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### Hypothermia in Care

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Medical professionals have long recognized the therapeutic benefits of regulating body temperature. In recent years, however, therapeutic hypothermia has garnered increased attention for its potential applications in treating several critical medical conditions. Indeed, this cool therapy has become a hot topic in the intensive care community.

Over the course of the past several years, medical professionals have conducted a number of cutting-edge studies regarding new induction methods and new applications of therapeutic hypothermia. New cooling methods have come onto the market, and more information is now available about the relative advantages and drawbacks of these methods. In addition, new applications of therapeutic hypothermia, encompassing a variety of medical conditions, are being explored. These studies have sparked renewed dialogues among critical care practitioners regarding the safety, effectiveness and practicality of induced hypothermia in treating a variety of conditions.

Despite the potential benefits of induced hypothermia for patients recovering from stroke, traumatic brain injury and cardiopulmonary resuscitation, a number of the negative side effects sometimes associated with therapeutic hypothermia. Thus, steps towards incorporating induced hypothermia into intensive care therapies are tempered by concerns that the risks of the procedure may not justify the benefits gained from its use.

This issue of ICU Management joins the dialogue on therapeutic hypothermia by highlighting some of the therapy's applications and exploring managerial aspects of its implementation. First, Professor Girbes discusses steps that the most effective ways for an ICU manager to introduce therapeutic hypothermia into the ICU. In particular, he focuses on change management techniques that may smooth the transition to this new practice. In addition, Dr. Nolan provides an overview of the application of therapeutic hypothermia following cardiac arrest, highlighting those factors that require particular attention when applying hypothermia in this case. These instructive articles increase our awareness and understanding of therapeutic hypothermia and enable us to make better-informed decisions regarding its implementation in our own critical care settings.

As new technologies continue to evolve and old procedures take on new forms and uses, ICU Management hopes contribute to dialogue in the critical care community by highlighting key technological developments and considerations for our readers. Induced hypothermia is no exception. We hope that you will find the articles in this issue a useful starting point to examine the possibilities for therapeutic hypothermia in your own facilities, weighing the practical medical and administrative ramifications of introducing this therapy into your specific clinical setting.

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