

ROBINSON MEMORIAL HOSPITAL – RAVENNA, OHIO PHYSICIAN'S DIRECTIONS

(IMPRINT PATIENT'S PLATE HERE)

INITIAL HEIGHT _____
INITIAL WEIGHT _____ lb
PREGNANT _____ LACTATING _____

DRUG ALLERGIES:

DATE	TIME	ORDER & SIGNATURE
		INDUCED MILD HYPOTHERMIA Page 1 of 2
		<p>1. INDICATIONS Consider using induced mild hypothermia for:</p> <ul style="list-style-type: none"> • Patients over 18 years of age • Comatose victims of in-hospital, or in-the-field cardiac arrest, with return of spontaneous circulation (ROSC), within a six hour post-arrest window
		<p>2. CONTRAINDICATIONS Induced mild hypothermia SHOULD NOT be attempted for the following patients:</p> <ul style="list-style-type: none"> • Patients unable to maintain an adequate blood pressure despite the use of pressor agents, or if appropriate, mechanical hemodynamic support. • Coma from other causes (drug intoxication, pre-existing coma prior to arrest) • Patients with significant post-arrest dysrhythmia • Known bleeding diathesis or active ongoing bleeding • Systemic infection/sepsis • Major surgery within past 14 days • Pregnancy • Temperature less than 30°C (86°F) after cardiac arrest • Pre-existing terminal disease, Do Not Resuscitate or Do Not Intubate order
		<p>3. INDUCTION</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Utilize Induced Mild Therapeutic Hypothermia Nursing Algorithms 1 and 2 <input checked="" type="checkbox"/> Initiate hypothermia with the goal to rapidly decrease temperature to 33°C (91.4°F) <input checked="" type="checkbox"/> Apply ice packs to head, neck, axilla and groin &/or utilize hypothermia device(s) until goal temperature reached <input checked="" type="checkbox"/> Infuse 30 mL/kg chilled normal saline (chilled to 4°C) over 30 minutes into peripheral or femoral line only <input checked="" type="checkbox"/> Monitor continuous core temperature with temperature sensing foley catheter and/or rectal probe <input checked="" type="checkbox"/> Vital signs <ul style="list-style-type: none"> i. every 30 minutes during induction phase ii. every 60 minutes during maintenance phase iii. every 30 minutes during rewarming phase
		<p>4. MEDICATIONS:</p> <p>SEDATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> Midazolam (Versed[®]) bolus: 2 mg IVP and begin infusion at 2 mg/hr. <input type="checkbox"/> Midazolam (Versed[®]) bolus IVP every 15 minutes prn and increase infusion by 2 mg/hr every 15 minutes to a maximum of 10 mg/hr as tolerated by blood pressure for shivering and/or agitation (unexplained tachycardia and/or hypertension) <p>OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> Propofol initiated at 5 mcg/kg/min IVPB and titrated by 5 mcg/kg/min IVPB every 5 minutes to a goal of 30 - 50 mcg/kg/min as tolerated by blood pressure, for shivering and/or agitation (unexplained tachycardia and/or hypertension) <ul style="list-style-type: none"> • Continue sedation throughout hypothermic and re-warming process until temperature reaches 36.5°C (97.7°F). For signs of insufficient sedation at maximum dose contact physician for additional orders. <p>PARALYSIS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Vecuronium (Norcuron[®]) bolus: 0.1 mg/kg and begin vecuronium infusion at 1mcg/kg/min <input type="checkbox"/> Rocuronium (Zemuron[®]) bolus: 0.5 mg/kg and begin infusion at 10 - 20 mcg/kg/min as maintenance dose <ul style="list-style-type: none"> • Discontinue paralytic when goal temperature of 34.5°C (94.1°F) has been reached <p>TEMPERATURE MANAGEMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> Acetaminophen 650 mg every 4 hours prn po or per rectum to keep temperature less than 37.5°C (99.5°F) for 48 hours after normothermia

UNLESS CHECKED, ANOTHER BRAND OF DRUG IDENTICAL IN FORM AND CONTENT MAY BE DISPENSED.

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DATE	TIME	ORDER & SIGNATURE
		INDUCED MILD HYPOTHERMIA cont'd.
		Page 2 of 2
		5. LABS (While on hypothermia) <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Serum potassium every 4 hours times 24 hours <input checked="" type="checkbox"/> Serum blood glucose every 2 hours times 24 hours. Notify physician if less than 60 or greater than 250 <input checked="" type="checkbox"/> BMP, magnesium, phosphorous every 8 hours times 24 hours <input checked="" type="checkbox"/> CBC every 8 hours times 24 hours. Notify physician if Hgb less than 8 or if Hgb drops greater than 2 grams from previous result. <input checked="" type="checkbox"/> Notify physician if platelet count is less than 50,000 <input checked="" type="checkbox"/> ABGs at core temperature every 12 hours <input checked="" type="checkbox"/> PT, PTT, INR every 8 hours
		6. <input checked="" type="checkbox"/> CONSULT PULMONARY/CRITICAL CARE for Critical Care management
		7. <input checked="" type="checkbox"/> CONSULT NEUROLOGY for Neurological management of hypothermia protocol
		8. <input checked="" type="checkbox"/> CONSULT _____ for placement of an arterial line
		9. REWARMING <ul style="list-style-type: none"> <input checked="" type="checkbox"/> After 24 hours of hypothermia therapy start passive re-warming according to Algorithm 2 <input checked="" type="checkbox"/> Stop all potassium administration 4 hours prior to re-warming <input checked="" type="checkbox"/> Maintain sedation until temperature of 36.5°C (97.7°F) is reached <input checked="" type="checkbox"/> Discontinue paralytic when temperature of 34.5°C is reached if not already discontinued <input checked="" type="checkbox"/> External cooling prn to maintain normothermia

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