

(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 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

Initials \_\_\_\_\_

(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

**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 Lorazepam 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.

Initials \_\_\_\_\_

(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

**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)

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_