

Pre-hospital hypothermia

Seattle and King County, Washington

Research

Original Investigation

Effect of Prehospital Induction of Mild Hypothermia on Survival and Neurological Status Among Adults With Cardiac Arrest A Randomized Clinical Trial

Francis Kim, MD; Graham Nichol, MD, MPH; Charles Maynard, PhD; Al Hallstrom, PhD; Peter J. Kudenchuk, MD; Thomas Rea, MD, MPH; Michael K. Copass, MD; David Carlbom, MD; Steven Deem, MD; W. T. Longstreth Jr, MD; Michele Olsufka, RN; Leonard A. Cobb, MD

IMPORTANCE Hospital cooling improves outcome after cardiac arrest, but prehospital cooling immediately after return of spontaneous circulation may result in better outcomes.

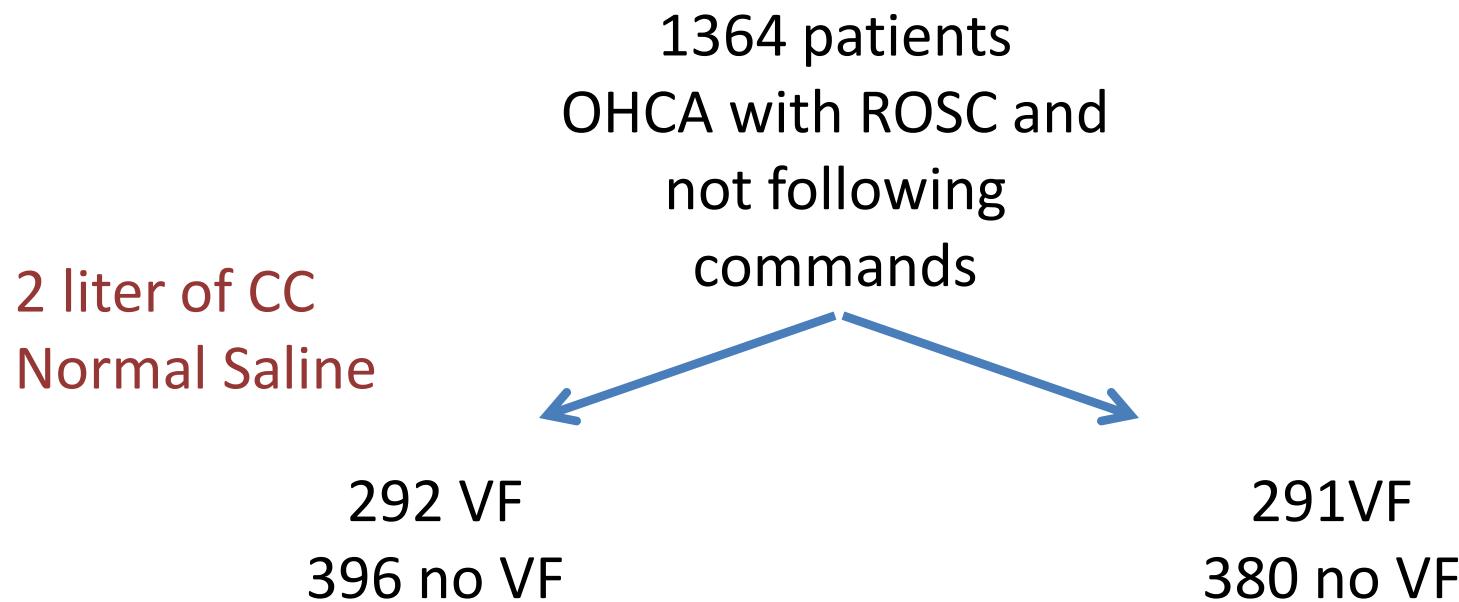
OBJECTIVE To determine whether prehospital cooling improves outcomes after resuscitation from cardiac arrest in patients with ventricular fibrillation (VF) and without VF.

