ICU-care FAQ

- A patient in the hypothermia arm has bradycardia, should we rewarm?

  Bradycardia is expected. If the bradycardia is causing hemodynamic compromise a temporary pacemaker may be placed. If a pacemaker in unfeasible or if the treating physician deems further TTM untenable then rewarming should be considered.

- The patient needs to be rewarmed due to severe hemodynamic instability, how should we adjust the target temperature.

  If there are no other treatable causes of hemodynamic instability, we suggest slowly rewarming the patient. If the patient stabilizes, we would recommend staying at that temperature for the remainder of the intervention.

  If there is only a minor adjustment in target temperature (33.5 or 34°C) no protocol deviation needs to be reported. If the patient is rewarmed to normothermia or 36°C a protocol deviation form should be completed.

- A patient has a pulmonary embolism and needs thrombolysis, can hypothermia be continued.

  We would not recommend stopping the intervention due to thrombolysis. as there is ample clinical experience of combining the two interventions. The treating physician may however object to the combination in which case the patient should be rewarmed, and a protocol deviation should be completed.

- Four hours after randomisation a patient in the normothermic arm shows clear signs of awakening despite increased sedation. Does the patient need to be sedated for the full 40 hours?

  Yes. Although uncommon, some patients might be very difficult to sedate. If sedation isn't possible for the stipulated 40 hours, a protocol deviation form should be completed.

- A patient awoke and was transferred out of the unit before the intervention was complete (due to a mistake or severe shortages in beds for example)

  Enter as much data as possible and complete a protocol deviation form. Try to establish an approach that will avoid this from happening again.