TARGETED TEMPERATURE MANAGEMENT
IN JUST 10 SECONDS
FAST, EFFECTIVE COOLING FOR INTENSIVE CARE UNITS

SIMPLE & FAST
Simply break the pack’s inner pouch to activate its patented formula.

SAFE & PROVEN
The Cryothermic Cooling Pack fits 2015 AHA Guidelines and allows immediate patient cooling equal to chilled saline.¹

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

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 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.  

The presence of fever in ICU patients increases:

- ICU LOS increased by 5.7 days
- Hospital LOS increased by 8.5 days

Fever is detrimental in the setting of acute neurologic insults, and 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.

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