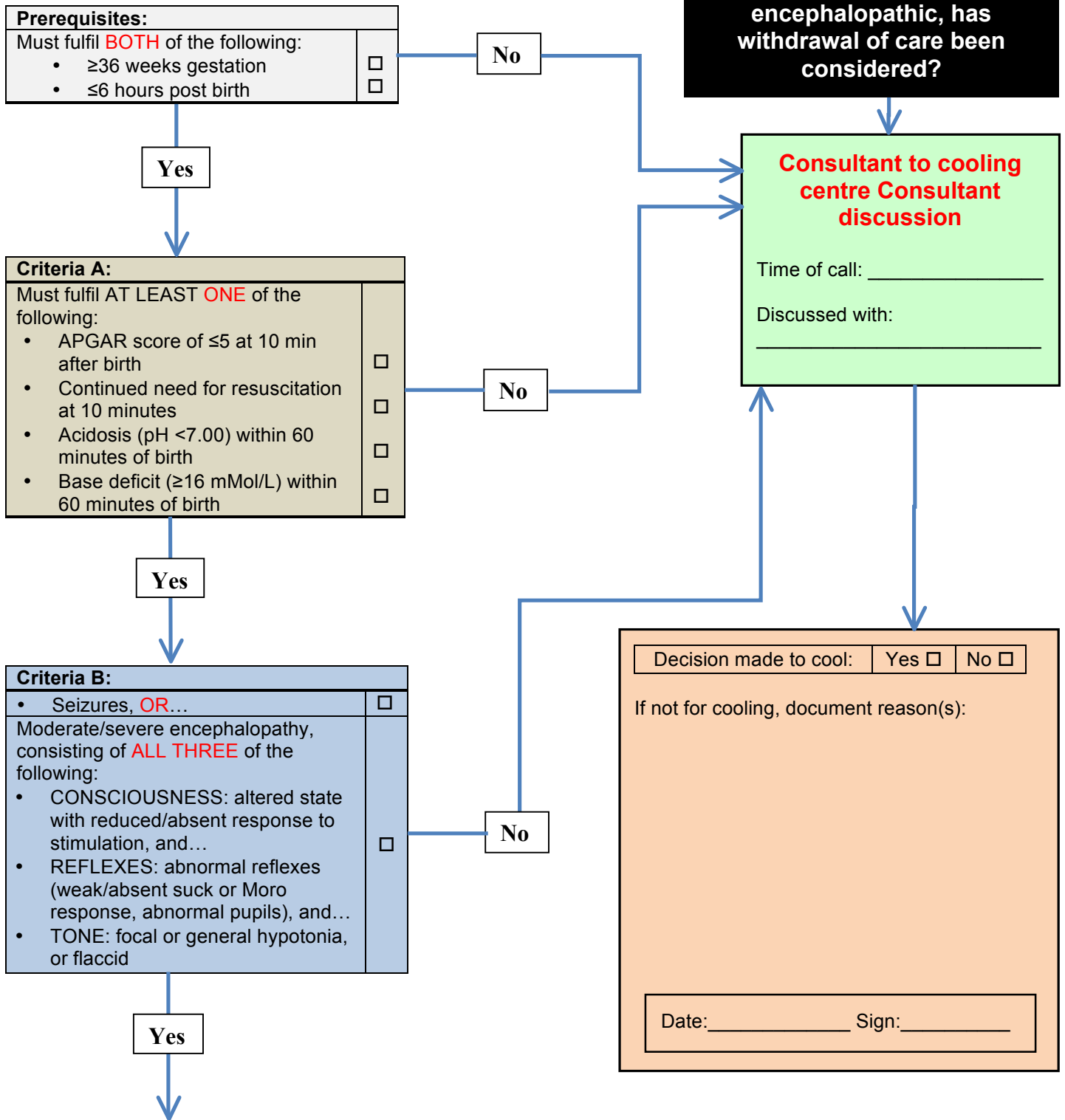


Criteria for therapeutic hypothermia



Start passive cooling and prepare for transfer to regional cooling centre / active cooling

Transport service	West Midlands Neonatal Transfer Service (WMNTS)	07929053730 07929053660
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Cooling centres	Birmingham Heartlands Hospital (BHH)	0121 424 3520
	Birmingham Women's Hospital (BWH)	0121 627 2686
	New Cross Hospital (NCH), Wolverhampton	01902 694032
	University Hospital of North Staffordshire (UHNS), Stoke	0178 267 2440

Name: _____ PID: _____

Admission details

Date of birth:	Time of birth:	Sex:
Birth weight (g):	Head circumference (cm):	Admission temperature (°C):
Place of birth:		Cooling centre transferred to:

Pregnancy complications:
Mode of delivery: SVD cephalic <input type="checkbox"/> SVD breech <input type="checkbox"/> Instrumental <input type="checkbox"/> Pre-labour CS <input type="checkbox"/> In-labour CS <input type="checkbox"/>
Delivery complications:
Congenital abnormalities apparent at birth:

Resuscitated > 10 minutes	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
First gasp (minutes)				
Apgar score	1 min:	5 min:	10 min:	20 min:
Blood gas results (worst within 60 min. including cord blood)	pH:			
	pO2 (kPa):			
	pCO2 (kPa):			
	Base deficit:			

Grading of severity of Hypoxic Ischaemic Encephalopathy (prior to cooling)

