



Targeted Temperature Management (Cool-It) Protocol

Assessment and Indications

- Resuscitated cardiac arrest
- Inclusion Criteria:** ROSC within 60 min, non-traumatic arrest, unable to follow simple commands
- Exclusion Criteria:** DNR/DNI, chronic coma or vegetative state prior to arrest, active bleeding, persistent hypotension despite vasopressors

Initial Management

- Expose patient (gown only), obtain core temp and obtain 12 lead EKG
 - If $<34^{\circ}$ C continue temp checks q 10 minutes
 - If $>34^{\circ}$ C apply ice packs to neck, groin, and axilla
- Contact Minneapolis Heart Institute® at **612-863-3911** to page cardiologist for a Cool-It
- Activate emergency transport team (air, if not contraindicated)
- Monitor with hands-free defibrillator pads, 2 IVs, draw labs, place NG/OG
- If patient meets Level One STEMI criteria, and is post-cardiac arrest, transfer directly to cath lab**
 - Aspirin: 300 mg PR
 - Ticagrelor: 180 mg **OR** Clopidogrel: 600 mg, via NG/OG
 - Heparin: 60 U/kg (max 4,000 U) IVP, loading dose then
 - NO thrombolytic (regardless of time delay)**
 - Transport to cath lab with frequent temp checks (q 10 min)
- If patient is a Cool-It only**, repeat 12 lead EKG q 15 min and transport

"Guidelines are not meant to replace clinical judgment or professional standards of care. Clinical judgment must take into consideration all the facts in each individual and particular case, including individual patient circumstances and patient preferences. They serve to inform clinical judgment, not act as a substitute for it. These guidelines were developed by a Review Organization under Minn. Stat. §145.61 et. seq., and are subject to the limitations described at Minn. Stat. §145.65."

This information is intended only as a guideline. Please use your best judgment in the treatment of patients.