

Criteria for therapeutic hypothermia

Prerequisites:	
Must fulfil Both of the following:	
≥35 Weeks gestation	<input type="checkbox"/>
≤ 6 hours post birth	<input type="checkbox"/>

YES

No

If infant moribund or severely encephalopathic, has withdrawal of care been considered

Consultant to cooling centre Consultant discussion

Time of call: _____

Discussed with _____

Criteria A	
Must Fulfil AT LEAST ONE of the following	
APGAR score of ≤5 at 10 minutes after birth.	<input type="checkbox"/>
Continued need for resuscitation at 10 minutes.	<input type="checkbox"/>
Acidosis(pH <7.00) within 60 minutes of birth.	<input type="checkbox"/>
Base deficit (≥16 mMol/L) within 60 minutes of birth.	<input type="checkbox"/>

YES

No

Criteria B	
Seizures OR	<input type="checkbox"/>
Moderate/severe encephalopathy, consisting of ALL THREE of the following	
CONSCIOUSNESS: altered state with reduced/absent response to stimulation and ...	<input type="checkbox"/>
REFLEXES: abnormal reflexes (weak/absent suck or Moro response abnormal pupils and...)	
TONE: focal or general hypotonia or flaccid	

YES

No

Decision made to cool YES NO

If not for cooling document reason(s)

Date _____ Sign _____

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

Transport Service	KIDS Intensive Care Support and Neonatal Transfer Service	0300 200 1100
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Cooling Centre	Birmingham Heartlands Hospital (BHH)	0121 424 3520
	New Cross Hospital Wolverhampton	01902 694032
	Royal Stoke University Hospital Stoke on Trent	01782 672400
	Birmingham Womens Hospital	0121 627 2666

Name _____ PID _____



West Midlands
Neonatal Operational Delivery Network

Admission Details

<u>Date of birth:</u>	<u>Time of birth:</u>	<u>Sex:</u>
<u>Birth weight (g)</u>	<u>Head Circumference (cm):</u>	<u>Admission temperature °C:</u>
<u>Place of birth:</u>		<u>Cooling centre transferred to:</u>

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 mins including cord blood)	pH:			
	pO2 (kPa):			
	pCO2 (kPa):			
	Base deficit:			

Name _____ PID _____



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/ needing 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	

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

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

Investigations

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"/>	

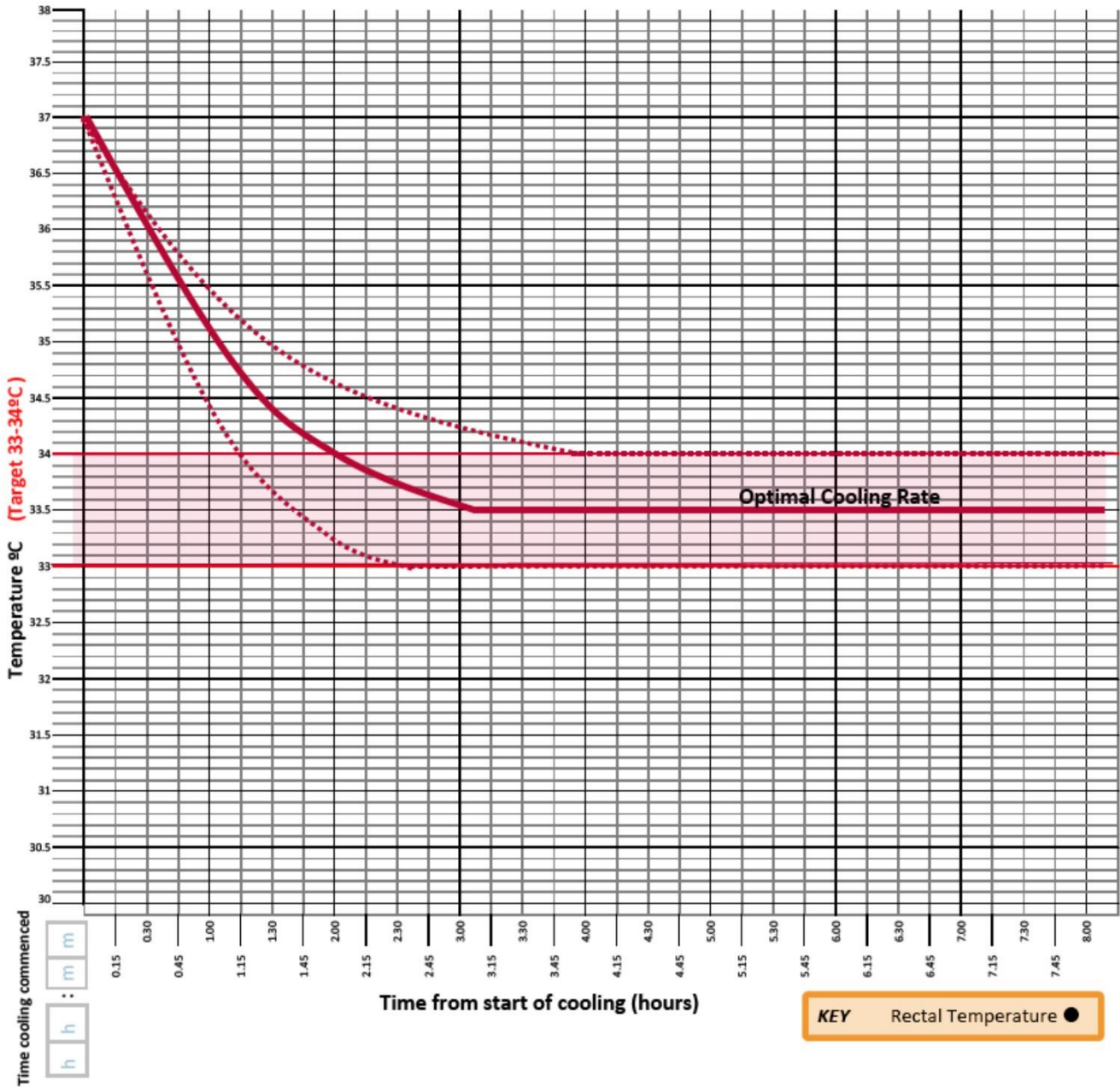
Name _____ PID _____

Therapeutic hypothermia proforma

RECTAL TEMPERATURE MONITORING CHART

NHS No.

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	Time
Passive Cooling Commenced:	
Active cooling commenced:	
Target temperature obtained (33°C - 34°C):	

Name _____ PID _____



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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"/>

