










Clinical Assessment of Neonatal Encephalopathy

CLINICAL	MILD	MODERATE	SEVERE
GENERAL 	Irritable, excessive crying or sleepiness (typically alternating), hyperalertness, pupil dilation	Lethargic, reduced spontaneous movements, pupil constriction	Stupor or coma, lack of response to physical stimulus. Pupils variable.
RESPIRATORY-CARDIOVASCULAR 	Spontaneous, normal, may be tachycardia	Occasional apnoea, may be receiving ventilation support (CPAP, high flow, ventilation). May be bradycardia	Often irregular, apnoea, may be requiring ventilation support (CPAP, high flow, ventilation). Variable heart rate
GRASP, SUCKING, MORO REFLEXES 	Normal or enhanced. Suck may be weak. Moro strong, low threshold	Variable (enhanced or reduced). Suck weak. Moro weak, incomplete, high threshold	Absent
STRETCH TENDON REFLEXES e.g. knee, biceps, ankle clonus 	Normal or increased	Variable (increased or reduced)	Reduced or absent
MUSCLE TONE e.g. peripheral and central 	Mildly increased or normal	Reduced	Flaccid
SEIZURES 	No	Maybe but may be delayed	Often but may be delayed
PROGRESS 	Improving often in first few hours	May initially appear mild then worsen, or may appear moderate then worsen to severe	No early spontaneous improvement expected