



HUDSON VALLEY REGIONAL  
EMERGENCY MEDICAL SERVICES COUNCIL, INC.  
103 Executive Drive ~ Suite 400, New Windsor, NY 12553  
(845) 245-4292 Phone, 845-245-4181 fax  
WWW.HVREMSCO.org

## OFFICERS

Robert Cuomo, EMT-P  
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Richard Parrish, NREMT-P  
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Michael Witkowski, EMT-P  
Treasurer

Desiree Leone, EMT  
Secretary

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R. Eric Stutt, M.D.  
Medical Director

William Hughes, EMT  
Executive Director

TO: All Advanced Life Support (ALS) EMS Agencies  
FROM: Pamela Murphy, MD, HVREMSCO Medical Director  
DATE: April 9, 2014  
RE: REMAC Advisory on Cardiac Arrest: ROSC – Therapeutic Hypothermia Protocol

All ALS Agencies operating in the Hudson Valley Region should be aware that effective on April 30, 2014 the REMAC has modified the Therapeutic Hypothermia Protocol to focus on post-resuscitation care modalities.

### EMT:

- Airway management and appropriate oxygen therapy

### EMT Stop

#### Intermediate:

- Vascular access

### Intermediate Stop

### CCT:

#### Paramedic:

- Treatment for appropriate presenting rhythm
- Antiarrhythmic drip if was in a shockable rhythm
- Cardiac monitor with 12 lead EKG acquired and transmitted as soon as possible
- Complete neurologic exam including specific GCS items and pupillary response
- Maintain MAP > 65 (SBP > 80)
- Consider dopamine 5mcg/kg/min if needed after fluid bolus complete

### CCT and Paramedic Stop

#### Physician Options:

- Fentanyl 50mcg IV over 5 minutes every 10 minutes as needed
- Vecuronium 0.1 mg/kg to a max of 10 mg or ventilator problems
  - Only if advanced airway has been placed
- Antiarrhythmic (Additional Amiodarone or Lidocaine)
- Dopamine titration
- Management of hypertension SBP > 200 with either
  - Nitroglycerin 0.4mg SL or 1-2" TD
  - Metoprolol 5 mg IV over 5 minutes, up to four (4) doses

#### Key Points/Considerations



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- Treatment for presenting rhythm should include antiarrhythmic to any patient who has been in a shockable rhythm.
  - Care and transport must be performed with on-line medical control from receiving facility as soon as possible after ROSC
  - ALL patients with STEMI and ROSC should be transported to a receiving hospital capable of primary angioplasty if feasible
  - Patients who are in recurrent cardiac arrest should be transported to the closest hospital
  - Documentation must include accurate pupillary exam, and initial GCS recorded by element, not as a total: Eyes   /4, Verbal   /5, Motor   /6