Sign	0	1	2	3	Score
Alertness	Alert	Irritable	Poorly responsive	Comatose	
Tone	Normal	Hypertonia	Hypotonia		
Resp. status	Normal	Resp distress (apnoea/need O ₂)	CPAP or mechanical ventilation		
Reflexes	Normal	Hyperreflexia	Hyporeflexia	Absent reflexes	
Seizure	None	Suspected	Confirmed clinical seizure		
Feeding	Breast/bottle	Tube fed/nil by mouth			
				Total	

Investigations

Ultrasound scan	Performed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Findings		

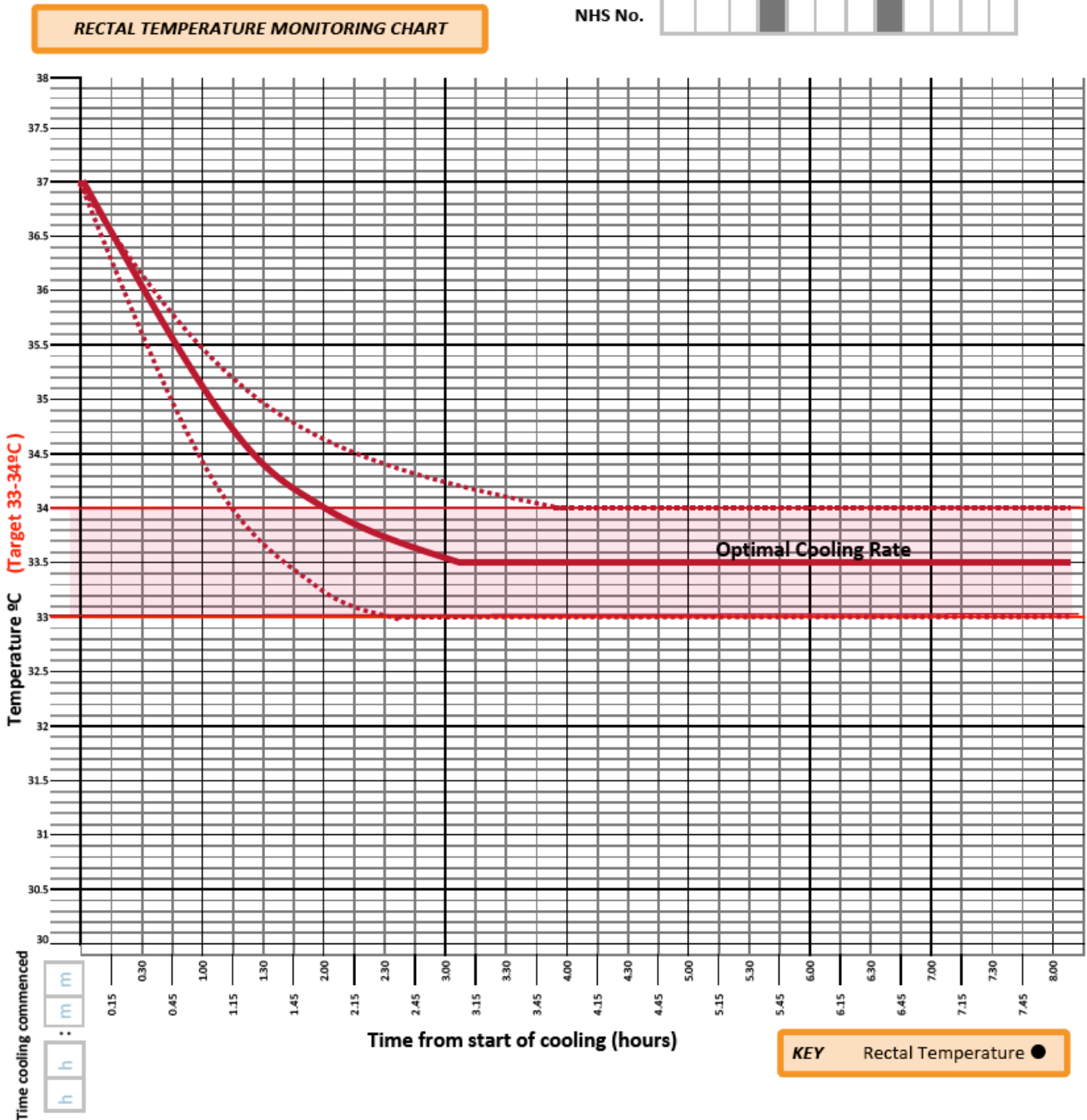
CFM	Performed (prior to cooling)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Electrical seizures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Background	Normal/mildly abnormal (upper margin>10, lower margin>5)	<input type="checkbox"/>
		Moderately abnormal (upper margin>10, lower margin<5)	<input type="checkbox"/>
Severely abnormal (upper margin<10)		<input type="checkbox"/>	

Name: _____ PID: _____



Therapeutic hypothermia proforma

	Time
Passive cooling commenced:	
Active cooling commenced:	
Target temperature obtained ($33^{\circ}\text{C} - 34^{\circ}\text{C}$):	



Cooling checklist

Actively manage blood pressure to maintain within normal range	<input type="checkbox"/>
Avoid hyper/hypocapnoea	<input type="checkbox"/>
Restrict fluids (unless clinically indicated)	<input type="checkbox"/>
Continuous rectal temperature monitoring started	<input type="checkbox"/>
Rectal temperature documented every 15 minutes	<input type="checkbox"/>
Maintain blood sugar within normal range	<input type="checkbox"/>
Parent spoken to by most senior member of the medical team	<input type="checkbox"/>
Parents given the opportunity to see the baby	<input type="checkbox"/>
Parents given BLISS information leaflet on therapeutic hypothermia	<input type="checkbox"/>
Parents given a photo of their baby	<input type="checkbox"/>

