

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)

<b>CRITERIA A: Does the infant have at least one of the following?</b>	✓
APGAR score of $\leq 5$ at 10 minutes after birth	✓
Continued need for <b>RESUSCITATION</b> at 10 minutes	✓
<b>ACIDOSIS</b> $\text{pH} < 7.00$ within 60 minutes of birth (cord, arterial, venous or capillary)	✓
<b>BASE DEFICIT</b> $\geq 16$ mmol/L within 60 min of birth (cord, arterial, venous or capillary)	✓

Yes

No

<b>CRITERIA B: Does the infant have the following? (Assessment should be made with no sooner than an hour of age)</b>	✓
<b>ALTERED CONSCIOUSNESS:</b> hyperirritability, lethargy, stupor or coma	✓
<b>AND AT LEAST ONE OF:</b>	
<b>HYPOTONIA:</b> focal or general hypotonia, or flaccid	✓
<b>ABNORMAL REFLEXES:</b> including oculomotor or pupillary abnormalities	✓
<b>ABSENT OR WEAK SUCK</b>	✓
<b>CLINICAL SEIZURES</b>	✓

Yes

No

No

Is CFM available?

Yes

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.

If concerns, ensure **continuous assessment** for the next 6 hours and start **CFM** and **discuss with cooling centre.**

<b>CRITERIA C: Does the CFM have at least one of the following?</b>	✓
<b>NORMAL BACKGROUND WITH SOME SEIZURE ACTIVITY</b>	✓
<b>MODERATELY ABNORMAL ACTIVITY</b>	✓
<b>SUPPRESSED ACTIVITY</b>	✓
<b>CONTINUOUS SEIZURE ACTIVITY</b>	✓

Yes

No

Is the infant  $\geq 36$  completed weeks of gestation **AND**  $< 6$  hours old?

Yes

No

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

Yes

No

This infant **meets** cooling criteria.

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

For infants who **do 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"/> <b>Decision time</b> 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
<b>CIRCLE ALL THAT APPLY</b>		Time of assessment	
Has sedation / anticonvulsant been given prior to assessment?		No	<input type="text"/>
		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	
Activity (when awake or aroused)	Active Vigorous	Less than active Not vigorous	No activity whatsoever
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Examiner Name/sign/ date			

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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 (Age of life)   :        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) <small>unless clinically indicated</small>	
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


Completed by <small>Name, sign, date &amp; time</small>
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