

CANDIDACY FOR THERAPEUTIC / NEUROPROTECTIVE HYPOTHERMIA CHECKLIST

Directions: Start at the top and work through each numbered component

**Note: if patient is less than six hours old and meets the gestation, weight and blood gas criteria and has a witnessed seizure, patient is eligible for hypothermia regardless of additional exam findings. Consult the tertiary center where cooling is offered to discuss any questions or concerns.*

TIME of birth: _____ a.m./p.m. **CURRENT AGE in hours/minutes:** _____ h. _____ min.

Studies may be in progress that permit therapeutic hypothermia on some infants who may not otherwise qualify for this therapy. This includes if the infant is > 6 hours old, or is < 1800 grams, or is younger than 36 weeks gestation. Consult the tertiary center with patient information once the information has been gathered.

Clinical information	Criteria (place a check in the box that corresponds to the patient information)	Instructions
Gestation	1 ≥ 36 weeks gestation <input type="checkbox"/>	Go to ➔ 2 Weight
	< 36 weeks gestation <input type="checkbox"/>	Ask tertiary center
Weight	2 ≥1800 grams <input type="checkbox"/>	Go to ➔ 3 Blood gas
	< 1800 grams <input type="checkbox"/>	Ask tertiary center
Blood gas pH = ___ Base deficit (BD) = ___ Source: Cord <input type="checkbox"/> <i>OR, 1st baby blood gas at < 1 hour of life.</i> Time obtained: ___ : ___ Arterial Capillary Venous <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3 pH ≤ 7.0 <input type="checkbox"/> <i>or</i> Base deficit > 16 <input type="checkbox"/>	Criteria met thus far. Go to EXAM*
	No gas obtained <input type="checkbox"/>	Go to ➔ 4 History of acute perinatal event
	<i>Or</i> pH 7.01 to 7.15 <input type="checkbox"/> <i>Or</i> Base deficit 10 to 15.9 <input type="checkbox"/>	Go to ➔ 4 History of acute perinatal event
	pH > 7.15 or Base deficit < 10 <input type="checkbox"/>	May not be eligible; Go to ➔ 4 History of acute perinatal event
Acute perinatal event <i>(check all that apply)</i>	4 Variable / late fetal HR decelerations <input type="checkbox"/> Prolapsed / ruptured or tight nuchal cord <input type="checkbox"/> Uterine rupture <input type="checkbox"/> Maternal hemorrhage / placental abruption <input type="checkbox"/> Maternal trauma (e.g. vehicle accident) <input type="checkbox"/> Mother received CPR <input type="checkbox"/>	Any checked, Go to ➔ 5 Apgar score
	No perinatal event <i>Or</i> Indeterminate what the event was because of home birth or missing information	May not be eligible; Go to ➔ 5 Apgar score
Apgar score at 1 minute _____ 5 minutes _____ 10 minutes _____	5 Apgar ≤ 5 at 10 minutes (yes) <input type="checkbox"/>	Criteria met thus far. Go to EXAM*
	Apgar ≤ 5 at 10 minutes (no) <input type="checkbox"/> (no, was 6 or greater at 10 minutes)	Go to ➔ 6 Resuscitation after delivery
Resuscitation after delivery <i>(check all that apply)</i> ___ PPV / intubated at 10 minutes ___ CPR ___ Epinephrine administered	6 Continued need for PPV or intubated at 10 minutes? (yes) <input type="checkbox"/>	Criteria met thus far. Go to EXAM*
	PPV / intubated at 10 minutes? (no) <input type="checkbox"/>	May not be eligible; Go to EXAM*

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