

Patient Identifier
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<b>Hypothermia Eligibility Criteria</b>	
<b>Standard Eligibility Criteria</b>	<b>Present</b>
A. $\geq 34$ weeks' gestation	<input type="checkbox"/>
B. Any one of the following	
a. Sentinel event prior to delivery	<input type="checkbox"/>
b. Apgar score $\leq 5$ at 10 min	<input type="checkbox"/>
c. Requires PPV, Intubation or CPR at 10 min	<input type="checkbox"/>
d. pH $\leq 7.1$ (from cord or blood gas within 60 min of birth)	<input type="checkbox"/>
e. Abnormal Base Excess $\leq -10$ mEq/L (from cord or blood gas within 60 min of birth)	<input type="checkbox"/>
C. Any one of the following	
a. Neonatal Encephalopathy Scale Exam Score $\geq 4$	<input type="checkbox"/>
b. Seizure or clinical concern for seizure	<input type="checkbox"/>
<b>Reason to Exclude</b>	<b>Present</b>
1. Absolute Contraindication ( $<34$ weeks Gestation)	<input type="checkbox"/>
2. Relative Contraindication (Severe IUGR $<1750$ gm, Severe congenital anomalies/genetic syndromes/known metabolic disorders, Major intracranial hemorrhage, Overwhelming sepsis, Uncorrectable, clinically relevant coagulopathy)	<input type="checkbox"/>
All standard Criteria present- (A+B+C)	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If Yes</b> and no reason to Exclude- <b>Immediately start Hypothermia Protocol</b> (Passively cool until active hypothermia initiated)	

<b>Evaluation for Hypothermia</b>	
<b>Required for All Evaluated</b>	<b>Performed</b>
1. Post-natal blood gas (<60 min from birth)	<input type="checkbox"/>
2. Neonatal Encephalopathy Scale Exam (Repeat at set intervals if <4)	<input type="checkbox"/>
Exam 1 <input type="checkbox"/> Exam 2 <input type="checkbox"/> Exam 3 <input type="checkbox"/> Exam 4 <input type="checkbox"/>	
3. aEEG monitoring	<input type="checkbox"/>
4. Direct communication of decision to treat or not to treat with;	<input type="checkbox"/>
Family <input type="checkbox"/> Obstetrical Team <input type="checkbox"/>	
5. All components of assessment documented in patients' medical record	<input type="checkbox"/>
<b>Considered for All Evaluated</b>	
Neurology Consult ( <u>Mandatory</u> if encephalopathic, queried seizures, or decide to actively/passively cool) <input type="checkbox"/>	

<b>Encephalopathy Exam and aEEG Assessment</b>	
<b>Neonatal Encephalopathy Scale Exam</b>	
Repeated exams required for patients being evaluated, and initial Score <4	
a. Exam 1 (30 min after birth/admission )	Score _____
b. Exam 2 (1 hour after Exam 1)	Score _____
c. Exam 3 (1 hour after Exam 2)	Score _____
d. Exam 4 (5 hours after birth)	Score _____
Neonatal Encephalopathy Scale Score ≥4 at any time point    Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>aEEG Assessment</b>	
	Abnormal                      Normal
Lower Margin	< 5 μV <input type="checkbox"/> > 5 μV <input type="checkbox"/>
Upper Margin	< 10 μV <input type="checkbox"/> >10 μV <input type="checkbox"/>
Cycling	Absent <input type="checkbox"/> Present <input type="checkbox"/>
Seizures	Present <input type="checkbox"/> Absent <input type="checkbox"/>
aEEG Pattern‡	
CNV <input type="checkbox"/> DNV <input type="checkbox"/> BS <input type="checkbox"/> LV <input type="checkbox"/> FT <input type="checkbox"/>	

‡Patterns Defined in EEG Neuro-monitoring in the NICU CPG, and Laminated Cards on aEEGs

<b>Findings from Evaluation</b>		
1. Does infant meet all <b>standard criteria</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Does the Infant have an <b>encephalopathy score ≥ 4</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Does the Infant have an <b>abnormal aEEG</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. (If consulted)- Does Neurology recommend treatment	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Is there a <b>reason to exclude</b> infant	No <input type="checkbox"/>	Yes <input type="checkbox"/>

<b>Initiate Therapeutic Hypothermia</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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