DESIGN, SETTING, AND PARTICIPANTS A randomized clinical trial that assigned adults with

◀ Editorial

+ Supplemental content at
jama.com

Pre-hospital hypothermia



decreased mean core temperature by hospital arrival

1.2°C with VF

1.3°C without VF

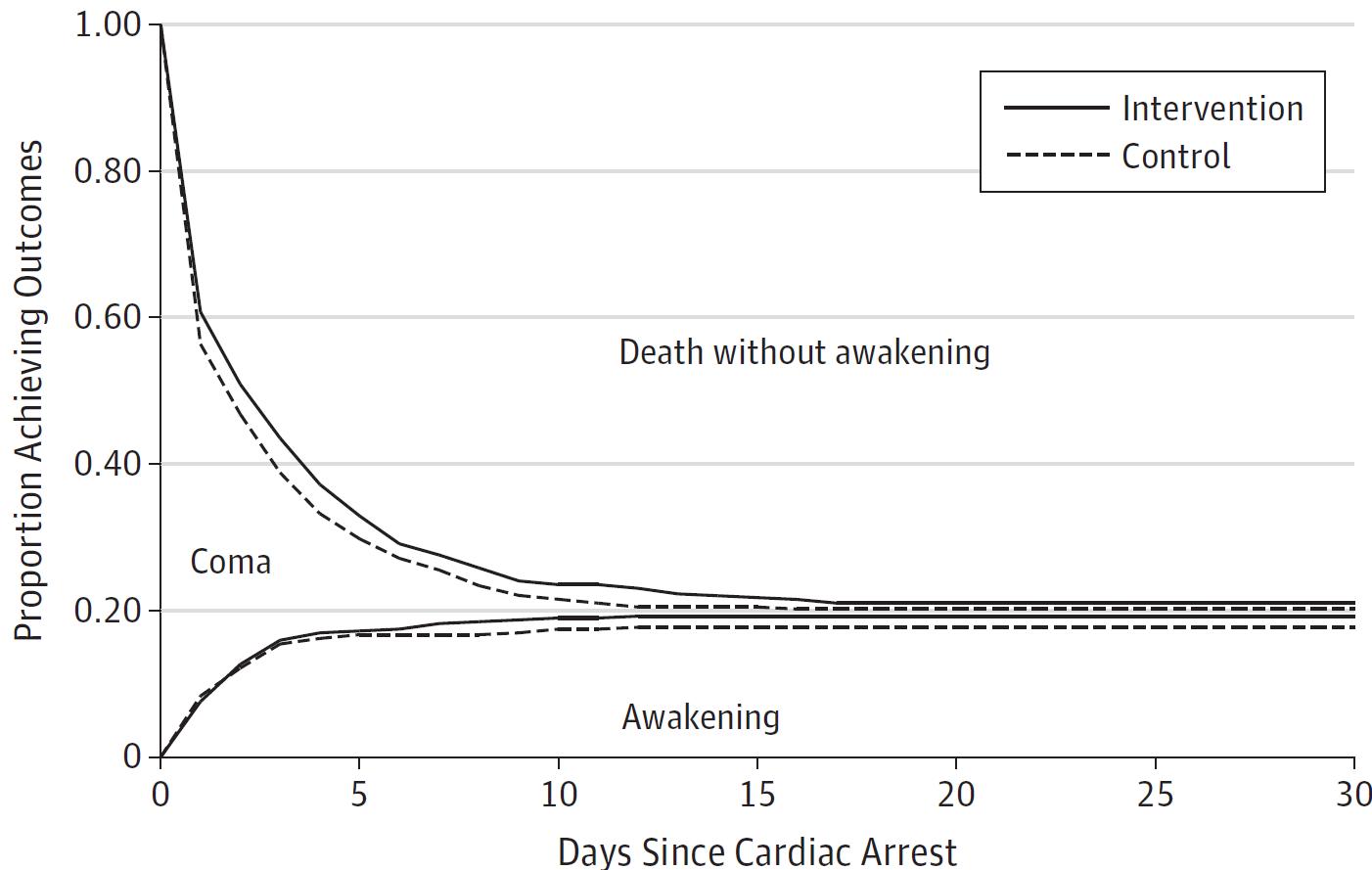
reduced the time to 34°C by 1 hour

Pre-hospital hypothermia

Pre-hospital 4° C NS	Yes	No	P
Call to first responder (min)	5	5	NS
Call to first shock for VF (min)	9	9	NS
Dispatch to hospital arrival	51	49	0.006
Rearrest	26%	21%	0.008
Pulmonary Edema CXR#1	41%	30%	0.001
pH	7.16	7.20	0.05

