

Extracorporeal membrane oxygenation vs. conventional rewarming for severe hypothermia in an urban emergency department

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Among emergency department patients with severe hypothermia and cardiac arrest, survival was significantly higher with extracorporeal membrane oxygenation (ECMO) versus conventional rewarming. Further, among all hypothermic patients, ECMO use was associated with faster rewarming than conventional methods.

That is the conclusion of a study entitled "Extracorporeal membrane oxygenation versus conventional rewarming for severe hypothermia in an urban emergency department," published in the January 2023 issue of *Academic Emergency Medicine (AEM)*.

The lead author of the study is Matthew E. Prekker, MD, MPH, medical director of the ECMO Program at Hennepin County Medical Center, Department of Emergency Medicine. In the study, Prekker, et. al., present the outcomes of 25 patients with severe hypothermia, treated with ECMO, and compare them with a contemporaneous group of 19 patients treated with usual active rewarming methods.

The study outcomes suggest an enormous effect size (71% versus 29%, absolute difference 42%, 95% CI 4%–82%) of ECMO for survival among hypothermic <u>patients</u> with pulselessness.

More information: Matthew E. Prekker et al, Extracorporeal membrane oxygenation versus conventional rewarming for severe hypothermia in an urban emergency department, *Academic Emergency Medicine* (2022). DOI: 10.1111/acem.14585

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