

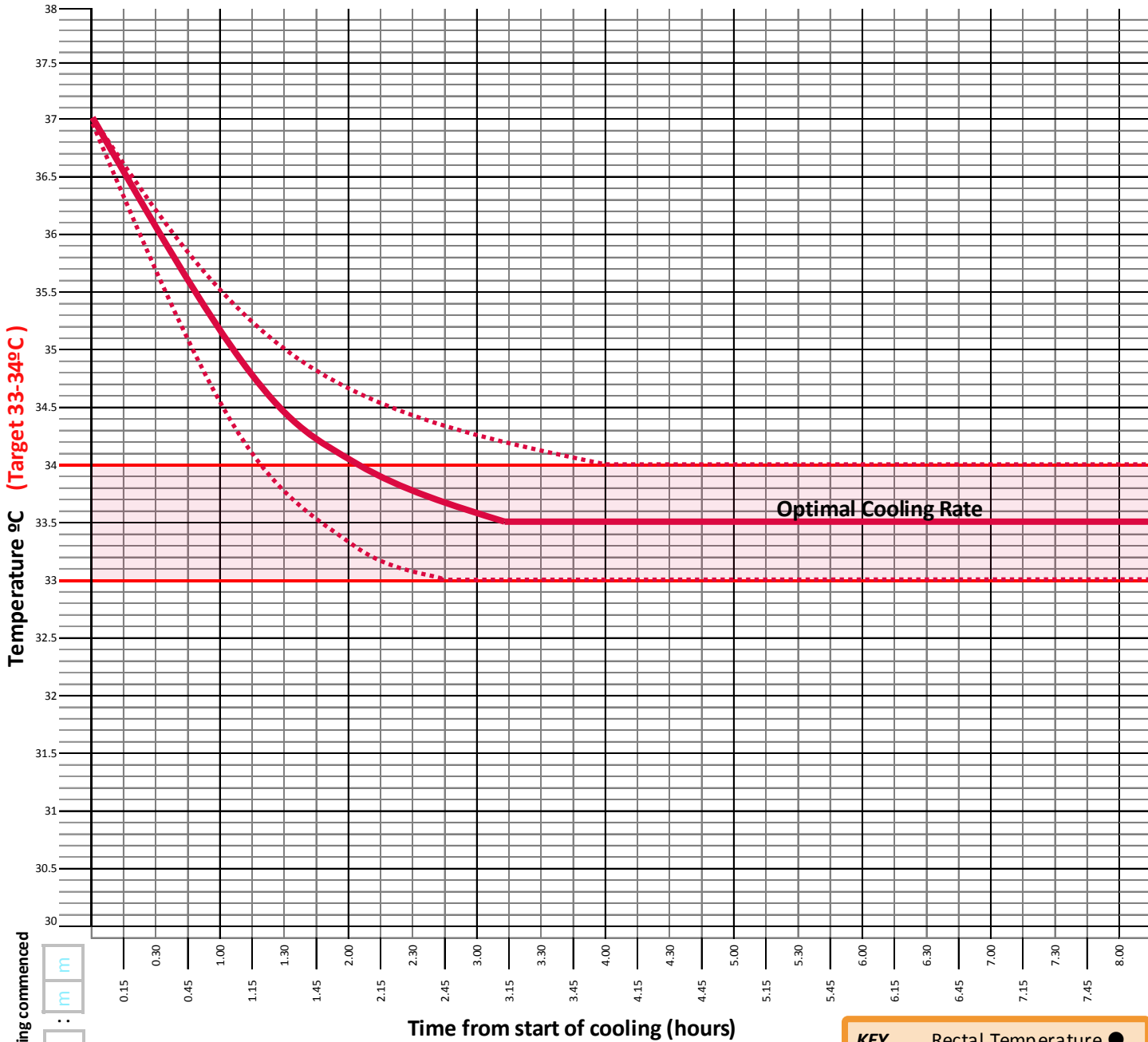
# Neuroprotection Care Pathway (NCP-1)

## Diagnosis & Initial Management of HIE

Surname:  
 First names:  
 Date of Birth:  
 Hospital no.:  
 (use hospital identification label)

### RECTAL TEMPERATURE MONITORING CHART

NHS No.



