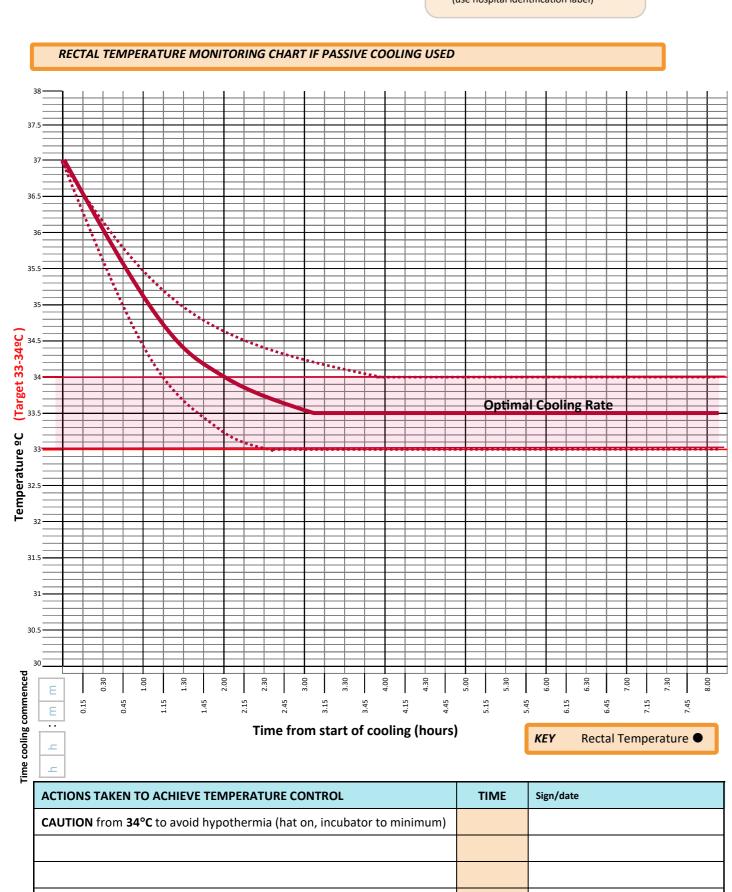
Neuroprotection Care Pathway (NCP1)

Diagnosis and Initial Management of HIE

First names: Date of Birth NHS.: (use hospital identification label)



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Version 1.0, 2021

Do you need to COOL? Is the infant less Contact PaNDR (and regional NICU if appropriate) NO than 6 hours old? Dis cussed with YES (name) Date/Time Is the infant >36 NO completed weeks **FOR** cooling / **NOT FOR** cooling Outcome (please circle) gestation? Name/sign YES Does the infant have AT LEAST ONE of the following? **APGAR** score of ≤5 at 10 minutes after birth NO Do not cool. Continued need for **RESUSCITATION** at 10 minutes ACIDOSIS pH < 7.00 within 60 minutes of birth (cord, arterial venous or capillary) BASE DEFICIT >16 mmol/L within 60 minutes of birth NO (cord, arterial, venous or capillary) YES Do not cool. Reassess at least Is there altered state of consciousness (lethargy, stupor twice within the 6 YES or coma AND at least ONE of the following hour window. **Clinical SEIZURES ABNORMAL REFLEXES** Meets criteria on subsequent reviews. **HYPOTONIA WEAK OR ABSENT SUCK** Do not cool. **YES** NO Atleast 30 min aEEG AND atleast ONE of the following Do not cool. NO Normal background with some seizure activity Continue to monitor Moderately abnormal activity YES for abnormal activity Suppressed activity Meets criteria on **Continuous Seizure activity** subsequent reviews. **YES** Commence **COOLING** Name/Sign Date & Time See neonatal neuroprotection website www.bebop.nhs.uk for guidelines and paperwork

First names:

Date of Birth

(use hospital identification label)

NHS.:

