

Neonatal Hypothermia Checklist

Inclusion Criteria:

- Greater than or equal to 35 weeks gestation with either:
 - a pH (cord or neonatal) ≤ 7.0 or base deficit ≥ 16 mEq/l
 - or have a history of an acute perinatal event (e.g. late or variable decelerations, cord prolapse, uterine rupture, maternal trauma, or cardiopulmonary arrest) and at least one of the following:
 - either a 10 minute APGAR < 5 .
 - or need for continued ventilation (initiated at birth for at least 10 minutes).
- Signs of encephalopathy as determined by physical exam within 6 hours of age.
- Demonstrate moderate or severe encephalopathy in at least 3 of the 6 categories below, or be diagnosed with seizures:

Category	Moderate Encephalopathy	Severe Encephalopathy
1. Level of Consciousness	Lethargic	Stupor / Coma
2. Spontaneous activity	Decreased	No Activity
3. Posture	Distal Flexion	Decerebrate
4. Tone	Hypotonia (focal, general)	Flaccid
5. Primitive reflexes: a. Suck b. Moro	a. Weak b. Incomplete	a. Absent b. Absent
6. Autonomic System a. Pupils b. Heart Rate c. Respirations	a. Constricted b. Bradycardia c. Periodic breathing	a. Skew, deviation/dilated/non-reactive to light b. Variable HR c. Apnea

Exclusion Criteria:

- Less than 35 weeks gestation
- Known Lethal chromosomal anomaly
- Lethal congenital anomalies
- Severe IUGR (< 1800 grams)
- Greater than 6 hours old

Monitoring:

- Provide continuous HR, RR, and SaO₂ monitoring
- Set bed temperature at 34°C (93°F)
- Take axillary temperature every 15-30 minutes. If axillary temp drops below 93° F, slowly rewarm to 93° F. Temp1:_____ 2:_____ 3:_____ 4:_____ 5:_____ 6:_____

Physician Recommendations:

- Call the referral line ASAP if you feel there is any possibility the baby may qualify for cooling. The best long-term CNS outcomes occur in babies who start cooling within 6 hours of life.
 - o **Call 704-446-0055 and ask to speak with Neonatologist on call**
- Attempt a UVC placement. If unsuccessful, start a PIV. Once a baby is cooled, it is very difficult to place lines.