

## (31189) Hypothermia Initiation Phase One

Please note bolded orders are those pre-selected in EXCELLIAN.

<b>Hypothermia Initiation Phase One</b>	
<b>Diagnosis</b>	
<b>Allergies</b>	
<b>For hypothermia tracking purposes only. Please do not uncheck.- Required</b>	
<input type="checkbox"/> <b>Cardiac Emergency Tracking</b>	For hypothermia tracking purposes only.
<b>Consults</b>	
<input type="checkbox"/> <b>Consult to Intensivist</b>	Indicate the physician group {        } Staff to call consultant(s), add to the treatment team, and update the order with date and time of call placed.
<input type="checkbox"/> <b>Consult to Cardiology</b>	Indicate the physician group {        } Staff to call consultant(s), add to the treatment team, and update the order with date and time of call placed.
<b>Vital Signs</b>	
<input type="checkbox"/> <b>Vital Signs Hypothermia Induction</b>	<ol style="list-style-type: none"> <li>1. Obtain vital signs including core temp, pulse, respiratory rate, BP, O2 saturation and document prior to initiation of cooling procedure.</li> <li>2. Obtain vital signs every 15 minutes during the cooling process until target temperature is reached, then every 15 minutes x 4 and then hourly per maintenance phase.</li> <li>3. More frequent vital signs as needed per unit policy or per patient condition.</li> </ol>
<b>Procedures</b>	
<input type="checkbox"/> <b>Intubate</b>	
<input type="checkbox"/> Oral gastric tube	Continuous to low intermittent suction. Care and maintenance per site specific policy.
<input type="checkbox"/> Indwelling Urinary Catheter with Bladder Temperature Probe	Continuous temperature monitoring with catheter to drainage bag. If patient arrives with an Indwelling Urinary Catheter without a temperature probe, do not remove catheter. Instead, place esophageal temperature probe for continuous temperature monitoring.
<input type="checkbox"/> Esophageal Temperature Probe	Continuous temperature monitoring. Insert if patient has an Indwelling Urinary Catheter without temperature probe.

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Patient Name \_\_\_\_\_

Medical Record # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Surgery/Admission \_\_\_\_\_

**PHYSICIAN'S ORDERS**

04/21/2009

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<b>Respiratory – Mechanical Ventilator Settings – A Separate Order Set is Optional</b>	
<input type="checkbox"/> CMV / AC Mechanical Ventilator Settings	CMV/AC (Controlled Mandatory Ventilation) Rate: [_____] , Vt: [_____] mL, FIO2: <input type="checkbox"/> [_____] %. <input type="checkbox"/> Titrate O2 sats to > [_____] %. <input type="checkbox"/> Other [_____] . PEEP +: [_____] cmH2O, Flow: <input type="checkbox"/> Auto Flow <input type="checkbox"/> Rate [_____] Lpm.
<input type="checkbox"/> PCV Mechanical Ventilator Settings	PCV (Pressure Control Ventilation) Rate: [_____] , FIO2: <input type="checkbox"/> [_____] %. <input type="checkbox"/> Titrate O2 sats to > [_____] %. <input type="checkbox"/> Other [_____] . Inspiratory Pressure [_____] cmH2O, PEEP +: [_____] cmH2O, I:E ratio: [_____] : [_____] .
<b>Cooling Process</b>	
<input type="checkbox"/> <b>Initiate cooling by applying Cooling Device/Unit</b>	Cooling device per facility Hypothermia policy for cooling process. 1. Determine appropriate cooling pad size and order pads. 2. Apply cooling pads and connect/slave core temperature to cooling device. 3. Begin cooling process and document the time and method. 4. Set for 33 degrees Celsius and push the automatic mode button. 5. May place defibrillation pads under cooling pads if necessary.
<input type="checkbox"/> Apply ice packs to axilla/groin areas (If cooling device is not available or incremental cooling is desirable)	Initiate cooling process. 1. Initiate cooling with ice packs on patient's axilla, groin, neck and torso until cooling device blankets started. 2. Continue as needed once cooling device blankets applied.
<input type="checkbox"/> Cooling blankets (If cooling device is not available or incremental cooling is desirable)	Initiate cooling process. 1. Place one cooling blanket under the patient and one over the patient with sheets placed between the patient and the cooling blankets. Set for 5 ° Celsius. 2. Goal temperature is 33° Celsius. Temperature will fall a bit lower after cessation of active cooling.



