



<h1>NYC REMAC</h1>	
Advisory No.	2010-03
Title:	NEW ALS PROTOCOL INTRODUCING THERAPEUTIC HYPOTHERMIA 503 C – Post-Resuscitation Management for Non-Traumatic Cardiac Arrests
Issue Date:	May 20, 2010
Effective Date:	July 1 st , 2010
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The Regional Emergency Medical Advisory Committee (REMAC) of New York City has revised and updated the regional prehospital treatment and transport protocols. All protocols have been approved by the New York State Emergency Medical Advisory Committee for use in the NYC region.

503 C – (NEW) Post-Resuscitation Management for Non-Traumatic Cardiac Arrests

The attached protocol introduces the administration of chilled saline for purposes of inducing therapeutic hypothermia in patients experiencing return of spontaneous circulation (ROSC).

The use of Fentanyl is on an **'IF AVAILABLE'** basis.

Current and Updated Protocols can be accessed at the Regional EMS Council website:
www.nycremsco.org.

Implementation date is July 1st, 2010.

Any agency unable to meet this implementation date must contact the REMAC by email at mdiglio@nycremsco.org and request an extension. Each request will be reviewed on a case by case basis.

Owners/operators of Ambulance and ALS First Response Services providing prehospital medical treatment within the five boroughs of the City of New York are responsible to provide copies of the NYC REMAC Prehospital Treatment Protocols to their personnel, and to ensure that Service Medical Directors and EMS personnel are informed of all changes/updates to the NYC REMAC Prehospital Treatment Protocols.

Lewis W. Marshall, Jr., MD, JD
Chair, Regional Emergency Medical Advisory Committee of New York City

NEW PROTOCOL

503 C

POST-RESUSCITATION MANAGEMENT FOR NON-TRAUMATIC CARDIAC ARRESTS

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. Administer ice cold (4° Celsius) normal saline via IV / IO to a total of 30cc/kg (maximum total volume = 2 liters).
 - b. 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.

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:

MEDICAL CONTROL OPTIONS:

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