



Post-Cardiac Arrest Resuscitation Carolinas Medical Center CODE COOL™

**For Code Cool Transfer, contact: CMC Physician Connection Line (PCL)
704-512-7878, Toll Free 877-262-6397 or Yellow Phone**



Carolinas Medical Center

Inclusion Criteria

- Adults (age \geq 18 years)
- Return of Spontaneous Circulation (ROSC) within 60 minutes of arrest
- Persistent Coma: Inability to follow commands and/or GCS $<$ 9

Exclusion Criteria

- Severe or terminal illness with anticipated non-aggressive care
- Active hemorrhage
- Systemic infection/sepsis
- Severe refractory shock

Resuscitation Priorities

- Airway: Intubation
- Breathing
 - Avoid hyperventilation (goal PaCO₂ of 38 – 42mmHg)
 - Avoid hyperoxia (rapidly decrease FiO₂ to maintain SpO₂ $>$ 95%)
- Circulation
 - Goal MAP $>$ 70
 - Anticipate and avoid hypotension
 - Norepineprine is the preferred vasopressor
 - ECG screen for STEMI

Cooling Induction

- Initiate cooling as soon as possible after ROSC
- Refrigerated (4°C) NS 30 cc/kg IV bolus as tolerated
- Ice packs to groin, axilla and neck
- Shivering control with Propofol 10 mcg/kg/min
- Paralyze patient with Vecuronium 0.1mg/kg q1hr

Do

- Initiate transfer early
- Use paralytics during induction phase of cooling
- Document time of arrest, time of ROSC and neuro exam

Don't

- Delay cooling for CT scanning or extensive testing before transfer, unless clinically indicated