

Assessing baby for therapeutic hypothermia

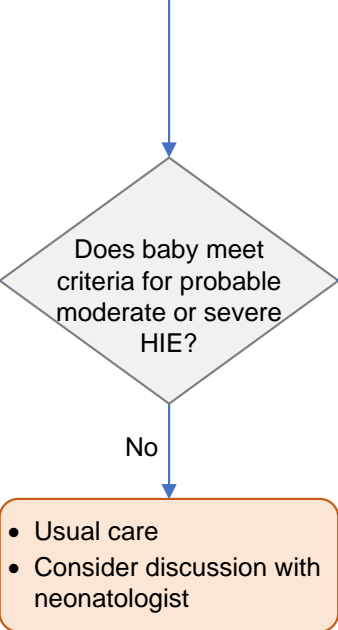
Does therapeutic hypothermia need to commence?

If the baby presents with evidence of acute perinatal/intrapartum hypoxia-ischaemia as suggested by at least one of the following:

- Apgar score ≤ 5 at 10 minutes
- Blood gas (cord/arterial/venous/capillary) within 60 minutes of birth includes either a:
 - pH < 7.0 , or
 - Base excess equal to or worse than minus 12 mmol/L
- Ongoing resuscitation for ≥ 10 minutes

Commence assessment of encephalopathy severity*

- If baby is likely to meet the criteria for therapeutic hypothermia
 - Initiate early discussion with a neonatologist
 - CSCF Level 1–5 neonatal service contact RSQ on 1300 799127
- Refer to QCG: Neonatal stabilisation for retrieval



- Criteria for probable moderate or severe HIE: (seizures or any two of:)**
- Level of consciousness:** Lethargy or stupor/coma
 - Spontaneous activity:** Decreased or no activity
 - Posture:** Distal flexion, complete extension, or decerebrate
 - Tone:** Hypotonia (focal or general e.g. head/neck tone) or flaccid
 - Primitive reflexes:** Weak/absent suck or incomplete/absent Moro response
 - Autonomic system:** Constricted/deviated/dilated/non-reactive pupils, bradycardia/variable heart rate, periodic/irregular breathing, apnoea
- Assess and document at least hourly for the first 6 hours following birth or until threshold for TH are met**

Is the baby:

- ≥ 35 weeks, and
- ≥ 1800 grams, and
- Less than 6 hours old?

Discuss with neonatologist

Baby meets criteria for therapeutic hypothermia

- If CSCF Level 1–5 neonatal service discuss the type of cooling (passive or active) to be provided with neonatologist

*Use Sarnat scoring form

CSCF: Clinical Services Capability Framework; HIE: hypoxic ischaemic encephalopathy; QCG: Queensland Clinical Guidelines; RSQ: Retrieval Services Queensland