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<b>Medications – Paralytic Bolus (Single Select Section)</b>	
<input type="checkbox"/> atracurium (TRACRIUM) IV – bolus	EACH TIME PRN, Intravenous, Dose: 0.4 mg/kg bolus. *GIVE A BOLUS DOSE prior to starting paralytic infusion.* May repeat bolus dose once, 30 minutes after initial bolus to abolish shivering. Patient MUST be intubated, sedated and mechanically ventilated prior to and during paralytic treatment. **NEUROMUSCULAR BLOCKER
<input type="checkbox"/> vecuronium (NORCURON) IV – bolus (ED ONLY)	EACH TIME PRN, Intravenous, Dose 0.1 mg/kg. *GIVE A BOLUS DOSE prior to starting paralytic infusion.* May repeat bolus dose once, 30 minutes after initial bolus to abolish shivering. *FOR USE IN ED ONLY.* Patient MUST be intubated, sedated and mechanically ventilated prior to and during paralytic treatment. **NEUROMUSCULAR BLOCKER
<b>Medications – Paralytic Infusion</b>	
<input type="checkbox"/> atracurium (TRACRIUM) IV – infusion	CONTINUOUS, Intravenous, Dose: 4 mcg/kg/min. (Usual dosage is 4-12 mcg/kg/min.) Begin after paralytic bolus dose. Patient MUST be intubated, sedated and mechanically ventilated prior to and during paralytic treatment. Train of Four Monitoring (TOF) Via Peripheral Nerve Stimulation: 1) Get baseline TOF before paralytic bolus and initiation of infusion. Document level of current and response. 2) Titrate infusion by 1mcg/kg/min to obtain 2 out of 4 TOF. 3) Measure TOF hourly. Notify physician if no response. 4) Call physician if shivering is observed.  <i>Comment: usual dosage is 4-12 mcg/kg/min</i>
<b>Laboratory ED ONLY – POC / ISTAT TESTS</b>	
<input type="checkbox"/> ISTAT 8	STAT, ONE TIME.
<input type="checkbox"/> I STAT Creatinine	STAT, ONE TIME.
<input type="checkbox"/> ISTAT ABG	STAT, ONE TIME.
<input type="checkbox"/> Troponin T, Qualitative, POC	STAT, ONE TIME.
<b>Laboratory – Stat</b>	
<input type="checkbox"/> Basic Metabolic Panel – STAT	STAT, ONE TIME.

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<input type="checkbox"/> Arterial Blood Gas	STAT, ONE TIME.
<input type="checkbox"/> CBC with Platelets	STAT, ONE TIME.
<input type="checkbox"/> INR	STAT, ONE TIME.
<input type="checkbox"/> Lactate	STAT, ONE TIME.
<input type="checkbox"/> CK-MB Index Panel	STAT, ONE TIME.
<input type="checkbox"/> Troponin T Quant	STAT, ONE TIME.
<input type="checkbox"/> Magnesium	STAT, ONE TIME.
<input type="checkbox"/> Hepatic Function Panel	STAT, ONE TIME.
<input type="checkbox"/> Brain Natriuretic Peptide	STAT, ONE TIME.
<input type="checkbox"/> Pregnancy, Serum	STAT, ONE TIME. For all women less than 50 years of age.
<b>EKG</b>	
<input type="checkbox"/> <b>12 Lead EKG – STAT</b>	STAT. ONE TIME, Post arrest.
<input type="checkbox"/> 12 Lead EKG – STAT	STAT. ONE TIME, Repeat in one hour after admission.
<b>Medical Imaging</b>	
<input type="checkbox"/> XR Chest Portable 1 View Post Arrest	RAD ONE TIME, STAT, for evaluation of ETT placement and to confirm esophageal probe placement if appropriate.
<input type="checkbox"/> CT Head without Contrast	RAD ONE TIME, STAT. Reason for exam: [ _____ ].
<b>Hypothermia Initiation Phase II – Admission – A separate order set is available</b>	
<b>Additional Orders</b>	

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time



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