

# HYPOXIC-ISCHAEMIC ENCEPHALOPATHY & COOLING THERAPY

## Initial Assessment

ABC, Oxygen and monitoring

## Does the baby meet cooling criteria?

### Criteria A

Baby  $\geq 35+0$  and  $\geq 2000g$ ?

**-AND-**

#### At least one of:

APGAR  $\leq 5$  at 10 minutes

Assisted ventilation

Acidosis: pH  $< 7.1$  within 60 min

Base Deficit  $\geq 12$  within 60 min

### Criteria B:

Seizures

**-OR-**

Altered consciousness  
(lethargy/coma)

**-AND-**

Abnormal tone (focal/generalised  
hypotonia)

## Assessment

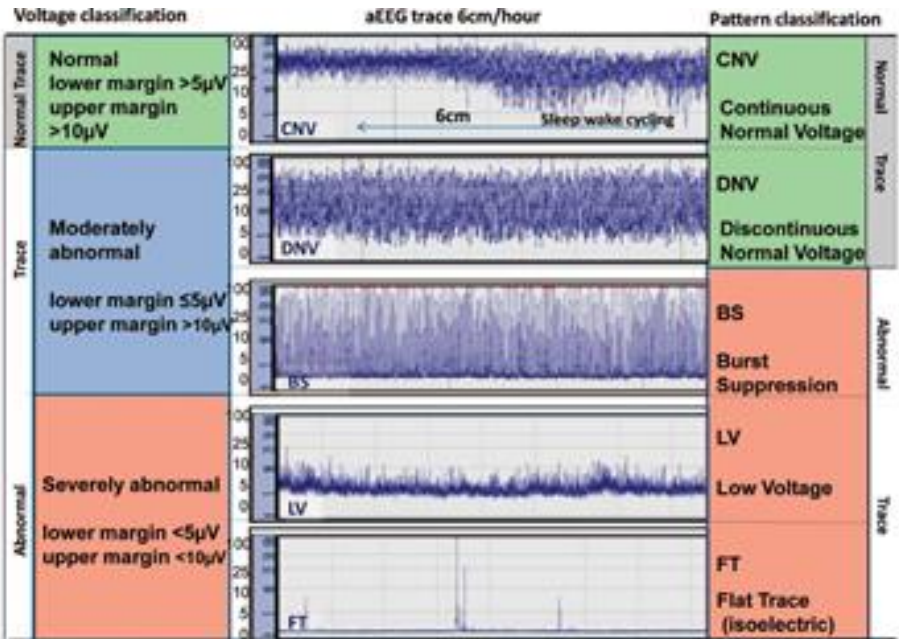
- Full neurological assessment (NICHD Form on Metavison)
- CFAM (if possible - do not delay cooling)

Contraindications: surgery within 72h, abnormalities associated with poor long term outcome

## Treatment

- Start cooling (**within 6 h**)
  - Maintain CO<sub>2</sub> 5-7kPa and PaO<sub>2</sub> 6-10kPa
    - Fluid restrict 40ml/kg
    - Consider central access
    - Maintain mean BP  $> 40$ mmHg
  - Cultures and antibiotics (consider renal function)
  - Send bloods: FBC, U+Es, LFTs (incl. AST), coagulation, glucose, lactate, troponin, group and save
  - Monitor for seizures and treat as per seizure guideline
    - Cranial USS including Doppler assessment (RI)
      - Morphine 5mcg/kg/h iv for comfort
- (see full guideline for further reference)

# CFAM QUICK GUIDE



## Neonatal seizures

