Appendix 2 - Therapeutic Cooling Management Aid - Transport Teams

Assessment & stabilisation of airway, breathing and circulation

Assess need for any immediate stabilisation or further assessment prior to cooling

Assessment of current cooling situation

Not currently cooled | Cooled (active or passive)

The decision to start cooling should only be made by a Consultant

Not for cooling

Is transfer to the cooling centre still indicated?

If yes:
Aim normothermia (36.5C +/- 0.5)
Aim transfer to cooling centre within 6hrs from birth
Consider rectal probes
Consider pre-transfer CFM if available

Pre-cooling assessment

Use Therapeutic Cooling Decision Aid

Active cooling for transport

Servo-controlled cooling unless flight or equipment malfunction when passive cooling should be mode

Check transfer documents complete:

- ☐ Details of maternal history, labour, delivery, cord pH, resuscitation, time to heart rate >100, first gasp
- ☐ Blood test results and timing of drugs and their dosages
- ☐ Examination of the baby including head circumference, details of neurological examination
- ☐ Time of cooling decision and time to target temperature
- ☐ The results of any imaging specifically cranial ultrasound and the position of central lines
- ☐ Details of discussions with parents and whether the Parent Information Leaflet has been given

Stability not achievable

- Cooling is not appropriate for infants who are deteriorating despite maximal efforts
- Separation from parents by transfer is to be avoided
- For Consultant level discussion regarding direction and location of ongoing care

General management

Aim	Actions
Airway and breathing Avoid hyper/hypoxia Avoid hypocarbia <4.5kPa	Saturation monitoring Assess and support respiration Ensure blood gas stable pre-transfer ET CO2 on transfer if ventilated
Circulation Avoid hypotension <45mmHg	Assess perfusion and BP Central lines* Measure BE and lactate Assess for volume/ inotropes
Metabolism Avoid hypoglycaemia	Ensure sugar ≥ 2.5mmol/l pre-transfer IV fluids at maximum 60ml/kg/d
Infection Treat promptly	Ensure blood cultures taken and appropriate antibiotics started
Neurology Assess & document	Document full examination Ensure sufficient sedation for comfort/stress relief Discuss with cooling centre prior to seizure management or paralysis (seizures are rare <6hr & medication will impair assessment of neurology & CFM on arrival)

*If journey short, HR 80-100, lactate & other measures of perfusion normal then arterial access can be delayed until reaching cooling centre

Temperature management

- Ensure rectal monitoring
- Aim for core temperature of 33.5C +/- 0.5C within 30 minutes
- Nurse naked in a nonheated incubator
  Start servocooling
  Record temp every 15 mins
- Maintain temperature at 33.5C and record temperature every 15 mins

This document is an Appendix to NSD611-005.26 SPN Neuroprotection Care Pathway for Infants with Hypoxic-Ischaemic Encephalopathy. Publication: September 2026, Review: September 2029.