

UCLH Guidelines for Hypothermia management post Cardiac Arrest

**A&E
ICU**

Pulseless VF/VT and GCS <9 after ROSC

**Decision for hypothermia made by SpR or Consultant
Aim is to reach core temp of 32-34°C within 4 hours
of return of spontaneous circulation (ROSC)**

Indications:

1. endotracheal tube / mechanical ventilation.
2. no other cause of coma e.g. trauma

Aim to adhere to the following:

1. Sedate with propofol (sedation score -3). No sedation holds during protocol
2. Pancuronium infusion to prevent shivering
3. Nurse 30° head-up
4. Measure nasopharyngeal temperatures
5. $\text{PaO}_2 \geq 11 \text{ kPa}$; $\text{PaCO}_2 4.5 - 5.0 \text{ kPa}$ (temperature corrected)
6. Do not use a heated water humidifier.
7. MAP > 75 mmHg
8. Blood glucose 4.4-7 mmol/l
9. Avoid tight ties for ET tube

Discuss Relative contraindications
with A&E / ICU Consultant
Terminal disease
Coagulopathy
Life threatening arrhythmias
Cardiogenic shock
Sepsis
Pregnancy

Apply cooling pads – axillae, groins, head/neck.
Monitor Coagulation at 12 and 24 hours

Temp <32°C

Yes

No

Temp 32-34°C

No

Temp > 34°C

Yes

Fluid challenges
contraindicated

No

Yes

If temp of 32-34°C
has not been reached
by ROSC + 3 hours
alert ICU SpR

Infusion of cooled (4°C)
fluids under
oesophageal
doppler guidance until
Temp 32-34° C

No

Temp 32-34°C

Yes

**Continue surface cooling.
Maintain temp at 32-34°C
for 24 hours**

Yes

Remove cooling pads.
Allow patient to
passively rewarm to 32-34°C

Consider early rewarming if there is:

1. significant arrhythmias (uncontrolled AF, VT and VF)
2. coagulopathy or bleeding
3. cardiovascular instability

After 24 h stop cooling.

Allow to passively rewarm over
a minimum of 8 hrs (0.5-1°C / h).
If appropriate stop paralysis and sedation
When temp > 36°C

Cooled fluids should be kept in the TPN fridge on T3

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