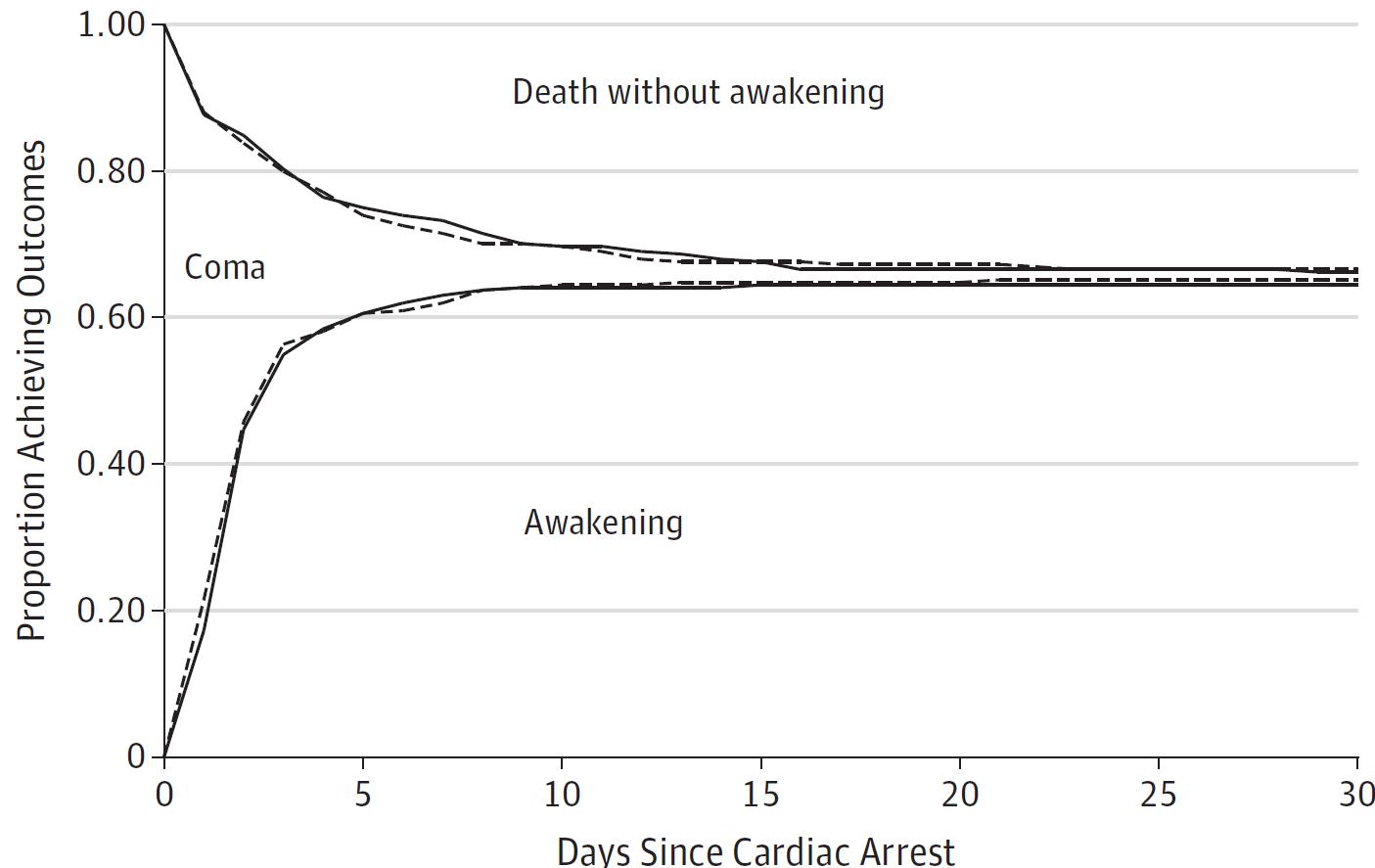
Pre-hospital hypothermia

B Without ventricular fibrillation



Pre-hospital hypothermia

A With ventricular fibrillation



Pre-hospital hypothermia

In a highly developed cardiac arrest system with 50 minute median time from dispatch to hospital arrival

