



Approach to Hypothermic Resuscitation

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≤ 32 °C

Cold and Alive

Cold and Dead

Stable(ish) Hypothermia

Unstable Hypothermia

Salvageable

Unsalvageable

Signs of Stability
(likely won't need ECMO)

1. Temp >28 °C
2. Stable Cardiac Features: bradycardia, normotension, atrial fibrillation

Treatment:

- Active internal/external warming: warm IV fluids, Bair Hugger, bladder lavage
- Limit movement
- Obtain EKG

Signs of Instability
(may benefit from ECMO)

1. Temp <28 °C
2. Unstable Cardiac Features: ventricular arrhythmias, severe hypotension

****high risk of cardiac arrest****

Treatment:

- Airway management, active internal/external rewarming, vasopressors as needed
- Limit movement
- Consider transfer to ECMO center

If patient became hypothermic before death (aka hypothermia was the likely cause of initial arrest) -> patient may be salvageable

- Start high quality CPR
- Start ECMO if available
- Arrange transfer to ECMO center if ECMO not available, continue CPR/rewarming
- If ROSC achieved, still transfer -> may develop pulmonary edema and likely need ICU/ECMO services

-Electricity/EPI?

Reasonable to attempt shocks (1 or more). Mixed data on Epi use, AHA says to consider administration of vasopressors

- Resuscitate until temp >32-35 degrees

- Hypothermia not cause of initial arrest
- K > 12
- Chest frozen solid

If patient likely died prior to cooling, there is very little chance of survival