








Neonatal Encephalopathy Examination Scoring Sheet

Patient Identifier

Date	Exam 1 <small>Time</small>	Exam 2 <small>Time</small>	Exam 3 <small>Time</small>	Exam 4 <small>Time</small>	
1- Observe spontaneous activity	0	0	0	0	Normal
	2	2	2	2	Decreased = decreased frequency or amplitude of spontaneous facial and extremity movements
	3	3	3	3	Absent
2- Observe for Heart rate	0	0	0	0	Normal
	1	1	1	1	Tachycardia = resting HR 160-180. Only occasionally decreased to 120
	2	2	2	2	Bradycardia = resting HR 80-90. Only occasionally increases to 120
	3	3	3	3	Variable = resting HR varies considerably without a consistent baseline
3- Observe for respiration	0	0	0	0	Normal
	2	2	2	2	Periodic Breathing = 3 or more respiratory pauses ≥ 3 sec separated by normal breathing and < 20 sec. Often associated with shallow breathing
	3	3	3	3	Apnea = no breathing for ≥ 20 sec or < 20 sec with HR changes or O ₂ desaturation
4- Observe for posture	0	0	0	0	Normal
	1	1	1	1	Mild Distal Flexion = fingers, toes in mild flexion, incomplete extension of fingers when stroked on dorsal surfaces. Thumbs flexed, adducted, opposed across palms "cortical thumb"
	2	2	2	2	Strong Distal Flexion = fingers and toes in strong flexion, incomplete extension of fingers when stroked on dorsal surfaces. Thumbs flexed, adducted, opposed across palms "cortical thumb"
	3	3	3	3	Decerebrate = Head, neck and back are arched in extension (opithotonus), elbows are extended, wrists are pronated and hips are abducted.
5- Observe for level of consciousness	0	0	0	0	<u>Use Auditory stimulation, Visual stimulation and Tactile stimulation to assess level of consciousness</u>
	1	1	1	1	Normal
	2	2	2	2	Hyperalert = full wakefulness with eyes open/staring but decreased frequency of blinking/tracking. Spontaneous motor activity normal or decreased with lowered threshold to all stimulus types
	3	3	3	3	Irritable = lowered threshold with excessive responses to all stimulus types. Can be seen with varied states including hyperalert, lethargy or obtundations
	3	3	3	3	Lethargic = slightly delayed but complete response to stimuli with slightly increased threshold for eliciting responses and decreased spontaneous activity
	3	3	3	3	Obtunded = delayed and incomplete response with marked increased threshold to all sensory stimuli and little or no motor activity.
	3	3	3	3	Stupor = no spontaneous eye opening to tactile stimulation elicits poorly sustained eye opening. Responds only to strong noxious stimuli. Absent gag and corneal reflex
	3	3	3	3	Coma = no eye opening with vigorous tactile stimulation

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6- Tone Assessment	0	0	0	0	Normal		
	2	2	2	2	Hypotonic = focal or generalized decreased resistance to passive movement. Associated with greater extension of extremities than normal		
	3	3	3	3	Flaccid "Flat on the mat" appearance. Maybe associated with frog-leg posturing with arm and hips/legs lying in abduction		
	Arm Recoil: Quickly extend (straighten) both arms; put next to body. Count to two. Let go. Repeat 3 times.			Leg Recoil: Take both ankles, bend hips+ knee. Quickly extend when infant not pushing. Let go. Repeat 3 times.			
	Normal- Arms flexes and remains flexed 			Hypotonia 			Normal: Complete Fast Flexion 
Ventral Suspension: Hold baby horizontal under the belly. Look at posture of back, arms, legs and head.			Head Lag: Pull baby to sit by the wrists and support head slightly.				
Normal: Back straight, head in line with body, limb flexed 			Hypotonia: 			Normal: Lifts head in line with body 	Hypotonia: 
Vertical Suspension: Hold baby upright by placing hands under axillae Normal: No Slip through Hypotonia: Slip Through							
7- Reflexes							
Sucking reflex	0	0	0	0	Normal		
	1	1	1	1	Weak		
	2	2	2	2	Weak/Incoordinated		
	3	3	3	3	Absent		
Moro Reflex	0	0	0	0	Normal		
	1	1	1	1	Exaggerated		
	2	2	2	2	Weak/Incomplete		
	3	3	3	3	Absent		
Light Reflex	0	0	0	0	Normal		
	1	1	1	1	Dilated		
	2	2	2	2	Constricted		
	3	3	3	3	Unequal/ Fixed dilated		
Total NE Score							