

A grayscale photograph of a winter landscape. The scene is dominated by bare, snow-laden tree branches that create a dense, intricate web across the upper and middle portions of the frame. A path or road, also covered in snow, leads from the bottom center towards the background, disappearing into the distance. The overall atmosphere is quiet and cold, with soft lighting that highlights the textures of the snow and the dark silhouettes of the trees.

Accidental Hypothermia

(Saving you time and cognitive load)

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Michael Garron Hospital

- Middle aged male
- VSA in tent
- CPR commenced on scene
- Temp: unreadable
- Cold to touch, limbs stiff, pupils fixed + dilated





**EUROPEAN
RESUSCITATION
COUNCIL**

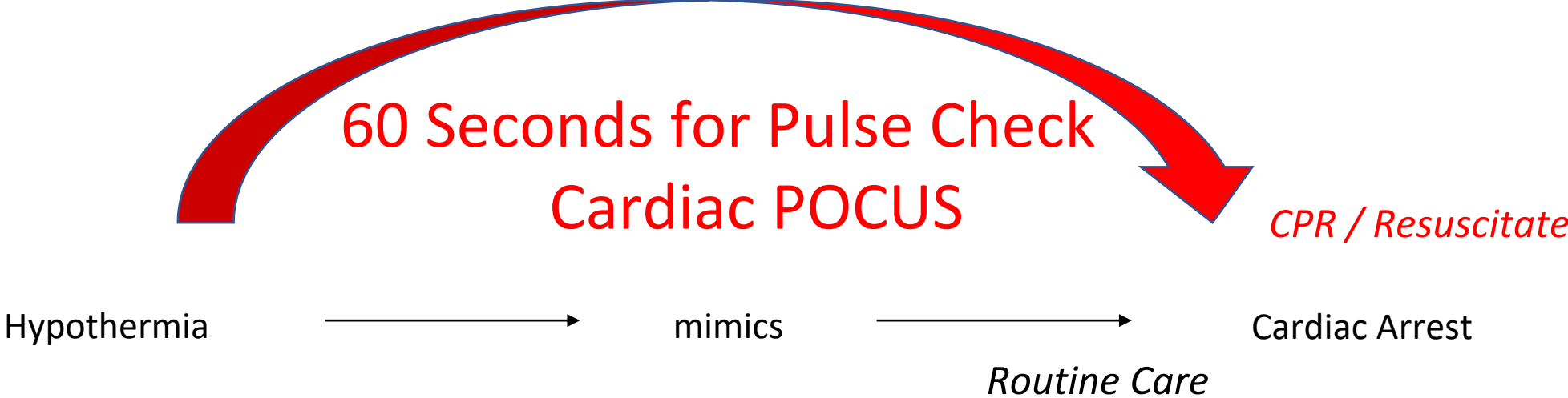


American
Heart
Association®



WMSTM
WILDERNESS MEDICAL SOCIETY

Severe Hypothermia / Cardiac Arrest



