# INDUCED HYPOTHERMIA: The nursing care

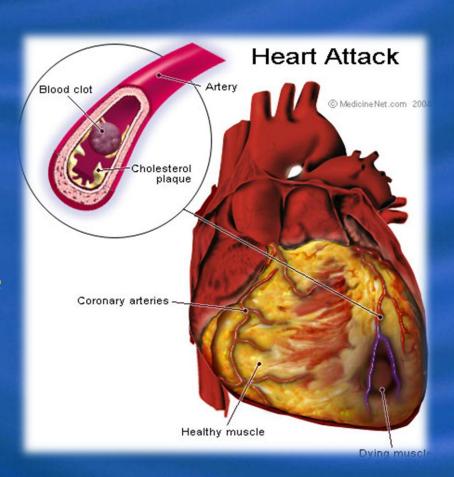
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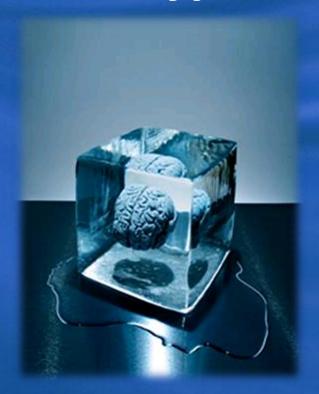
Copenhagen, 24th March 2011

#### Sudden Cardiac arrest

- The most common cause of sudden cardiac arrest is coronary disease.
- More than 50% patients die before reaching the hospital and discharge survival rate is less then 5%.
- Brain ischemy can cause irreversible damage.
- Oxygen free radicals in the brain contributes to cell death.
- Formation of neurothransmiters is not in favour for survival.



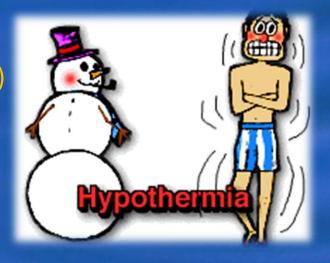
## Induced hypothermia



 Induced hypothermia has been demonstrated to decrease post resuscitation brain injury and improve survival in comatose patients.

### The nursing care

- Nurses have an important role in the process of lowering patient's body temperature.
- Reach the target temperature (32°C 34°C)
   as soon as possible and maintain it for 24
   hours.
- Therefore nurses should develope nursing profession and standards for induced hypothermia and ensure holistic care and best teams.



#### **Best teams**



The induced hypothermia should start immediately after successful CPR.



Direct transfer to the cathlab for PCI and continuing of induced hypothermia.

Continuing of induced hypothermia and maintainance of body temperature for 24 hours.



## Team work from the beginning



- Prompt start of induced hypothermia.
- •During the transport cold i.v. fluids and ice pack should be administered.
- Transfer in cold ambulance
- Patient should be given sedatives and relaxants.

- •In ER and/or CATHLAB continuing of cold i.v. fluids aplication, ice packs and other therapy.
- •Insercion of urinary catheter with sensor for body temperature mesurment.
- •Prompt PCI and resolving the coronary occlusion.



## **Nursing care in ICU**

 Very important is to keep patient sedated and relaxated. Reproduction rights obtainable from www.CartoonStock.com

Heavy sedatives for Mr Baines.

His cheerful disposition is giving me a headache.

 30mL/kg of cold i.v. crystalloid fluids (4°C) for 30min.



- Protected ice bags on head, neck, armpits, inguinal area, ancles and wrists.
- Observation of body parts with ice bags.

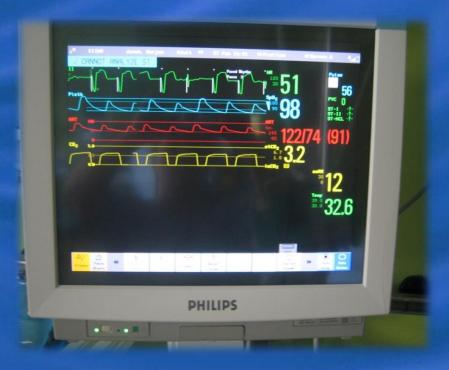


 The heater of air in the respirator should be off during induced hypothermia.



- Monitoring the body tepmerature in the bladder.
- Insertion of central venkateter.
- Arterial line placement.
- Blood lab. tests.
- ECG monitoring.

Bispectral Index Scale (BIS) monitoring.





## Maintenance of body temperature for 24 hours

- Administring cold i.v. fluids, sedatives and relaxants, if necessary ice bags.
- Vital signs measurements.
- Monitor the ECG (bradycardia).
- Blood samples and laboratory tests (Glc increases, inreased diuresis, K+ is lower, prolonged coagulation time...)
- After induced hypothermia (after 24hours) often rebound hyperthermia appears – it must be inhibited.





#### **KOIIM (2003-2010)**

Primary cardiac arrest with ROSC admitted to ICU(n=701)



Conscious 160 (23%) (101 STEMI, 59 No STEMI)





CAG/100 (99%) CAG/33(56%) PCI / 99 (98%) PCI/21(36%)

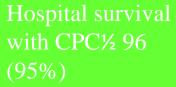




Alive 96 (95%)

Alive 51 (86%)





Hospital survival with CPC½ 48 (81%)



Comatose 541 (77%), (224 STEMI 317 No STEMI)



Hypothermia 317 (59%-68%)



CAG/124(39%) PCI/41 (13%)





Alive 142 (63%)



Hospital survival with CPC½ 95 (42%)

Alive 155 (49%)



Hospital survival with CPC½ 93 (29%)

#### **Conclusions**

- Survival and quality of live improves.
- Sipmle protocol of inducing hypothermia without high costs (can be started everywhere).
- Team work from beginning of CPR until the end of iducing hypothermia in ICU.
- Awareness of all side effects, complications and physiological signs and nurse should promptly react in case of adverse events.
- Education and training of nurses play an important role.