- Faster time to 34⁰ C
- Increased rates of rearrest and pulmonary edema
- Not associated with improved mental status nor survival

Targeted Temperature 33°C versus 36°C

36 intensive care units in Europe and Australia

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Targeted Temperature Management at 33°C versus 36°C after Cardiac Arrest

Niklas Nielsen, M.D., Ph.D., Jørn Wetterslev, M.D., Ph.D., Tobias Cronberg, M.D., Ph.D.,
David Erlinge, M.D., Ph.D., Yvan Gasche, M.D., Christian Hassager, M.D., D.M.Sci.,
Janneke Horn, M.D., Ph.D., Jan Hovdenes, M.D., Ph.D.,
Jesper Kjaergaard, M.D., D.M.Sci., Michael Kuiper, M.D., Ph.D., Tommaso Pellis, M.D.,
Pascal Stammet, M.D., Michael Wanscher, M.D., Ph.D., Matt P. Wise, M.D., D.Phil.,
Anders Åneman, M.D., Ph.D., Nawaf Al-Subaie, M.D.,
Søren Boesgaard, M.D., D.M.Sci., John Bro-Jeppesen, M.D., Iole Brunetti, M.D.,
Jan Frederik Bugge, M.D., Ph.D., Christopher D. Hingston, M.D.,
Nicole P. Juffermans, M.D., Ph.D., Matty Koopmans, R.N., M.Sc.,
Lars Køber, M.D., D.M.Sci., Jørund Langørgen, M.D., Gisela Lilja, O.T.,
Jacob Eifer Møller, M.D., D.M.Sci., Malin Rundgren, M.D., Ph.D.,
Christian Rylander, M.D., Ph.D., Ondrej Smid, M.D., Christophe Werer, M.D.,
Per Winkel, M.D., D.M.Sci., and Hans Friberg, M.D., Ph.D.,
for the TTM Trial Investigators*