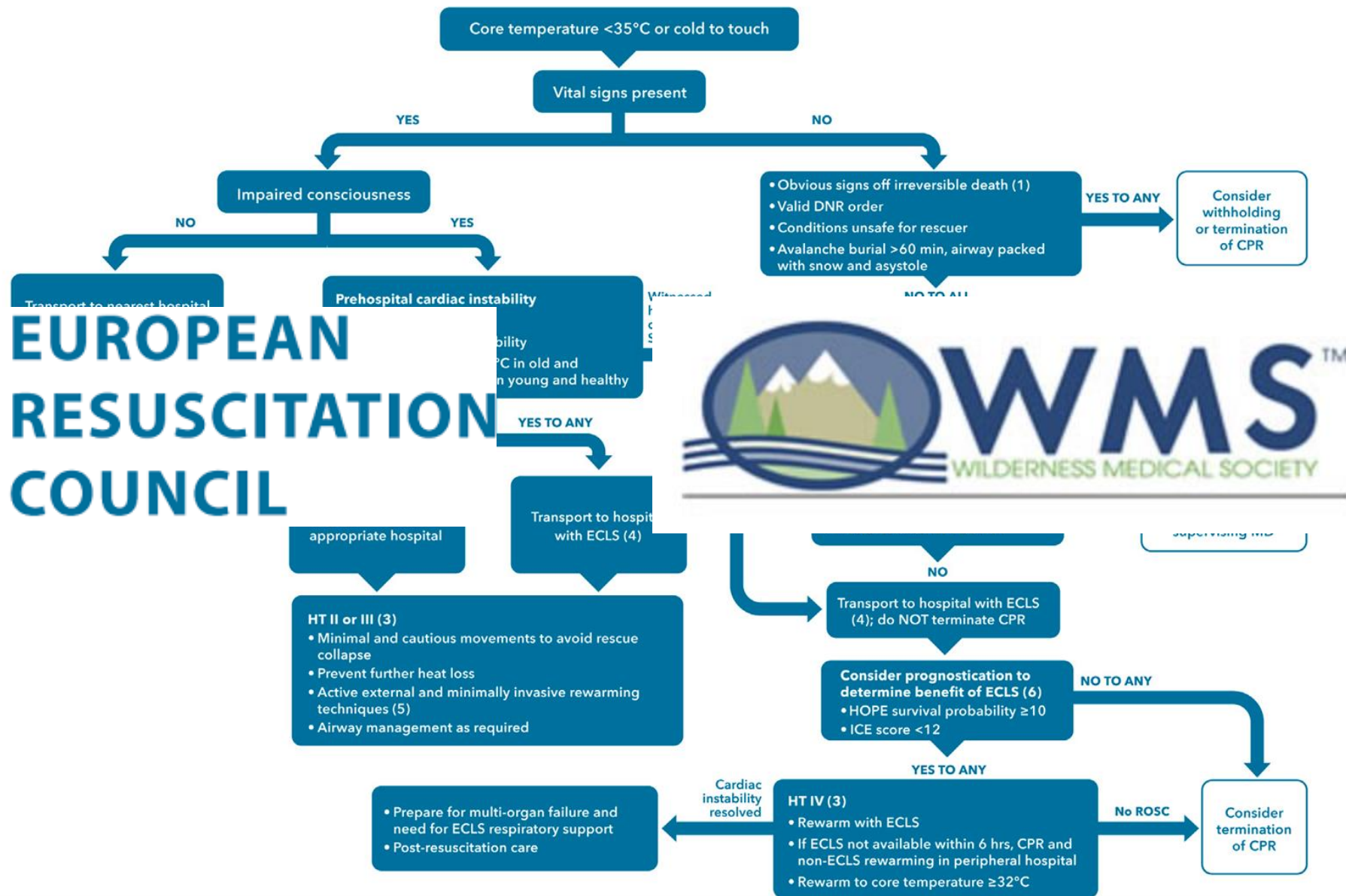
CPR





limit  +  until **30°C**

ACCIDENTAL HYPOTHERMIA



ECMO : Reduc

- T<32 with cardiac inst:
- SBP<90
- Ventricular arrhythmias
- Core Temp <28



0)%, NNT=2-3



Call Critical for Cardiac Ecmo

SETTING UP WARM THORACIC LAVAGE

STEP 1 INSERT 2 CHEST TUBES (SIZE 28-32) INTO PATIENT AT:

UPPER: 3-4th
mid- axillary

LOWER/POS
at posterior

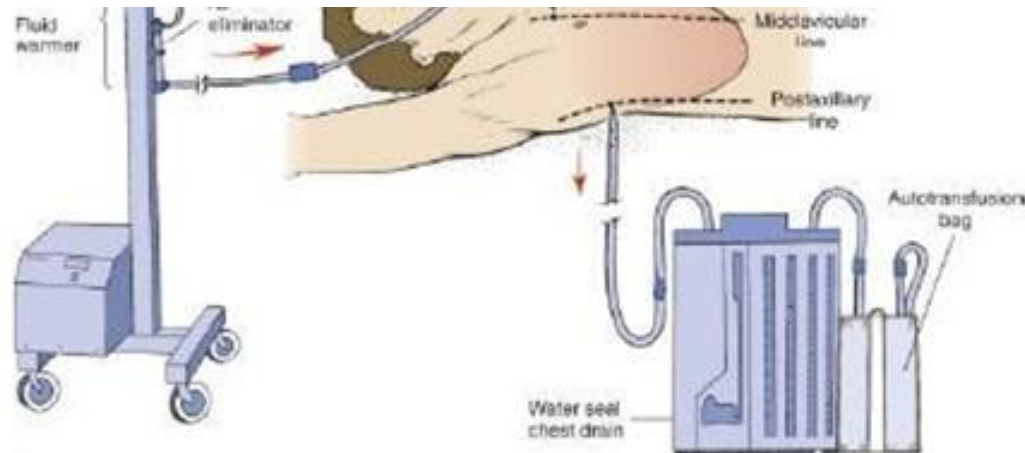
High Rate of Complications!

! CONSIDER CLAMPING DRAINING (LOWER) CHEST TUBE TO ALLOW FLUIDS TO STAY IN THORACIC CAVITY FOR 1-2 MINS. **!**

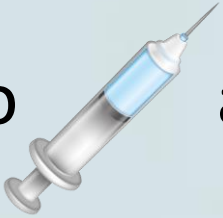

STEP 2 AT THE UPPER CHEST TUBE, SET UP FOR FLUID INFILTRATION
SEE FIGURE - PARTS A TO D



Figure 2. Thoracic Lavage



YOU HAVE TIME!

- Confirm arrest with Cardiac POCUS
- Intermittent CPR is an option
- $<30^{\circ}\text{C}$ has decrease cardiac response to  and 
- Critical for Cardiac ECMO

