

Form Title      **Hypoxic Ischemic Encephalopathy: Serial Assessment and Therapeutic Hypothermia Eligibility Tool**

Form Number   **21309**

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## Hypoxic Ischemic Encephalopathy: Serial Assessment and Therapeutic Hypothermia Eligibility Tool

Last Name (Legal)		First Name (Legal)	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB(dd-Mon-yyyy)	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male		<input type="checkbox"/> Female	
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)		<input type="checkbox"/> Unknown	

Date of Birth (dd-Mon-yyyy)		Time of Birth (hh:mm)		Gestational Age	
Criteria A (any of the following - choose all that apply)					
<input type="checkbox"/> Cord or first pH is less than or equal to 7		<input type="checkbox"/> Base Excess is less than or equal to -16			
<input type="checkbox"/> Apgar is less than or equal to 5 at 10 minutes		<input type="checkbox"/> IPPV is 10 minutes or greater			
Apgar Score _____ 1 _____ 5 _____ 10 _____ 20			Birth Weight (g)		
Arterial Gas <input type="checkbox"/> Cord <input type="checkbox"/> Postnatal, Age _____ min			Venous Gas <input type="checkbox"/> Cord <input type="checkbox"/> Postnatal, Age _____ min		
pH		Base Excess		pH	
				Base Excess	
<b>Complete a full assessment at ALL three times points below</b>					
<b>After Stabilisation/Hour 1</b>		Location		Date/Time	
				Provider	
<b>Encephalopathy Stage</b>	<b>Normal</b>	<b>Mild</b>	<b>Moderate</b>	<b>Severe</b>	
<b>1. Level of consciousness</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Hyperalert	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Stupor/coma	
<b>2. Spontaneous activity</b>	<input type="checkbox"/> Active	<input type="checkbox"/> Active	<input type="checkbox"/> Decreased	<input type="checkbox"/> No activity	
<b>3. Posture</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Mild distal flexion	<input type="checkbox"/> Decorticate*	<input type="checkbox"/> Decerebrate**	
<b>4. Tone</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Hypertonia	<input type="checkbox"/> Mild Hypotonia***	<input type="checkbox"/> Flaccid	
<b>5. Primitive Reflexes:</b>					
<b>Suck</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Weak	<input type="checkbox"/> Weak/Absent	<input type="checkbox"/> Absent	
<b>Moro</b>	<input type="checkbox"/> Complete	<input type="checkbox"/> Strong/Jittery	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Absent	
<b>6. Autonomic System:</b>					
<b>Pupils</b>	<input type="checkbox"/> Equal reactive	<input type="checkbox"/> Dilated	<input type="checkbox"/> Constricted	<input type="checkbox"/> Variable/no reaction	
<b>Heart rate</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Tachycardia	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Variable	
<b>Breathing</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Periodic	<input type="checkbox"/> Apnea	
<b>Seizure (clinical or electrographic)</b>	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
<b>Eligible for Therapeutic Hypothermia: Any Criteria A, AND (Seizure OR at least 3 moderate/severe of the 6 major assessment categories)</b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*Decorticate: strong distal flexion, full extension

\*\*Decerebrate: arms extended and internally rotated, legs extended with feet in forced plantar flexion

\*\*\*Includes focal or generalized hypotonia

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Last Name ( <i>Legal</i> )		First Name ( <i>Legal</i> )	
Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB( <i>dd-Mon-yyyy</i> )	
PHN	ULI <input type="checkbox"/> Same as PHN	MRN	
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Non-binary/Prefer not to disclose (X) <input type="checkbox"/> Unknown	

At 2-3 hours of age	Location		Date/Time	Provider
Encephalopathy Stage	Normal	Mild	Moderate	Severe
<b>1. Level of consciousness</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Hyperalert	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Stupor/coma
<b>2. Spontaneous activity</b>	<input type="checkbox"/> Active	<input type="checkbox"/> Active	<input type="checkbox"/> Decreased	<input type="checkbox"/> No activity
<b>3. Posture</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Mild distal flexion	<input type="checkbox"/> Decorticate*	<input type="checkbox"/> Decerebrate**
<b>4. Tone</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Hypertonia	<input type="checkbox"/> Mild Hypotonia***	<input type="checkbox"/> Flaccid
<b>5. Primitive Reflexes:</b>				
<b>Suck</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Weak	<input type="checkbox"/> Weak/Absent	<input type="checkbox"/> Absent
<b>Moro</b>	<input type="checkbox"/> Complete	<input type="checkbox"/> Strong/Jittery	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Absent
<b>6. Autonomic System:</b>				
<b>Pupils</b>	<input type="checkbox"/> Equal reactive	<input type="checkbox"/> Dilated	<input type="checkbox"/> Constricted	<input type="checkbox"/> Variable/no reaction
<b>Heart rate</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Tachycardia	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Variable
<b>Breathing</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Periodic	<input type="checkbox"/> Apnea
<b>Seizure (clinical or electrographic)</b>	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

**Eligible for Therapeutic Hypothermia:** Any Criteria A,  
**AND** (Seizure **OR** at least 3 moderate/severe of the 6 major assessment categories)  Yes  No

At 4-6 hours of age	Location		Date/Time	Provider
Encephalopathy Stage	Normal	Mild	Moderate	Severe
<b>1. Level of consciousness</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Hyperalert	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Stupor/coma
<b>2. Spontaneous activity</b>	<input type="checkbox"/> Active	<input type="checkbox"/> Active	<input type="checkbox"/> Decreased	<input type="checkbox"/> No activity
<b>3. Posture</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Mild distal flexion	<input type="checkbox"/> Decorticate*	<input type="checkbox"/> Decerebrate**
<b>4. Tone</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Hypertonia	<input type="checkbox"/> Mild Hypotonia***	<input type="checkbox"/> Flaccid
<b>5. Primitive Reflexes:</b>				
<b>Suck</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Weak	<input type="checkbox"/> Weak/Absent	<input type="checkbox"/> Absent
<b>Moro</b>	<input type="checkbox"/> Complete	<input type="checkbox"/> Strong/Jittery	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Absent
<b>6. Autonomic System:</b>				
<b>Pupils</b>	<input type="checkbox"/> Equal reactive	<input type="checkbox"/> Dilated	<input type="checkbox"/> Constricted	<input type="checkbox"/> Variable/no reaction
<b>Heart rate</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Tachycardia	<input type="checkbox"/> Bradycardia	<input type="checkbox"/> Variable
<b>Breathing</b>	<input type="checkbox"/> Normal	<input type="checkbox"/> Normal	<input type="checkbox"/> Periodic	<input type="checkbox"/> Apnea
<b>Seizure (clinical or electrographic)</b>	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

**Eligible for Therapeutic Hypothermia:** Any Criteria A,  
**AND** (Seizure **OR** at least 3 moderate/severe of the 6 major assessment categories)  Yes  No

aEEG Interpretation:  Not applied  Continuous  Discontinuous  
 Burst suppression  Isoelectric

Document most severe tracing in 6 hours after birth. Do not interpret aEEG within 30 minutes of anticonvulsant administration.

**Therapeutic Hypothermia**  None  Passive - start time \_\_\_\_\_  Active - start time \_\_\_\_\_