Referral of a Baby for Cooling Treatment
(≥ 36 completed weeks gestation)

Actions for Referring Hospitals

Use in conjunction with
“Cooling guidance for babies presenting with moderate to severe hypoxic ischaemic encephalopathy within the NWLPN”

Step 1 (birth to 1 hour of age)

Resuscitation

Recovery
No encephalopathy

Continue normothermia

Encephalopathy present

Start passive cooling

Step 2 (1 - 6 hours of age)

Passive cooling with continuous rectal or axillary temperature recorded temperature every 15 minutes

Assess baby for treatment criteria A and B

NO

Cooling not appropriate

Stop passive cooling

YES

Discuss findings and agree management plan with QCCH team

Commence CFM/aEEG if available

Inform parents about clinical condition, need for cooling and referral.

If they agree (verbal consent) continue passive cooling and refer.

Telephone QCCH (Cooling co-ordinating centre)

Contact details overleaf

YES

Continue with standard care and referral if appropriate

NO

• Maintain passive cooling prior and during transfer (Appendix 4)

• Follow the “Guideline for the management and investigation of neonatal encephalopathy” (Appendix 1)

• QCCH neonatal consultant and senior nursing team will provide telephone advice if required

While awaiting transport team:

• Keep parents informed about baby’s condition, give them the “UK TOBY Cooling Register Parent Information Leaflet” (Appendix 5)

• Arrange now for mother to be transferred and give father information about how to get to the receiving NNU.

• Complete first page of “UK TOBY Cooling Register form” (Appendix 2) and

• Monitor vital signs, rectal / axillary temperature and manage baby’s clinical condition as detailed in the guideline.

• Complete the referring hospital check list (Appendix 6) and prepare all documentation to accompany baby on transfer
Cooling Treatment for Babies with Perinatal Asphyxia

Treatment Criteria
(see Cooling guidance for babies presenting with moderate to severe hypoxic ischaemic encephalopathy within the North West London Perinatal Network)

A Infants \( \geq \)36 completed weeks gestation admitted to the Neonatal Unit with at least one of the following:

- Apgar score \( \leq 5 \) at 10 minutes after birth
- Continued need for resuscitation, including endotracheal or mask ventilation, at 10 minutes after birth
- Acidosis within 60 minutes of birth (defined as any occurrence of umbilical cord, arterial or capillary pH <7.00).
- Base Deficit \( \geq 16 \) mmol/L in umbilical cord or any blood sample (arterial, venous or capillary) within 60 minutes of birth.

Infants that meet criteria A should be assessed for whether they meet the neurological abnormality entry criteria (B).

B Seizures or moderate to severe encephalopathy, consisting of:

- Altered state of consciousness (reduced response to stimulation or absent response to stimulation) and
- Abnormal tone (focal or general hypotonia, or flaccid) and
- Abnormal primitives reflexes (weak or absent suck or Moro response).

NOTE: a non ventilated baby can meet treatment criteria

Your nearest cooling treatment centre is:

Queen Charlotte’s and Chelsea Hospital

For referrals phone – 020 3313 3622, Blp 9293

Other useful contact numbers:
Neonatal Unit - 020 3313 3174
Switchboard - 020 3313 1111

Medical Secretaries:
020 3313 3270
020 3313 5369

QCCH is the cooling co-ordinating centre for the NWLPN. If therapeutic hypothermia (active cooling) is considered appropriate this may take place at either QCCH or SMH with care co-ordinated with the QCCH team.