Targeted Temperature 33°C versus 36°C

Target temp. ASAP
Rewarm after 28
hours

1364 patients
OHCA with ROSC
Glasgow Coma Scale <8

33°C

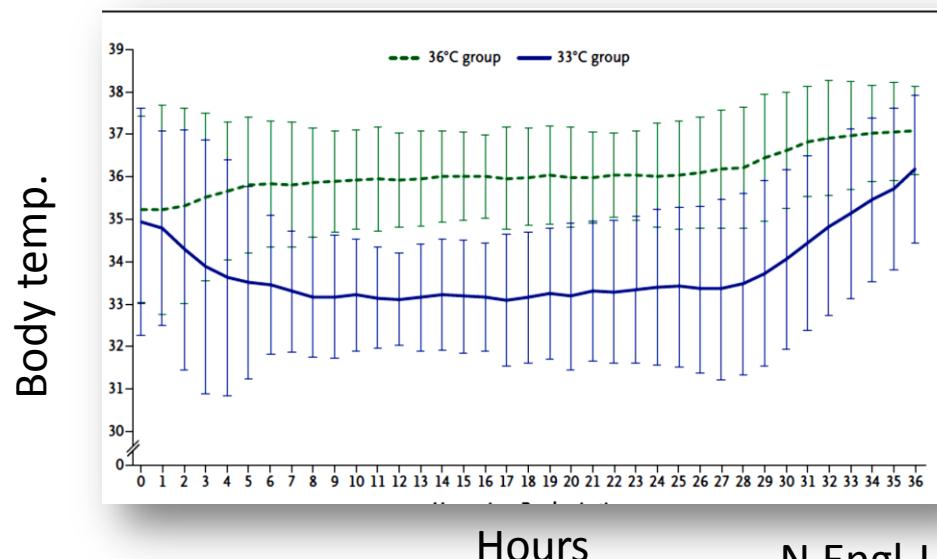
473

Shockable 79%

36°C

466

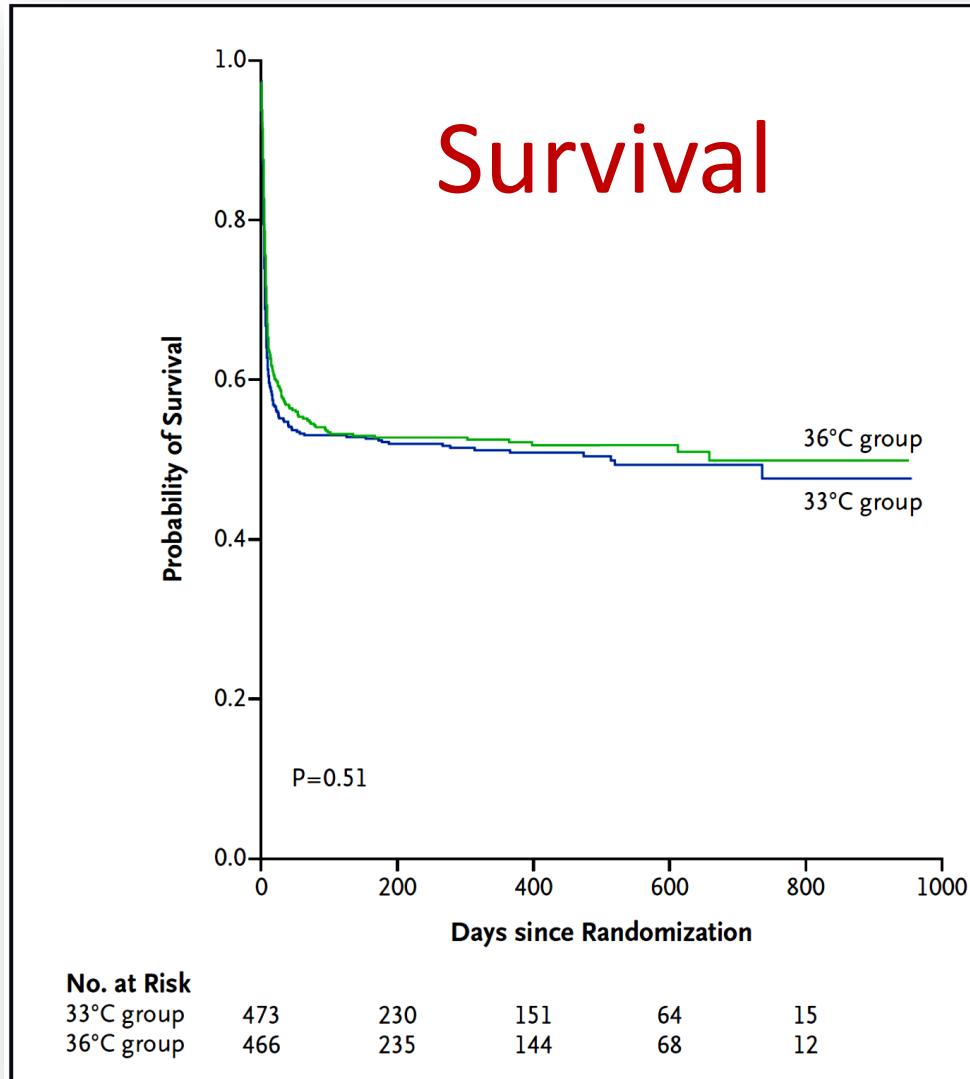
Shockable 81%



Targeted Temperature 33°C versus 36°C

Goal temperature	33°C	36°C	P
Bystander witnessed	89	90	NS
Asystole	12	12	NS
PEA	8	6	NS
STEMI	40%	42%	NS
Time from arrest to ACLS (min)	10	9	NS
Death at 180 days	48%	47%	0.92
CPC 1	42%	39%	0.85

Targeted Temperature 33°C versus 36°C



Targeted Temperature 33°C versus 36°C

For survivors of OOHCA with Glasgow Coma Scale <8 admitted to ICUs in Europe and Australia treated with targeted temperature control of 33° versus 36° Celsius

- No difference in survival nor neurologic recovery