (4C/40F) bolus 30 mL/kg to max of 2000 mL • For shivering or sedation: <ul style="list-style-type: none"> ○ Midazolam 2.5 mg IV/IO/IN may repeat once in 5 min.; or 5mg IM, may repeat once in 10 min OR ○ Lorazepam 1-2 mg IV/IO may repeat every 15 min as needed with max 10 mg • Monitor quantitative wave form capnography • Maintain systolic blood pressure of >90 mmHg <ul style="list-style-type: none"> ○ Consider vasopressors 		