

Pre-Cooling Documentation Aid (0-6h)

PLEASE COMPLETE FOR ALL BABIES UNDERGOING COOLING ASSESSMENT:						
Name				Apgar at 10 mins		
Hospital Number				IPPV at 10 mins (not CPAP/PEEP alone)		
Date and time of birth				Worst pH in cord or in first hr		
Gestation				Worst BE in cord or in first hr		
Date and time of assessment (Frequent assessment in the first 6h of age)						
Temperature of baby						
Sedative drugs						
Level of consciousness (alert, hyperalert, lethargic, coma)						
Posture (full/partial flexion, frog-legged, decerebrate)						
Spontaneous activity (normal, reduced, absent)						
Respiratory effort (normal, irregular, absent)						
Tone (normal, hypertonia, mild/moderate hypotonia, flaccid hypotonia)						
Moro reflex (normal, weak, absent)						
Suck reflex (normal, weak, absent)						
Gag reflex (normal, weak, absent)						
Doll's eye reflex (normal, weak, absent)						
Clinical Seizures						
CFM: electrical seizures						
CFM: upper limit (uV)						
CFM: lower limit (uV)						
Discussed with cooling centre						
Decision, for example: A. Continue normothermia & assess frequently B. Not eligible: no further assessments required C. Further investigations required D. Start cooling						
Assessor name and grade						