

Surname
First name
Date of birth
Hospital name
Hospital No
NHS Number

	d	d	/	m	m	/	2	0	y	y

(Please complete or affix hospital identification label)

DECISION MATRIX if considering cooling (Initial assessment)

CRITERIA A: Does the infant have at least one of the following?	X
APGAR score of ≤ 5 at 10 minutes after birth	<input type="checkbox"/>
Continued need for RESUSCITATION at 10 minutes	<input type="checkbox"/>
ACIDOSIS $\text{ph} < 7.00$ within 60 minutes of birth (cord, arterial, venous or capillary)	<input type="checkbox"/>
BASE DEFICIT ≥ 16 mmol/L within 60 min of birth (cord, arterial, venous or capillary)	<input type="checkbox"/>

No

Yes

CRITERIA B: Does the infant have the following?	X
ALTERED CONCIOUSNESS: lethargy, stupor or coma	<input type="checkbox"/>
AND AT LEAST ONE OF:	
HYPOTONIA: focal or general hypotonia, or flaccid	<input type="checkbox"/>
ABNORMAL REFLEXES: including oculomotor or pupillary abnormalities	<input type="checkbox"/>
ABSENT OR WEAK SUCK	<input type="checkbox"/>
CLINICAL SEIZURES	<input type="checkbox"/>

No

Yes

Is CFM available?

No

CFM may not be available in all circumstances. Failure to obtain CFM should **NOT** prevent or delay treatment if there is evidence from A and B criteria.

Yes

CRITERIA C: Does the CFM have at least one of the following?	X
NORMAL BACKGROUND WITH SOME SEIZURE ACTIVITY	<input type="checkbox"/>
MODERATELY ABNORMAL ACTIVITY	<input type="checkbox"/>
SUPPRESSED ACTIVITY	<input type="checkbox"/>
CONTINUOUS SEIZURE ACTIVITY	<input type="checkbox"/>

No

Yes

Is the infant ≥ 36 completed weeks of gestation **AND** < 6 hours old?

No

Yes

Was this a perinatal event (i.e. **NOT** a post natal collapse)?

No

Yes

This infant **meets** cooling criteria.

This infant **warrants** careful consideration for cooling.

This infant **does not** meet cooling criteria.

If ongoing concerns

Contact consultant at Local Cooling Centre for referral and advice

Discussed with (name)										
Cooling centre										
Advice										
Outcome	For cooling	<input type="checkbox"/>	Not for cooling	<input type="checkbox"/>	Decision time	h	h	:	m	m
Names/sign/date/time										

Completed by
Name, sign, date & time

Continues overleaf...

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DECISION MATRIX Referral management

Yes Is a bed available at the Local Cooling Centre No

For Transfer & Cot location: **Call EBS on 0207 407 4999** Sign/date /time

Discussion with ACCEPTING cooling centre (if bed not available at Local Cooling Centre)

Discussed with (name)	
Cooling centre	
Advice	
Outcome	
Name/sign/date/time	

PREGNANCY

Pregnancy complications? No Or details: e.g. GDM, hypertension...

Evidence of foetal compromise? No Or details: e.g. foetal distress, APH...

Was the CTG normal? Yes Or details: _____

DELIVERY

	Details in Badger?		If details not in Badger, please fill in available space	
Mode of Delivery	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Delivery Complications	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<u>e.g. none, cord prolapse, shoulder dystocia, meconium</u>	
Birth weight	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____ grams	
Head Circumference	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____ cm	
Arterial Cord Gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	pH _____	BE _____ Lactate _____
Venous Cord Gas	Yes <input type="checkbox"/>	No <input type="checkbox"/>	pH _____	BE _____ Lactate _____

RESUSCITATION

Spontaneous cry Stimulation Airway manoeuvres Inflation breaths

Ventilation breaths Intubation CPR Adrenaline

Time HR >100 Age in minutes First gasp Age in minutes Regular resp' Age in minutes

APGARs 1 minute 5 minutes 10 minutes 20 minutes

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WORST BLOOD GAS IN FIRST 60 MINUTES OF LIFE

Site: Cord venous Cord arterial Capillary Infant venous Infant arterial
 pH . Base deficit Lactate .

INITIAL NEUROLOGICAL EXAMINATION (by local team) – please record prior to any sedation / anticonvulsants administration if possible

Domain	Stage 1	Stage 2	Stage 3
Seizures	None	Common focal or multifocal seizures	Uncommon (excluding decerebration) Or frequent seizures
Consciousness	Normal Hyper alert	Lethargic Decreased activity Irritable to stimuli	Unresponsive to external stimuli
Activity (when awake or aroused)	Active Vigorous	Less than active Not vigorous	No activity whatsoever
Posture	Moving and maintains a number of positions	Distal flexion, complete extension or frog legged	Decerebrate with or without stimulation
Tone	Normal or hypertonic and jittery	Hypotonic either focal or general	Completely flaccid like a rag doll
Primitive reflexes	Sucks vigorously Normal Moro	Weak suck Incomplete Moro	Absent suck Absent morrow
Autonomic system	Pupils normal size, reactive Heart rate >100 Normal respirations	Pupils constricted. <3mm but reactive Heart rate usually <100 Periodic irregular breaths	Pupils fixed and dilated Heart rate inconsistent Completely apnoeic requiring ventilation
CIRCLE ALL THAT APPLY		Time of assessment	
Has sedation / anticonvulsant been given prior to assessment?		No	h h : m m
		Yes	Please state drug name and time given here
Examiner Name/sign/ date			

REPEAT NEUROLOGICAL EXAMINATION (by NTS team) Continuation sheets available for further assessments

Domain	Stage 1	Stage 2	Stage 3
Seizures	None	Common focal or multifocal seizures	Uncommon (excluding decerebration) Or frequent seizures
Consciousness	Normal Hyper alert	Lethargic Decreased activity Irritable to stimuli	
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CIRCLE ALL THAT APPLY		Time of assessment	
Examiner Name/sign/ date		h h : m m	

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ONGOING MANAGEMENT CHECKLISTS

Temperature Control Checklist

Continuous rectal temperature monitoring started

Rectal temperature documented every 15 minutes

Passive Cooling (time started) :

Temperature (at start of cooling) . °C

Active Cooling (time started) :

Temperature (at start of cooling) . °C

Target temperature achieved (time) :

Decision time to target temperature(hours)

Clinical management checklist

Actively manage blood pressure to maintain within normal range

Avoid hyper/hypocarbia

Restrict fluids (40 mls/kg/day) unless clinically indicated

Maintain blood sugar within normal range

Low dose morphine infusion (5 – 10 mcg/kg/hr) when cooling commenced

Parental Communication

Family members present

Key points from discussion

Parent information leaflet given?

Clinician Names/sign/date/time

TRANSFER

NTS London arrival Date / / Time :

Temperature on arrival . °C Rectal or Axilla

Time NTS Commence cooling : Active or Passive

Temperature start of NTS Cooling . °C Rectal or Axilla

RELEVANT ADDITIONAL INFORMATION

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