

American Society of Hypothermic Medicine

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Case Information	
Date	Patient ID#
Hospital	Contact

Patient Characteristics			
Height	Weight	Sex	Race

Medical History

Reason for Cooling

Cooling Record	
Start Time	Start Temperature
Stop Time	Stop Temperature

Cooling Method (Cold Saline, Cooling Cath, Surface Cooling, Describe) If possible, provide exact modality name

Medications (Include dosage and timing)

Length of Stay	
ICU	Hospital

Adverse Events (Please List All)

Patient Outcome

Comments