American Society of Hypothermic Medicine

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]	hypothermicmedici	ne@hotmail.com	to deriety of Hypothermic file	
		Case Information		
Date	Patient ID#			
Hospital		Contact		
Patient Characteristics				
Height	Weight	Sex	Race	
Medical History				
		D (C 1'		
Reason for Cooling				
		Cooling Decord		
Start Time	Cooling Record Start Temperature			
		-	Start Temperature Stop Temperature	
Stop Time		Stop Temperatu	re	
Coolir	ng Method (Cold So	line Cooling Cath Surface	Cooling Describe)	
Cooling Method (Cold Saline, Cooling Cath, Surface Cooling, Describe) If possible, provide exact modality name				
	n possion	e, provide exact modality ha		
Medications (Include dosage and timing)				
	1/10d1dd10	ins (merade dosage and min	5/	
		Length of Stay		
ICU		Hosptial		
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