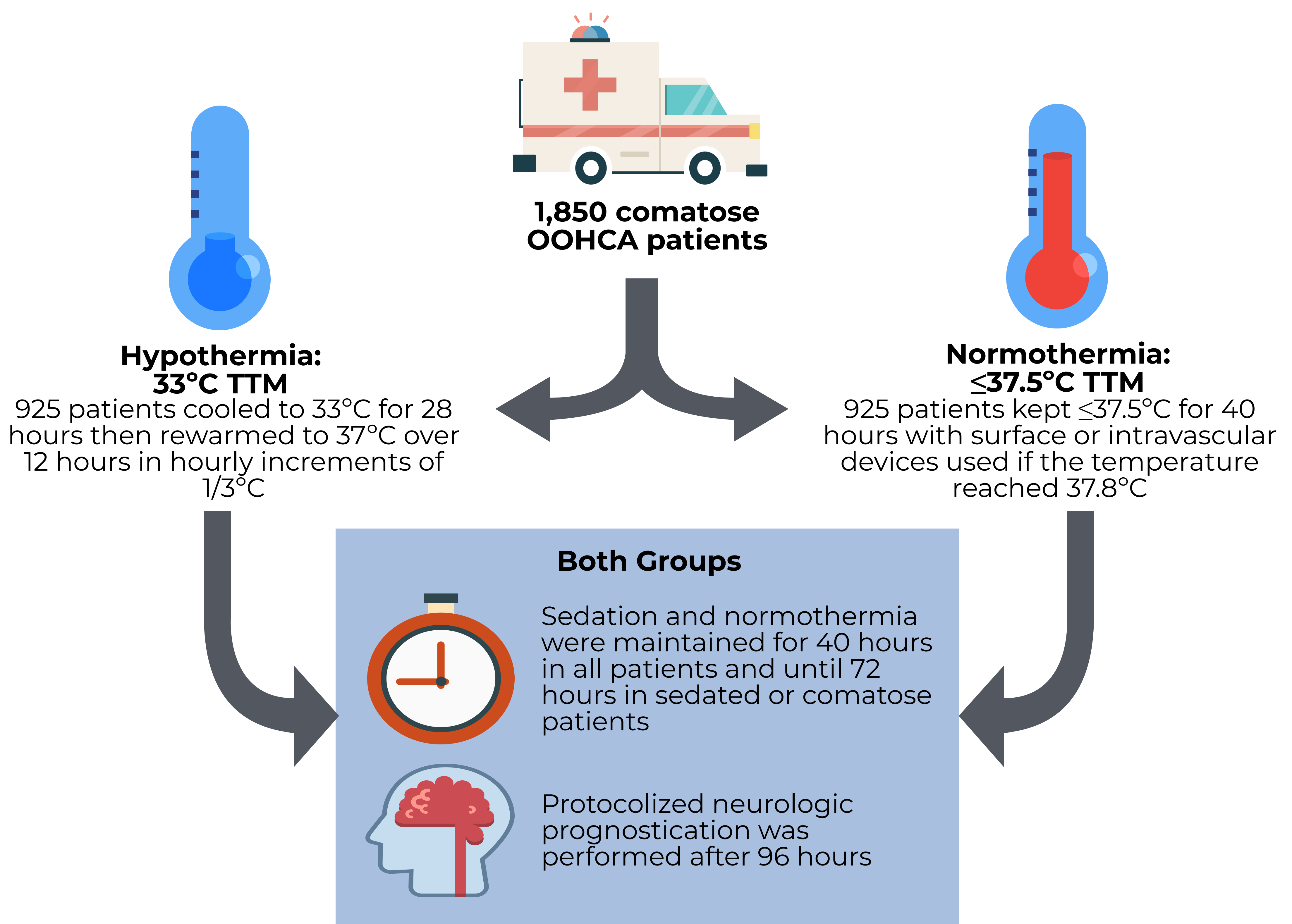


The TTM2 Trial

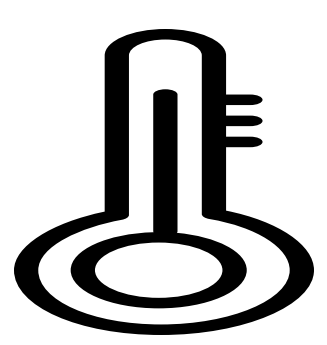
Does targeting hypothermia (33°C) improve the survival of out-of-hospital cardiac arrest (OOHCA) patients over targeting normothermia ($\leq 37.5^\circ\text{C}$)?



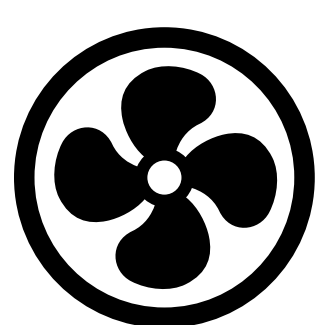
	Hypothermia	Normothermia
All cause mortality at 6 months	50%	48%
Surface or intravascular cooling device required	95%	46%
Poor functional outcome at 6 months	54%	54%

Hypothermic TTM protocols **do not** have significantly better outcomes than normothermic ($\leq 37.5^\circ\text{C}$) protocols

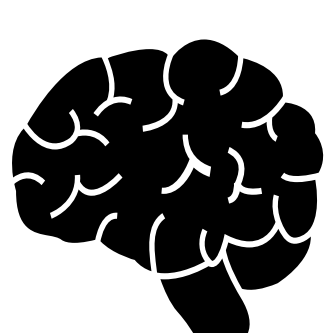
Key practice points



The target temperature for TTM following cardiac arrest could be 33°C, 36°C, or $\leq 37.5^\circ\text{C}$.



TTM requires close temperature monitoring, pharmacotherapy, and the use of cooling devices.



The protocolization of neuroprognostication decreases the likelihood of premature withdrawal of care.

References:

Dankiewicz J. Hypothermia versus Normothermia after Out-of-hospital Cardiac Arrest. NEJM. 2021;384:2283-2294. doi:10.1056/NEJMod2100591

Morrison LJ, Thoma B. Translating Targeted Temperature Management Trials into Postarrest Care. NEJM. 2021;384:2344-2345. doi:10.1056/NEJMe2106969

