

## 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
<b>Gestation</b>	<b>1</b> ≥ 36 weeks gestation <input type="checkbox"/>	Go to ➔ <b>2 Weight</b>
	< 36 weeks gestation <input type="checkbox"/>	Ask tertiary center
<b>Weight</b>	<b>2</b> ≥ 1800 grams <input type="checkbox"/>	Go to ➔ <b>3 Blood gas</b>
	< 1800 grams <input type="checkbox"/>	Ask tertiary center
<b>Blood gas</b> pH = _____ Base deficit = _____ 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>	<b>3</b> pH ≤ 7.0 <input type="checkbox"/>	Criteria met thus far. Go to <b>EXAM*</b>
	or Base deficit ≥ -16 <input type="checkbox"/>	
	No gas obtained <input type="checkbox"/>	Go to ➔ <b>4 History of acute perinatal event</b>
	Or pH 7.01 to 7.15 <input type="checkbox"/>	
<b>Or 1st baby blood gas at &lt; 1 hour of age.</b> 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 ➔ <b>4 History of acute perinatal event</b>
pH > 7.15 or Base deficit < -10 <input type="checkbox"/>		
<b>Acute perinatal event</b> <i>(check all that apply)</i>	<b>4</b> Variable/late fetal HR decelerations <input type="checkbox"/>	Any checked, Go to ➔ <b>5 Apgar score</b>
	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"/>	May not be eligible; Go to ➔ <b>5 Apgar score</b>	
Mother received CPR/cardiovascular collapse <input type="checkbox"/>		
	No perinatal event Or Indeterminate what the event was because of home birth or missing information	
<b>Apgar score at</b> 1 minute _____ 5 minutes _____ 10 minutes _____	<b>5</b> Apgar ≤ 5 at 10 minutes ( <b>yes</b> ) <input type="checkbox"/>	Criteria met thus far. Go to <b>EXAM*</b>
	Apgar ≥ 6 at 10 minutes ( <b>yes</b> ) <input type="checkbox"/>	Go to ➔ <b>6 Resuscitation after delivery</b>
<b>Resuscitation after delivery</b> <i>(check all that apply)</i> ___ PPV/intubated at 10 minutes ___ CPR ___ Epinephrine administered	<b>6</b> Continued need for PPV or intubated at 10 minutes? ( <b>yes</b> ) <input type="checkbox"/>	Criteria met thus far. Go to <b>EXAM*</b>
	PPV/intubated at 10 minutes? ( <b>no</b> ) <input type="checkbox"/>	May not be eligible; Go to <b>EXAM*</b>

**\*Seizures:** If infant is <6 hours old and meets the gestation, weight, and blood gas criteria, and has a clinically recognized and/or electrographic seizure, 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.