THE BRIDGE TO TARGETED TEMPERATURE MANAGEMENT™
IN JUST 10 SECONDS
FAST, EFFECTIVE COOLING SOLUTION FOR INTENSIVE CARE UNITS

THE CRYOTHERMIC COOLING PACK
CONTACTS BOTH CAROTID ARTERIES AND INTERNAL JUGULAR VEINS.
EVERY 3.5 MINUTES, THE ENTIRE BLOOD SUPPLY IS COOLED NONINVASIVELY.

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

THE BRIDGE TO TTM™

The Task Force recommends targeted temperature management for adults with out-of-hospital cardiac arrest with an initial shockable rhythm at a \textit{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 \textit{recommends against prehospital cooling with rapid infusion of large volumes of cold intravenous fluid.}\textsuperscript{1}

\textbf{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.\textsuperscript{2}

\textbf{CRYO COOLING ELEMENT}

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

1. ILCOR Advisory Statement, 2015
2. Reaven et al., 2008