



Therapeutic Hypothermia for the Brazos Valley

The Brazos Valley RAC Pre-hospital Committee for Trauma Service Area “N” is currently taking strides to implement therapeutic hypothermia in the Brazos Valley. Inducing hypothermia to patients who have a return of spontaneous circulation (ROSC) requires a continuum of care throughout the field treatment and inside the hospitals. For this reason we are formulating a process to aid the field providers in deciding where these patients should be transported to for continued care. Due to the logistical and clinical factors surrounding therapeutic hypothermia not all EMS Providers or Hospitals will be able to provide this treatment modality. The process is intended to build a systems approach to treating ROSC patients (and hopefully other patient sub groups in the future) in hopes to stay abreast of current national standards as well as improve overall outcomes for these patients. The American Heart Association has clearly documented the approval of inducing hypothermia to this subgroup of patients and has included it as a Class IIA/IIB recommendation in the 2005 AHA Standards. The process for determining destination for these patients will be based on several straightforward performance parameters which will then designate the hospital as a regional “cool hospital”. The designation simply allows the EMS Providers in the region to make appropriate destination decisions based on who can and who can not continue the hypothermia treatments for next 24 hr period. Due to the importance of continuing the treatment EMS Providers will only transport these patients to participating and designated hospitals. The thought of simply taking them to the closest hospital and then transferring out will not allow the continued therapeutic treatment of the patient and therefore must be transported to a participating “cool hospital”.

Hospital Providers:

1. Simply submitting to the Pre-hospital BVRAC Committee a plan / policy that demonstrate processes and capabilities for 24/7 therapeutic hypothermia once a patient is delivered to your facility from EMS.
2. Demonstrate a commitment to coordinate with the EMS Providers for proper data exchange and proper quality improvement

EMS Providers:

1. Submit a plan / policy that will demonstrate the process and a capability for the full spectrum of therapeutic hypothermia.
 - a. Including sedatives/paralytics to prevent shivering
2. Demonstrate a commitment to coordinate with the Hospital Providers for proper data exchange and proper quality improvement.

