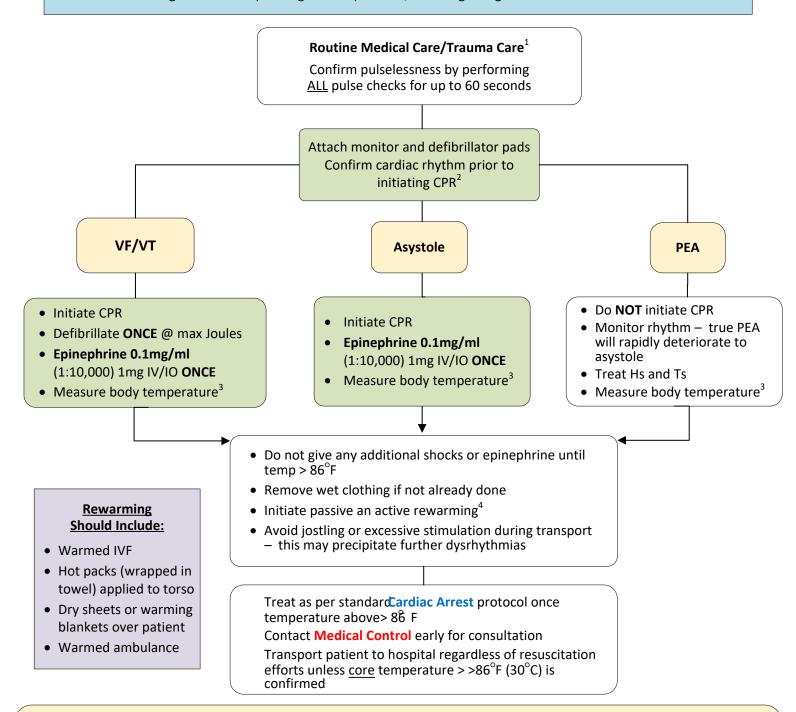
Hypothermia Induced Cardiac Arrest

This protocol should only be used when hypothermia is believed to be the primary cause of the patient's arrest

Secondary causes of hypothermia (e.g. sepsis, toxins, hypoglycemia) and cardiac arrest should be managed according to the corresponding cardiac protocol, including recognition of reversible Hs and Ts.



<u>Hypothermia can happen even in warmer regions – especially if person is elderly, septic, homeless, immersed, or altered.</u>

Michael Mithie

¹ The most experienced provider should intubate to limit manipulation. Avoid hyperventilation which can cause ventricular fibrillation in hypothermic patients. Use et CO_2 monitor to maintain normal p CO_2 levels (35-45 mmHg).

² Consider withholding CPR if patient has an organized rhythm or other signs of life. Do not perform cardiac pacing or give Atropine if body temperature is < 86°F (30°C). Hypothermic patients have decreased metabolic needs and can better tolerate decreased blood flow states like PEA or severe bradycardia. Consult with Medical Control.

³ If the temperature is unable to be measured, assume severe hypothermia (< 86° F) is present, begin rewarming, and plan for transport.