

# Transporting hypothermia victims to advanced heart and lung care facilities 'worth the trip'

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Hypothermia victims whose hearts have stopped functioning should be transported to a medical facility with advanced heart and lung support equipment, even if that means longer travel time, according to a new study by a University of British Columbia medical resident.

In a study published today in the [New England Journal of Medicine](#), UBC medical resident Dr. Doug Brown and collaborators from Banff, Austria and Italy reviewed the [medical literature](#) and concluded that two aspects of the European approach to hypothermia rescue – rewarming and transport – should be adapted and applied worldwide.

"Appropriately equipped hospitals are more dispersed here in North America than in Europe, so transport times are longer," Dr. Brown says. "But our review shows that hypothermic patients can tolerate many hours of cardio-pulmonary resuscitation (CPR) and still have a good neurologic outcome.

"Transporting a patient to a hospital with advanced heart and lung support increases the odds of surviving hypothermia-induced cardiac arrest so much, that it's worth the trip."

For patients who are very cold but with good [heart function](#), the study concludes that traditional invasive re-warming techniques – such as injecting warm water into the chest and abdomen – are not worth the

risks of bleeding and infection. Rather, those patients should be warmed using non-[invasive methods](#) such as hot air blankets, placement in a warm room, monitoring and supportive care.

"This excellent work by Dr. Brown and his collaborators will inform ongoing updates to the British Columbia Ambulance Service Treatment Guidelines, and will further stimulate discussion on the expanded use of advanced heart and lung support equipment by our critical care transport service," said Dr. John M. Tallon, Vice President, Medical Programs for the British Columbia Emergency and Health Services Commission. "These insights would be particularly helpful in optimizing patient outcomes in B.C., with our challenging geography and distances to critical care centres."

Provided by University of British Columbia

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