Patient Identifier

Hypothermia Eligibility Criteria

Standard Eligibility Criteria	**Present**
A. ≥34 weeks' gestation	☐
B. Any one of the following	
a. Sentinel event prior to delivery	☐
b. Apgar score ≤ 5 at 10 min	☐
c. Requires PPV, Intubation or CPR at 10 min	☐
d. pH ≤ 7.1 (from cord or blood gas within 60 min of birth)	☐
e. Abnormal Base Excess ≤ - 10 mEq/L (from cord or blood gas within 60 min of birth)	☐
C. Any one of the following	
a. Neonatal Encephalopathy Scale Exam Score ≥4	☐
b. Seizure or clinical concern for seizure	☐

Reason to Exclude	**Present**
1. Absolute Contraindication (<34 weeks Gestation)	☐
2. Relative Contraindication (Severe IUGR <1750 gm, Severe congenital anomalies/genetic syndromes/known metabolic disorders, Major intracranial hemorrhage, Overwhelming sepsis, Uncorrectable, clinically relevant coagulopathy)	☐

All standard Criteria present- (A+B+C) Yes ☐ No ☐

If Yes and no reason to Exclude**- Immediately start Hypothermia Protocol** (Passively cool until active hypothermia initiated)

Please return completed document to Dr. Brian Walsh or Dr. Mohamed El-Dib at your earliest convenience. Thank you.

Evaluation for Hypothermia

Required for All Evaluated **Performed**

1. Post-natal blood gas (<60 min from birth) ☐
2. Neonatal Encephalopathy Scale Exam (Repeat at set intervals if <4) ☐
   Exam 1 ☐ Exam 2 ☐ Exam 3 ☐ Exam 4 ☐
3. aEEG monitoring ☐
4. Direct communication of decision to treat or not to treat with; ☐
   Family ☐ Obstetrical Team ☐
5. All components of assessment documented in patients' medical record ☐

Considered for All Evaluated

Neurology Consult (Mandatory if encephalopathic, queried seizures, or decide to actively/passively cool) ☐

Encephalopathy Exam and aEEG Assessment

Neonatal Encephalopathy Scale Exam

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 ☐ No ☐

aEEG Assessment

	Abnormal	Normal
Lower Margin	< 5 µV ☐	> 5 µV ☐
Upper Margin	< 10 µV ☐	>10 µV ☐
Cycling	Absent ☐	Present ☐
Seizures	Present ☐	Absent ☐

aEEG Pattern‡

CNV ☐ DNV ☐ BS ☐ LV ☐ FT ☐

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

Findings from Evaluation

1.	Does infant meet all **standard criteria**	Yes ☐	No ☐
2.	Does the Infant have an **encephalopathy score ≥ 4**	Yes ☐	No ☐
3.	Does the Infant have an **abnormal aEEG**	Yes ☐	No ☐
4.	(If consulted)- Does Neurology recommend treatment	Yes ☐	No ☐
5.	Is there a **reason to exclude** infant	No ☐	Yes ☐

Initiate Therapeutic Hypothermia Yes ☐ No ☐

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