

(place patient label here)

Patient Name: _____



PROVIDER ORDERS

Order Set Directions:

- > (√)- Check orders to activate; Orders with pre-checked box will be followed unless lined out.
- > Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made
- > Initial each page and Sign/Date/Time last page

Diagnosis: _____

Allergies with reaction type: _____

ICU Targeted Temperature Management Post-Cardiac Arrest Phase 2 Version 2 Approval 9/25/2018

PHASE 2: COOLING PHASE

Nursing Orders

- Goal temperature 89.6-96.8 F (32-36 C) within 6 hours post-arrest
- Turn down room thermostat to 60 degrees F
- Utilize fan if needed
- Privacy linen only
- Cooling Blanket (anterior and posterior) to 96.8 F (36 degrees C)
- Instill 250 milliliter iced water via NG/OG and retain for 30 minutes, remove and repeat until goal temperature is reached
- Ice packs to groin, under arms and sides of neck, continue until goal temperature is reached
- Skin assessment hourly
- Vital signs every 15 minutes x 4 then hourly including temperature from 2 routes (esophageal, rectal or bladder)
- Document negative shivering assessment
- Electrolyte replacement for first 18 hours of cooling
- If pulse < 40 OR > 140 bpm, notify provider
- If symptomatic bradycardia, notify provider
- If MAP < 60 or > 150 mmHg, notify provider
- If uncontrolled shivering, notify provider
- If change in cardiac rhythm or new ECG changes, notify provider
- If urine output less than 30 milliliter/hour, notify provider
- If unable to reach goal temperature within 4 hours after arrest, notify provider
- If QTC > 500, notify provider

Respiratory

- Remove heated circuit from ventilator

IV Fluids

Sodium Chloride 0.9% IV - CHILLED

- 1000 milliliter intravenously Rapid Bolus (< 15 min), may repeat x 1 to obtain goal temperature (DO NOT give via jugular or subclavian line)

Initials _____

(place patient label here)

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Medications

Electrolyte Replacement

- The following are to be administered via central line only during the first 18 hours of the cooling phase;
- Do not replace 6 hours prior to rewarming
- Monitor for arrhythmia changes during all electrolyte replacement therapy

Magnesium Replacement	
Mg Level	Replacement
<1.6	4 gram in NS IV over 4 hour
≥ 1.6 - 2.0	2 gram in NS IV over 2 hour
Potassium Replacement	
K Level	Replacement
≤ 2.5	80 mEq KCL: 40 mEq/100 ml NS IV over 2 hours x 2
2.6 - 2.9	60 mEq KCL: 30 mEq/100 ml NS IV over 2 hours x 2
3.0 - 3.4	30 mEq KCL/100 ml NS IV over 1 hour
3.5 - 3.9	20 mEq KCL/100 ml NS IV over 1 hour
Phosphorus Replacement	
Phos Level	Replacement (Use Sodium Phosphate)
< 1	0.75 millimoles/kg IV pharmacy to dose/renally adjust (infuse no faster than 7.5 millimoles/hour)
1 - 1.5	0.5 millimoles/kg IV pharmacy to dose/renally adjust (infuse no faster than 7.5 millimoles/hour)
1.6 - 2.0	0.25 millimoles/kg IV pharmacy to dose/renally adjust (infuse no faster than 7.5 millimoles/hour)
Calcium Replacement	
Ionized Ca+ Level	Replacement
< 0.9	1 gram Calcium Gluconate/100 ml NS IV over 30 minutes

Laboratory

AFTER GOAL TEMPERATURE OF 32-36 C IS REACHED, obtain the following labs every 6 hour x 24 hours

- Blood Gas Study, arterial
- Amylase
- CBC/AUTODIFF
- Comprehensive metabolic panel
- Magnesium (Mg) level, plasma
- Phosphorus level, plasma
- CK (CPK)
- DIC Screen
- CALCIUM, IONIZED
- Lactic acid, plasma
- Troponin-I

Provider Signature: _____ Date: _____ Time: _____