KEY Rectal Temperature ●

ACTIONS TAKEN TO ACHIEVE TEMPERATURE CONTROL	TIME	Sign/date
CAUTION from 34°C to avoid hypothermia (hat on, incubator to minimum)		

Place TRUST LOGO sticker here

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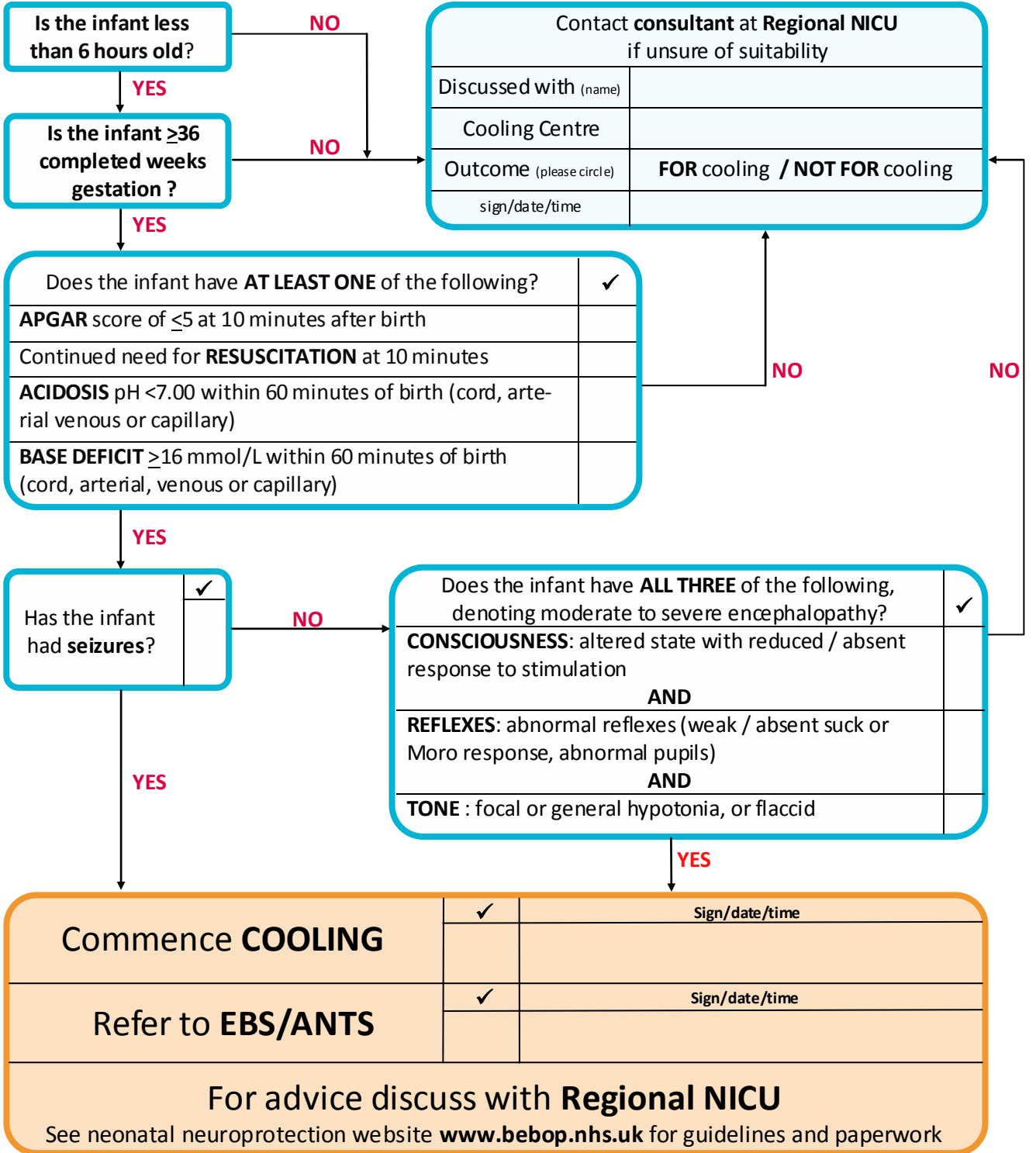
## Diagnosis & Initial Management of HIE

Surname:  
 First names:  
 Date of Birth:  
 Hospital no.:  
 (use hospital identification label)

Referring Unit:  
 Receiving Unit:

NHS No.

