



PHYSICIAN ORDERS
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MEDICAL RECORD#
DOB
NAME
VISIT#

Chief Complaint (CC): 1.
(Reason for test or 2.
service. ICD-9 codable) 3.

ALLERGIES: (DRUG, FOOD, ENVIRONMENTAL)

NO KNOWN DRUG ALLERGIES NO KNOWN FOOD ALLERGIES NO KNOWN ENVIRONMENTAL ALLERGIES

Attending Physician: Wt:

HYPOTHERMIA POST CARDIAC ARREST(ARCTIC SUN HYPOTHERMIA DEVICE)

PATIENT INCLUSION CRITERIA:

- Resuscitated cardiac arrest > 18 years of age
Comatose (GCS <8) after return of spontaneous circulation
Endotracheal intubation with mechanical ventilation
Mean Arterial Pressure > 60mm Hg with or without vasopressors and volume

ORDERS

- 1. Insert Foley urinary catheter with temperature probe
2. Vital Signs - Record heart rate, blood pressure, cardiac rhythm and Foley and secondary(tympanic
esophageal rectal) temperature at 15 minute intervals during active cooling, 30 minutes intervals during the first
2 hours of hypothermia maintenance and one hour intervals during maintenance, record temperatures at 30 minutes
intervals during active rewarming
3. Maintain target temperature at 33°C for 24 hours
4. Check skin integrity every 8 hours
5. Continuous EEG monitoring for patients who have paralytics administered; STAT neurology consult to arrange EEG
monitoring.
6. Cooling method: Arctic Sun Hypothermia Device
a. USE ARCTIC SUN HYPOTHERMIA DEVICE:
I. If time permits, turn the Arctic Sun to the ON position.
II. Press Manual Mode to begin pre-cooling the water to 4°C
III. Place the Arctic Sun Energy Transfer Pads. Ensure that all pads in a kit are
used to cover the back, abdomen, and thighs
IV. Connect the Arctic Sun Energy Transfer Pads to the fluid delivery line from the Arctic
Sun. Connect the Foley catheter to the Arctic Sun temperature cable.
V. Press Automatic Mode. Confirm the Patient Target Temperature displayed on the
screen is set to 33°C
b. REWARM PROTOCOL FOR ARCTIC SUN:
I. Press the stop key
II. Press the down arrow to the Patient Target Temperature Screen and follow the
directions to change Patient Target Temperature to 36°C
III. Press the down arrow again to 0.25° or 0.3°C/hour. Corresponding hours will be shown
on the display screen.
IV. Press Automatic to start.

Provider Signature ID# Pager# Date: Time: (Military)



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Attending Physician: Wt:

Patient Weight kg

7. MEDICATIONS - Arctic Sun Hypothermia Device

a. Analgesia (Note: consider smaller doses in patients who are small or over 70 years of age)

Fentanyl infusion (concentration 1.25mg/250ml NS = 5mcg/mL)

- I. Loading dose: mcg IV bolus (suggested 1-2 mcg/kg)
II. Continuous dose: mcg/hr (suggested 1-4 mcg/kg/hour)
III. Bolus dose: mcg IV bolus prior to each rate increase rate (suggested 1-2 mcg/kg)
IV. Titration: Increase infusion by 25 mcg/hr after bolus dose every 5-15 minutes if indicated

b. Sedation-Titrate to achieve goal RASS (Richmond Agitation Sedation Scale)

Goal RASS= -5 (Note: Goal RASS of -5 required for patients requiring paralytics)

(Note: consider smaller doses in patients who are small or over 70 years of age)

Midazolam infusion (standard concentration 100mg in 100 mL NS)

- I. Loading dose: mg IV bolus (suggested 2-5 mg)
II. Continuous dose: mg/hr (suggested 0.5 mg/hour)
III. Bolus dose: mg IV bolus prior to each rate increase rate (suggested 1-2 mg IV)
IV. Titration: Increase infusion by 1-2 mg/hr after bolus dose every 10-30 minutes if indicated. Contact Physician for doses > 10 mg/hr: patients should be evaluated for cause of agitation

Propofol infusion (standard concentration 10mg/ml)

- I. Loading dose: none
II. Continuous dose: mcg/kg/min (suggested 5mcg/kg/min)= mcg/min)
III. Titration: Increase infusion by 5-10mcg/kg/min every 5 minutes until at goal RASS

c. Paralytic - Patients must have adequate analgesia and sedation prior to starting. If unable to obtain a RASS score -5 with analgesia and sedation use:

Cisatracurium (standard concentration 200mg in 500 mL D5W)

- I. Loading dose: 0.1mg/kg administered over one min= mg of cisatracurium
II. Continuous dose: start at 1 mcg/kg/min
III. Titration: Increase infusion by 0.5-1mcg/kg/min to achieve 1-2 twitches out of four with train-of-four nerve stimulator monitoring

8. Diagnostic Testing - All patients

- a. EKG at baseline, 24 and 48 hours
b. Chest radiograph at baseline, 24 and 48 hours
c. ABG, whole blood Na, K, Ionized Calcium, CBC, Renal Profile, lactate, Ca, Mg, PT/PTT, Platelets and lactate at baseline, 4hrs, 8hrs, 12hrs, 16hrs, 20hrs, and 24hrs. Lipase and LDH at baseline, 12, 24, and 48 hours

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