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**THERAPEUTIC HYPOTHERMIA RESEARCH PROJECT PROTOCOL**  
**503 C**  
**POST-RESUSCITATION MANAGEMENT FOR NON-TRAUMATIC CARDIAC ARRESTS**

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1. Perform, record, and evaluate a 12-lead EKG.
2. If the patient is intubated, ensure adequate ventilation to maintain a waveform Capnography values between 35-45 mmHg.
3. Administer Dopamine 5 ug/kg/min, IV/Saline Lock drip to maintain a systolic blood pressure >90mmHg. If there is insufficient improvement in hemodynamic status, the infusion rate may be increased until the desired therapeutic effects are achieved or adverse effects appear. (Maximum dosage is 20 ug/kg/min, IV/Saline Lock drip.)
4. If the patient is NOT awake and NOT able to follow commands:
  - a. If IV/IO access has not been established prior to ROSC, initiate IV access using at least an 18g device.
  - b. Begin/continue infusion of ice cold (4<sup>o</sup> Celsius) normal saline via IV / IO to a total of 30cc/kg (maximum total volume = 2 liters).
  - c. Administer Midazolam 0.1mg/kg IV / IO (maximum dose 2mg) for active shivering and/or agitation.
5. Initiate transport.
6. If the nearest 911 receiving facility is not a Cardiac Arrest Center, contact OLMC to request selective transport to the nearest Cardiac Arrest Center.
  - a. If the 12-lead EKG performed meets STEMI criteria, contact OLMC to request selective transport to a Cardiac Arrest Center that is also capable of performing PCI.

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**NOTE: OLMC APPROVAL IS REQUIRED FOR ALL STEMI TRANSPORTS, EVEN WHEN THE NEAREST 911 RECEIVING FACILITY IS ALSO A STEMI CENTER, INCLUDING 12-LEAD EKG TRANSMISSION.**

7. Contact Medical Control for implementation of one or more of the following MEDICAL CONTROL OPTIONS:

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**MEDICAL CONTROL OPTIONS:**

**OPTION A:** For shivering prophylaxis or treatment, administer Fentanyl 1mcg/kg IV/IO (maximum dose 100mcg).