### Do you need to COOL?



Place TRUST LOGO sticker here

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### ADMISSION DETAILS

Time of Birth h h : m m  
 Gestation w w d d  
 Sex M  F   
 Birth weight  gm  
 Head circumference  cm  
 Admission temperature  °C

Resuscitated >10 minutes Yes  No   
 First gasp (minutes)   
 Apgar Score (please write X if unknown)  
 1 min  5 min   
 10 min  20 min   
 Blood gas results (worst set of results within 60 mins incl. cord blood)  
 pH    pO<sub>2</sub>   kPa  
 pCO<sub>2</sub>   kPa Base deficit

Pregnancy complications: None  or please give details  [Attach separate sheet if necessary](#)

Mode of delivery: Pre-labour CS  In labour CS  SVD cephalic  SVD breech  Instrumental

Delivery complications: None  or please give details  [Attach separate sheet if necessary](#)

Congenital abnormalities apparent at birth: None  or please give details  [Attach separate sheet if nec.](#)

### NEUROLOGICAL STATUS

Please score EVERY sign PRIOR to cooling  
 (allocate highest score unless lower score can be elicited on examination)

Time of HIE Score h h : m m

Sign	0	1	2	3	Score
Alertness	Alert	Irritable	Poorly responsive	Comatose	
Tone	Normal	Hypertonia	Hypotonia		
Resp. status	Normal	Resp distress (apnoea/ needing O <sub>2</sub> )	CPAP or mechanical ventilation		
Reflexes	Normal	Hyperreflexia	Hyporeflexia	Absent reflexes	
Seizure	None	Suspected	Confirmed clinical seizure		
Feeding	Breast / Bottle	Tube fed / nil by mouth			
See guidelines for information on HIE Score					<b>TOTAL</b>

Time Cranial USS done (mandatory) h h : m m

Resistance Index (not mandatory)

Was CFM performed prior to cooling? Yes  No   
 (not mandatory)

If **yes**, was the background (in the absence of artefacts)  
 Normal / Mildly abnormal (Upper margin >10, lower margin >5)

Moderately abnormal (Upper margin >10, lower margin <5)

Severely abnormal (Upper margin <10)

Electrical Seizures Yes  No

Time performed h h : m m

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 (use hospital identification label)

NHS No.

### CLINICAL MANAGEMENT

CLINICAL MANAGEMENT CHECKLIST	✓	Sign/date/time
Actively manage blood pressure to maintain within normal range	<input type="checkbox"/>	ONGOING
Avoid hyper/hypocapnoea	<input type="checkbox"/>	ONGOING
Restricted fluids (unless clinically indicated)	<input type="checkbox"/>	
Maintain blood sugar within normal range	<input type="checkbox"/>	ONGOING

### TRANSFER REFERRAL (IF REQUIRED)

TRANSFER CHECKLIST (for infants born outside of Regional NICU)	✓	Sign/date/time
Refer to ANTS for transfer to Regional NICU ASAP	<input type="checkbox"/>	
Full handover to ANTS including this form (copy in local notes)	<input type="checkbox"/>	

### PARENTAL INVOLVEMENT

PARENTAL INVOLVEMENT CHECKLIST	✓	Sign/date/time
Parents spoken to by the most senior member of the medical staff on site (information in HIE Guidelines)	<input type="checkbox"/>	
Parents given the opportunity to see the baby	<input type="checkbox"/>	
Parents given a Parental Information leaflet	<input type="checkbox"/>	
Parents receive a picture of their baby	<input type="checkbox"/>	

### TEMPERATURE CONTROL

TEMPERATURE CONTROL CHECKLIST	✓	Sign/date/time
Continuous rectal temperature monitoring started	<input type="checkbox"/>	
Rectal temperature documented every 15 minutes (chart overleaf)	<input type="checkbox"/>	ONGOING

	Time	Team (Referring Unit / ANTS / Receiving Unit)
Passive Cooling: (time started)	<input type="text"/> h <input type="text"/> h : <input type="text"/> m <input type="text"/> m	
Active Cooling: (time started)	<input type="text"/> h <input type="text"/> h : <input type="text"/> m <input type="text"/> m	
Time TARGET TEMPERATURE consistently maintained (33.0°C-34.0°C)	<input type="text"/> h <input type="text"/> h : <input type="text"/> m <input type="text"/> m	