



attach patient label

Physician Orders

Plan: Hypothermia Shivering Protocol Orders

[X or R] = will be ordered unless marked out.

ADULT

Height: _____ cm Weight: _____ kg

Allergies:		<input type="checkbox"/> No known allergies
<input type="checkbox"/> Latex allergy	<input type="checkbox"/> Other:	_____
<input type="checkbox"/> Medication allergy(s): _____		
<input type="checkbox"/> Latex allergy	<input type="checkbox"/> Other:	_____

[R] Shivering Management for Hypothermia Orders

Unspecified Reference Text

Bedside Shivering Assessment Scale (BSAS)

- 0= **None:** No Shivering noted on palpation of the masseter, neck, or chest wall
- 1= **Mild:** Shivering localized to the neck and/or thorax only
- 2= **Moderate:** Shivering involves gross movement of upper extremities (in addition to neck and thorax)
- 3= **Severe:** Shivering involves gross movements of trunk and upper and lower extremities

Patient Care

[R]	Shivering Management for Hypothermia Orders	T;N
<input type="checkbox"/>	Vital Signs	T;N, Routine Monitor and Record T, P, R, BP, q15min, Comment:Temp Goal 33 degrees Celsius
<input type="checkbox"/>	MAP monitoring	T;N, Monitor and Record Blood Pressure, q15min, for MAP Monitoring, Comment: MAP Goal greater than 65
<input type="checkbox"/>	Bedside Shivering Scale Assessment	T;N, STAT, Comment: Document in Iview
<input type="checkbox"/>	Bedside Shivering Scale Assessment	T;N, q15 min PRN for shivering until re-warming begins. Comment: Document in Iview anytime patient receives medications.
<input type="checkbox"/>	Bedside Shivering Scale Assessment	T;N, Routine, q1hr Comment: Document in Iview.

Nursing Communication

<input type="checkbox"/>	Nursing Communication	T;N, Hypothermia Shivering Protocol Orders: Discontinue ED Hypothermia Post Cardiac Arrest Orders if ordered
<input type="checkbox"/>	Nursing Communication	T;N, Hypothermia Shivering Protocol Orders: Discontinue Paralytics prior to rewarming
<input type="checkbox"/>	Nursing Communication	T;N, Hypothermia Shivering Protocol Orders: Train of Four monitoring q 15 min X 4 then q 1 hr, Comment: TOF while patient on continuous infusion of paralytics.
<input type="checkbox"/>	Nursing Communication	T;N, Hypothermia Shivering Protocol Orders: Rewarming begins 24 hours after goal temp of 33 degrees Celsius met. Comment: 24 hours after goal temp is met. cancel shivering management for hypothermia orders





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Medications	
STEP 1: Baseline Interventions - For everyone placed on Shivering Management for Hypothermia Orders	
[]	acetaminophen 650mg, Supp, PR, q4h, Now, Comment: Until Re-warming stage begins
[]	acetaminophen 650mg,NG, q4h, Now, Comment: Until Re-warming stage begins
[]	acetaminophen 650mg,OGT, q4h, Now, Comment: Until Re-warming stage begins
[]	busPIRone 30mg, NG, q8h, Now, Comment: Until Re-warming stage begins
[]	busPIRone 30mg, OGT, q8h, Now, Comment: Until Re-warming stage begins
[]	Magnesium Sulfate 2g, IV Piggyback, q4h, PRN for Magnesium less than 2.4mg/dL Comment: Until Re-warming stage begins.
STEP 2: if Bedside Shivering Assessment Score 2-3 and with no response to Step 1 interventions, then ADD the following intervention. If Step 2 not applicable then go to Step 3.	
[]	Meperidine 50mg, IV q2h PRN for BSAS score 2-3 Comment: Until Re-warming stage begins. Pharmacist will discontinue order if CrCl less than 50 mL/min.
STEP 3: If Bedside Shivering Assessment Score 2-3 and with no response to Step 1 and 2 Interventions and the patient has received at least 3 doses of Meperidine, then ADD the following intervention.	
	NOTE: If not previously ordered and patient has received Step 1 and Step 2 interventions with no response, may order Propofol below
[]	propofol (propofol infusion) 1,000 mg/ 100mL, IV, Routine, titrate, Start at 10 mcg/kg/min, titrate by 5 mcg/kg/min every 5 minutes to maximum dose of 50 mcg/kg/min and goal BSAS 0-1 as tolerated. Comment: Discontinue previous propofol orders when initiating propofol orders for shivering. Continue until re-warming stage begins. Do not initiate if patient's MAP is not at goal, ensure patient's MAP continues to be at goal per protocol during infusion.
STEP 4: Bedside Shivering Assessment Score 2-3 and with no response to Step 1, 2 and 3 Interventions then ADD the following intervention	
	NOTE: For BSAS score 2-3 refractory to steps 1-3, add the following interventions:
[]	dexmedetomidine infusion (ICU Sedation) 400 mcg/100mL T;N, IV Infusion, Titrate, Comment: Concentration: 4 mcg/mL Initiate infusion at 0.2 mcg/kg/hr. Titrate by 0.1 mcg/kg/hr every 30 minutes to reach goal sedation of Riker 3-4. DO NOT BOLUS dose at any time. DO NOT TITRATE MORE FREQUENTLY THAN EVERY 30 MIN. Call MD if HR less than 60 BPM or MAP less than 65 mmHg. Max Rate = 1.4 mcg/kg/hr



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Medications continued	
STEP 5: If Bedside Shivering Assessment Score 2-3 with no response to Step 1, 2, 3 and 4 Interventions then ADD the following interventions	
NOTE: For BSAS score 2-3 refractory to step 1-4, add the following interventions:	
<input type="checkbox"/>	Lacrilube ointment T;N, Topical, Apply 1 inch to both eyes q2h while receiving paralytics
NOTE: Sedation and analgesia must be administered prior to and continuously during paralysis	
NOTE: Choose One of the Paralytic Agents Below	
<input type="checkbox"/>	Atracurium T;N, 400mcg/kg, IV, q1hr (max 50mg) over 3-5 min intermittently , PRN Other specify in comments, Comments:For shivering or inability to maintain target temperature of 33 degrees Celsius x 2 doses. Contact MD for continuous infusion order if patient continues to shiver or unable to meet or maintain target temperature after initial intermittent doses. Comment: Paralytics Requires Nurse Double-check; order, drug, dose, adequate sedation
<input type="checkbox"/>	Vecuronium 100mcg/kg, IV , Intermittent, q2hPRN other specify in comments, Comments: for shivering or inability to maintain target temperature of 33 degrees Celsius x 2 doses. Contact MD for continuous infusion order if patient continues to shiver or unable to meet or maintain target temperature after initial intermittent doses. Comment: Paralytics Requires Nurse Double-check; order, drug, dose, adequate sedation. Max dose 10 mg = 10,000 mcg.
Laboratory	
<input type="checkbox"/>	Magnesium Level Time Study, T;N, q4h, Type: blood
Consults/Notifications	
<input type="checkbox"/>	Notify Physician continuous T;N, Notify Who: _____ if patient continues to shiver or is unable to meet or maintain target temperature of 33 degrees Celsius after initial intermittent dose of paralytics is given.

Date **Time** **Physician's Signature** **MD Number**