**ICU Targeted Temperature Management Post-Cardiac Arrest-Phase 1**

**Version 2 Approval 9/25/2018**

**Inclusion Criteria**

* All cardiac rhythms
* Glasgow coma scale less than or equal to 7
* Age greater than or equal to 18
* Pregnancy negative
* No defined neuropathology
* Establish Code status

**General**

* Requires mandatory Intensivist as consult

**PHASE 1: ON ADMISSION AND PRIOR TO COOLING**

***Nursing Orders***

Vital signs every 15 minutes x 4 then hourly including temperature from 2 routes (esophageal, rectal and/or bladder)

Elevate head of bed 30 degrees

Nasogastric/orogastric tube insert/maintain to low intermittent suction

Point of Care Capillary Blood Glucose every 6 hours and as needed

Foley Catheter with Protocol

If having seizures, notify provider

If shivering, notify provider

***Respiratory***

Initiate Ventilator Management Protocol

Maintain O2 Sat > 94%

Maintain PCO2 35-45 mmHg

***Diet***

NPO

***IV/ Line Insert/Maintain***

Arterial line insert/maintain

Peripheral IV insert/maintain

Central line maintain

***IV Fluids***

Sodium Chloride 0.9% IV

30 milliliter/hour continuous intravenous infusion

***Medications***

***Sedatives /Analgesics/Paralytics***

**Initiate Propofol and Fentanyl together and titrate Propofol to RASS -2 sedation level**

propofol 10 mg/mL intravenous emulsion (DIPRIVAN)

5 microgram/kilogram per minute continuous intravenous infusion. Titrate to achieve -2 RASS sedation level (MAX 80 microgram/kilogram per minute)

fentaNYL

1 microgram/kilogram intravenous push bolus once (MAX 100 microgram) followed by fentanyl continuous infusion

50 microgram/hour continuous infusion following bolus.

**\*\*IF RASS -2 not achieved and Propofol infusion is at MAX:**

LORazepam (ATIVAN)

2-4 milligram intravenously every 30 minutes as needed if RASS -2 not achieved and Propofol infusion is at MAX

fentaNYL

50-100 microgram intravenous push every 30 minutes as needed if RASS -2 not achieved within 30 minutes of first Lorazapam dose and Propofol infusion is at MAX

**\*\*IF seizures: Contact provider**

LORazepam (ATIVAN)

2 milligrams intravenously push every 30 minutes as needed

**\*\*IF shivering: Contact provider**

meperidine (DEMEROL)

12.5-25 milligram intravenous push every 4 hours as needed (GIVE FIRST)

vecuronium

If shivering is unrelieved by Demerol, contact provider for appropriate dosing and RASS score

***Vasopressors: Contact provider if initiating pressor***

**\*\*Initiate norepinephrine (LEVOPHED) first**

norepinephrine bitartrate (LEVOPHED) in NS 4 mg/250 mL IV

0.1 microgram/kg/minute continuous intravenous infusion. Titrate to keep MAP greater than 65 mmHg (MAX 30 microgram/minute)

**\*\*IF desired MAP not obtained ADD:**

vasopressin in NS 100 unit/250 mL IV

0.04 unit/minute continuous intravenous infusion

**\*\*IF desired MAP not obtained ADD:**

phenylephrine (NEO-SYNEPHRINE) in NS 20 mg/ 250 mL (80 mcg/mL) IV

20 - 180 microgram/minute continuous intravenous infusion. Titrate to keep MAP greater than 65 mmHg begin if desired MAP not achieved with norepinephrine and vasopressin)

***Insulins***

***Insulin Sliding Scales***

Low

Medium

High

If blood sugar is >250, initiate insulin drip. Select Dynamic Insulin Drip orders

Insulin, regular in NS 250 unit/250 mL (1 unit/mL) IV.

***Other***

Lacri-Lube eye ointment

0.5 inch in each eye every 12 hours as needed while sedated

aspirin

300 milligram suppository rectally once a day

325 milligram tablet by nasogastric tube once a day

***Laboratory***

Obtain the following STAT labs:

Blood Gas Study, arterial

Pregnancy test, serum. Select for women of child bearing age

Amylase

CBC/AUTODIFF

Comprehensive metabolic panel

Magnesium (Mg) level, plasma

Phosphorus level, plasma

CK (CPK)

Cortisol, plasma

Calcium, ionized

Lactic acid, plasma

Lipase

PT (PROTIME AND INR)

PTT

Troponin-I

Type and screen

If fever or evidence of infection present:

Blood Culture

Culture, sputum

Culture, urine

Procalcitonin Level

***Radiology & Diagnostic Tests***

CT Head without Contrast

STAT. Reason for exam: post cardiac arrest

XR Chest Single AP View Only, portable,

STAT. Reason for exam: post cardiac arrest

12-lead ECG

STAT. Reason for exam: post cardiac arrest

Echocardiogram, transthoracic (2D cardiac ECHO)

Reason for exam: post cardiac arrest (DO NOT DELAY COOLING PROTOCOL IF NOT OBTAINED)

EEG (Electroencephalogram), continuous,

STAT. Reason for exam: post cardiac arrest (DO NOT DELAY COOLING PROTOCOL IF NOT OBTAINED)