Neuroprotection Care Pathway (NCP1)

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Surname: **Neuroprotection Care Pathway (NCP1)** First names: Diagnosis and Initial Management of HIE Date of Birth NHS.: **ADMISSION DETAILS** (use hospital identification label) Time of Birth Resuscitated >10 minutes Yes No m m Gestation d d First gasp (minutes) Apgar Score (please write X if unknown) Sex M 1 min 5 min Birth weight gm 10 min 20 min Head circumference Blood gas results (worst set of results within 60 mins incl. cord blood) cm рΗ Admission temp С pCO_2 Base deficit Pregnancy complications: None or please give details Attach separate sheet if necessary SVD cephalic SVD breech Mode of delivery: Pre-labour CS In labour CS Instrumental **Delivery complications:** None or please give details Attach separate sheet if necessary Congenital abnormalities apparent at birth: None or please give details Attach separate sheet if nec. **NEUROLOGICAL STATUS** Neurological Examination Domain Stage 1 (mild) Stage 2 (moderate) Stage 3 (severe) Conscious-Stuperose/ comatose Decreased activity in an infant Not able to rouse ness Hyperalert who is aroused and responsive Unresponsive to exter-

Irritable to external stimuli nal stimuli Spontaneous Less than active No activity whatsoever Vigorous does not stay activity Not vigorous Distal flexion, complete extension Posture Moving around Decerebrate with or Does not maintain or frog - legged position without stimulation (all only one position extremities extended) Tone Normal -Hypotonic or floppy, either focal Completely flaccid like resists passive motion or general a rag doll Hypertonic, jittery Primitive Suck: vigorously sucks Suck: weak suck: completely absent reflexes Moro: completely abfinger or ET tube Moro: incomplete Moro - Normal extension of limbs followed Pupils – constricted <3mm but Pupils: fixed dilated, Autonomic Pupil – normal size Reactive to light react to light not reactive to light system Heart rate: bradycardia (<100) Heart rate normal Heart rate: variable Respirations: periodic irregular Respirations - normal Respirations: apnoeic requiring IPPV breathing effort Seizure none Common focal or multifocal sei-Uncommon (excluding decerebration) Or frequent seizures

Place TRUST LOGO sticker here

Time Cranial USS done	h	h		m	m
Resistance Index					
US showed					
Time of CENA atomtod	.		Г		
Time CFM started	h	h	L	m ı	m
CFM showed					

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CLINICAL MANAGEMENT

CLINICAL MANAGEMENT CHECKLIST	✓	Sign/date/time
Actively manage blood pressure to maintain within normal range		ONGOING
Avoid hyper/hypocapnoea		ONGOING
Restricted fluids (unless clinically indicated)		
Maintain blood sugar within normal range		ONGOING

TRANSFER REFERRAL (IF REQUIRED)

TRANSFER CHECKLIST (for infants born outside of Regional NICU)	✓	Sign/date/time
Refer to PaNDR for transfer to Regional NICU ASAP		
Full handover to PaNDR including this form (original in local notes)		

PARENTAL INVOLVEMENT

PARENTAL INVOLVEMENT CHECKLIST	✓	Sign/date/time
Parents spoken to by the most senior member of the medical staff on site (information in HIE Guidelines)		
Parents given the opportunity to see the baby		
Parents given a Parental Information leaflet		
Parents receive a picture of their baby		

TEMPERATURE CONTROL

Place TRUST LOGO sticker here

TEMPERATURE CONTROL CHECKLIST	✓	Sign/date/time
Continuous rectal temperature monitoring started		
Rectal temperature documented every 15 minutes (chart overleaf)		ONGOING

	Time	Team (Referring Unit / ANTS /Receiving Unit)
Passive Cooling: (time started)	h h : m m	
Active Cooling: (time started)	h h : m m	
Time TARGET TEMPERATURE consistently maintained (33.0°C-34.0°C)	h h : m m	