

THE BRIDGE TO TARGETED TEMPERATURE MANAGEMENT™ IN JUST 10 SECONDS

FAST, EFFECTIVE COOLING SOLUTION FOR INTENSIVE CARE UNITS



THE CRYO COOLING ELEMENT
COOLS NONINVASIVELY VIA
THE CAROTID TRIANGLES.

EVERY 3.5 MINUTES, THE ENTIRE
BLOOD SUPPLY PASSES THROUGH
THE CAROTID TRIANGLES.

**PROVIDING THE
BRIDGE TO
TARGETED
TEMPERATURE
MANAGEMENT™**
FROM EMS...
TO EMERGENCY
DEPARTMENT...
TO CATH LAB
& ICU.

SIMPLE & FAST

Simply break the pack's inner pouch to activate its patented formula.

COST-EFFECTIVE

The Cryothermic Cooling Element® is the most cost-effective method to initiate and continue cooling, whether prehospital use by EMS or in the ICU for fever control.

SAFE & PROVEN

The Cryo Cooling Element® fits 2015 AHA Guidelines and has demonstrated patient cooling equal to chilled saline.¹

AHA strongly recommends against the use of Chilled Saline due to observed side effects.²



C-Collar and Cryothermic
Wrap versions available

THE BRIDGE TO TTM™

1. Noninvasive prehospital brain cooling of OHCA survivors using the Excel Cryo Cooling Device Skulec, Roman et al. Resuscitation, Volume 96, 134.
2. American Heart Association 2015 Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care, Part 8.

Evidence Supports Early Cooling as an Alternative to Saline for SCA

AMERICAN HEART ASSOCIATION GUIDELINES 2015



The Task Force recommends targeted temperature management for adults with out-of-hospital cardiac arrest with an initial shockable rhythm at a **constant temperature between 32°C and 36°C** for at least 24 hours. Similar suggestions are made for out-of-hospital cardiac arrest with a nonshockable rhythm and in-hospital cardiac arrest. The Task Force **recommends against prehospital cooling with rapid infusion of large volumes of cold intravenous fluid.**¹

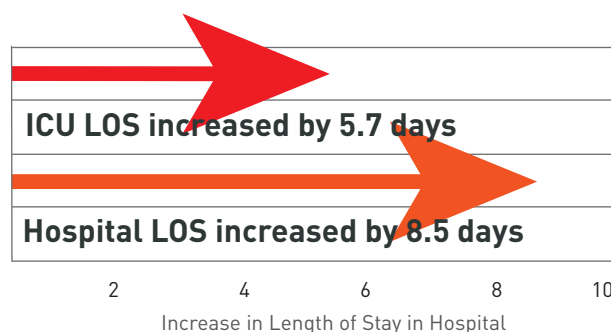
ICU & HOSPITAL ECONOMIC IMPACT OF FEVER

Fever is detrimental in the setting of acute neurologic insults.

Approximately 70% of Neurologic Intensive Care patients develop fever.

The increased length of stay due to fever equates to an estimate of \$10,074 in additional ICU costs and \$17,414 in additional hospital costs.²

The presence of fever in ICU patients increases:



CRYO COOLING ELEMENT

THE BRIDGE TO TTM™

- NO SKIN IRRITATION
- 20-30 MINUTES OF BELOW 0°C
- PACK IS -5°C IN SECONDS
- 15°C COLDER VS STANDARD PACKS



1.1. American Heart Association 2015 Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiovascular Care, Part 8.
2. Reaven et al., 2008

440-546-7120
www.cryothermicsystems.com