| THE UNIVERSITY OF KANSAS HOSPITAL<br>KUMED<br>3901 Rainbow Boulevard<br>Kansas City, Kansas 66160 | Do not write in this box<br>D T 0 1 0 0 | PATIENT LABEL |
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# HYPOTHERMIA THERAPY FLOWSHEET

| Date: | Target Temperature: | Pad size: S M L<br>Universal Pads: 0 1 2 | Mode: Arctic Sun or Ice Packs |
|---|---|---|---|
| # of ice packs placed | | Location of ice packs: | |
| Initial Glasgow Coma Scale: | | Post Treatment Glasgow Coma Scale: | |

Temperature Source: F- Foley, R- rectal, E- esophageal, T- tympanic, P – PA catheter, O-other (list)

| Time | Primary Temperature and Source | Secondary Temperature and Source | Water Temp | Shivering Visible Yes/ No/ Micro | Shivering Medications | Skin Integrity Under Cooling Device | Initials |
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| Decision Points | Initials | Signature | Initials | Signature |
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| 1) If patient has been cooled continuously for 4 hours and has NOT reached target temperature, refer to decision tree.<br>2) If water temperature has been below 10°C (50°F) for greater than 8 continuous hours, refer to decision tree.<br>3) Shivering must be addressed. If shivering is present, consult with attending physician for additional shivering control orders. | | | | |
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**Vital signs every 15 minutes while cooling then hourly at target temperature and every 30 minutes when re-warming. Skin assessment under the pads every 4 hours.**

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