NK5-19 Hypothermia Post Cardiac Arrest Order Set (HACA)

During the RDM that took place in Denver Fall 2010, representatives of the different Centura hospitals were present to discuss the Hypothermia Post Cardiac Arrest (HACA) order set. The HACA order set was already being used in most of our sister hospitals. Evidence was presented for the changes. The changes

were as follows:

**At the beginning of the order set it was added:** Consulting physician, consult palliative care, and consult neurology. Also time of the ROSC.

**Inclusion criteria:** GCS less than 6 was added.

**Exclusion criteria:** Refractory shock was removed.

**Relative exclusions:** Less than 18 years old was removed.

**Induction of Hypothermia:** Ice bags (4°) to head, groin, axilla. Avoid direct skin contact was added. (Some hospitals were doing this already.)

**Additional Monitoring:**

* Checked boxes were added to the 12 lead EKG.
* Consider continuous BIS (Bispectral Index). Call MD if > 50 in the absence of shivering. (Some hospitals like Penrose does not have this capability).

**Laboratory studies:**

* Neuronspecific enolase at 48 hours (> than 28 likely poor outcome) \* Reference (Penrose does not have this test. It takes about 3-5 days for results). This test was left with a checked box.
* All the lab tests were decided to have checked boxes. (I understand that with CPOE this is no longer true).
* Blood cultures x 2 was decided to add it to the order set. ( I understand that this order has been taken off by CPOE).

**Sedation, Analgesia and Paralytics:**

* Propofol was written in mg/kg/hr and mcg/kg/min as requested by some of the hospitals.
* Keep hands and feet warm to prevent shivering was added.
* The medications were separated for shivering and for sedation. Due to CPOE, the medications were not separated.

**Induction of Re-Warming:** This note was added: Consider Beta Blockers (if post-MI) only when the patient is re-warmed.

**Nursing Considerations**: This subheading was added.

**Implementation plan:**

**Identify the affected Centura associates and patients**

These order set will be used to care for our hypothermia patients post cardiac arrest. It will start pre hospital, followed by ER. If the patient needs to go to the Cath Lab it will be continued there before the patient arrives to the ICU. It is the continuation of care that will increase the patient’s outcome.

**Briefly describe the communication plan (how it will be communicated and to whom)**

The staff is aware to obtain the hypothermia orders in Meditech forms. The orders will start in the ER and continue throughout the hospital. Littleton, Parker and Penrose were the pilots.

**Briefly describe the education plan (who needs education and how will learning be done).**

There is a power point (completed by Olinda Spitzer, MSN, CNS, RN, CCRN and Sarah Jackson RN) explaining the reason for hypothermia for the staff in the ER, ICU and VCC.