Clinical/Scientific Importance & References

1. Statement of Clinical/Scientific Importance
Despite two landmark studies in the NEJM (1,2) in 2002 reporting the substantial benefit to cooling following out-of-hospital arrest followed by recommendations by the International Liaison Committee on Resuscitation (ILCOR; 3) to treat comatose survivors following arrest with this therapy, surveys suggest that most ICU services have failed to treat their patients with this life-saving therapy.

Of 2,248 mostly US (91%) of physicians who responded to a web-based survey (4), 74% said they had never used hypothermia following cardiac arrest. The leading two barriers to implementation included lack of knowledge and technically too challenging to implement. In order to narrow this gap, this program will improve knowledge by reviewing the evidence and physiology of therapeutic hypothermia, improve competence by outlining specific steps to develop and implement a protocol, and performance by working in small groups to assist participants with the beginning steps of their own protocol development so that they will implement this treatment for their patients and improve their mortality and neurologic outcomes. Given the intricate nature of this therapy and the significant side effects, a thorough review of the treatment modality and how it impacts protocol development is crucial. We will provide this in this course.

2. Please cite 2 or 3 resources or references (in standard citation format) that could be reviewed by the Program Committee as evidence of need, if requested.
Evidence of Knowledge Gap and Practice Gaps:

