







Intensive °ThermaKid Care

Presenting a new and innovative approach to temperature regulation, °ThermaKid provides a **precise, non-invasive solution** for all types of cooling therapies common within the ICU. Using feedback from the patient's core and skin temperature sensors, the system's proprietary control algorithm automatically responds to any temperature change. Following the cooling treatment, the system precisely re-warms the patient to normothermia.

-  Uniquely designed to enable 86% body coverage
-  The only solution designed according to the weight and height of your patient
-  Moderate yet effective cooling, keeping patient and bed dry
-  Convenient and easy to use



ThermaKid is there to take care.



Clinical Highlights

Neuro-protection by induced hypothermia has advanced greatly during the past years, as clinical evidence continues to support the use of varying cooling apparatuses as an integral part of patient care. Therapeutic hypothermia has been shown to improve treatment results in cases of head trauma and hypoxic-ischemic encephalopathy amongst infants and children.








What do practitioners say?

Moderate hypothermia after severe traumatic brain injury in children shows promising results (1). Hypothermia is likely a safe therapeutic intervention for children after severe TBI up to 24 hours after injury. Though further studies are warranted to determine its effect on functional outcome and intracranial hypertension, doctors continue to search for other possible medical applications for hypothermia treatment (2). Already in practice, °ThermaKid has been found feasible in children and also seems to improve the neurological outcome, without increasing related complications (3).



Neonatal Resuscitation Guidelines published by the American Heart Association and the American Academy of Pediatrics (4) highlight the importance of temperature control for pediatrics and neonatal patients.

-  Hyperthermia should be avoided (Class IIb).
-  The goal is to achieve normothermia and avoid iatrogenic hyperthermia.
-  Induced hypothermia (32-34°C for 12-24 hours) may be considered if the child remains comatose after resuscitation.
-  Avoidance of hyperthermia (elevated body temperature) is particularly important in infants who may have had a hypoxic-ischemic event.
-  There is insufficient data to recommend routine use of modest systemic or selective cerebral hypothermia after resuscitation of infants with suspected asphyxia (Class Indeterminate).



Ask the MTRE distributor for more information on the full range of infant and pediatric models.

1. Adelson et al., Neurosurgery, Vol. 56 NUMBER 4| APRIL 2005 p.740-754
2. Shankaran et al, Whole-body hypothermia for neonates with encephalopathy, NEJM 2005; 353:1574-84.
3. Poster presentation, National congress of the SARb (www.sarb.be), November 2006. VrijeUniversiteitBrussel, Belgium.
4. Pediatrics 2006; 117;1029-1038 [2006 May;117(5):e989-1004].



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