

Candidacy for Cooling (Neuroprotective Hypothermia)

TIME of birth: _____ a.m./p.m. **CURRENT AGE in hours/minutes:** _____ h. _____ min.
 If current age is > 6 hours, but less than 24 hours, contact your tertiary center to discuss candidacy for cooling.

Clinical information	Criteria	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 = _____ Source: Cord A <input type="checkbox"/> or V <input type="checkbox"/> <i>Enter the worst blood gas results from the cord or the 1 hour of age gas</i>	3 pH ≤ 7.0 <input type="checkbox"/>	Criteria met thus far, Go to EXAM*
	or Base deficit ≥ 16 <input type="checkbox"/>	
	No gas obtained <input type="checkbox"/>	Go to ➔ 4 History of acute perinatal event
	Or pH 7.01 to 7.15 <input type="checkbox"/>	
Or 1st baby blood gas at < 1 hour of age Time obtained: _____ : _____ <input type="checkbox"/> Arterial <input type="checkbox"/> Capillary <input type="checkbox"/> Venous	Or Base deficit 10 to 15.9 <input type="checkbox"/>	May not be eligible, Go to ➔ 4 History of acute perinatal event
	pH > 7.15 or Base deficit < 10 <input type="checkbox"/>	
Acute perinatal event <i>(check all that apply)</i>	4	Any checked, Go to ➔ 5 Apgar score
	Variable/late fetal HR decelerations <input type="checkbox"/>	
	Severe fetal bradycardia <input type="checkbox"/>	
	Prolapsed/ruptured or tight nuchal cord <input type="checkbox"/>	
	Prolonged shoulder dystocia <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/cardiovascular collapse <input type="checkbox"/>	
	No perinatal event <input type="checkbox"/>	May not be eligible, Go to ➔ 5 Apgar score
	Or Indeterminate what the event was because of home birth or missing information <input type="checkbox"/>	
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 ≥ 6 at 10 minutes (yes) <input type="checkbox"/>	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*

***Seizures:** If the infant is <6 hours old and meets the gestation, weight, and blood gas criteria and has a clinically recognized and/or electrographic seizure, the patient is eligible for hypothermia regardless of additional exam findings. However, complete the checklist so that complete information is provided. Consult the tertiary center where cooling is offered to discuss any questions or concerns.