

Therapeutic hypothermia or targeted temperature management in the treatment of cardiac arrest and other life-threatening conditions

Sudden cardiac death and in- and out-of-hospital cardiac arrest (IHCA/OHCA) are common final pathways to death in most parts of the world, especially in the adult population. Only a minority of those patients who are successfully resuscitated with return of spontaneous circulation (ROSC) are able to survive to hospital discharge with a favorable neurologic status. The majority of in-hospital deaths from resuscitated victims of cardiac arrest have been attributed to neurologic injury. Current guidelines recommend consideration of therapeutic hypothermia (TH) for the management of comatose survivors of cardiac arrest. Standardized management of the victims of cardiac arrest which comprise organization of a TH program can be extremely difficult and necessitates a multidisciplinary team approach. Acute coronary syndromes are blamed for a significant percentage of cases with cardiac arrest, and feasibility of percutaneous coronary intervention in the emergency setting coupled with TH when indicated will pave the way to improved survival in this group of patients. Intracranial hemorrhages including subarachnoid hemorrhages and severe head injury also constitute other major indications for TH to provide neuroprotection. On the other hand, there is a considerable frequency of adverse effects linked to the procedure which can also constitute drawbacks. The objective of this special issue is to help healthcare providers conceptualize the current advances in implementation, indications, drawbacks, practical tips of TH for the practitioner, post-resuscitation care in emergency and critical care in this group of patients. Clinical research and review / state-of-the-art articles, case reports or case series on the procedure are welcomed.

Submission Deadline: 10 December 2021

Submission: <https://js.signavitae.com/>

Impact Factor: 0.338

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Website of Signa Vitae

MRE PRESS

Signa Vitae Print ISSN: 1334-5605 Online ISSN: 1845-206X

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