

Form Title **Hypoxic Ischemic Encephalopathy: Serial Assessment for Infants
RECEIVING Therapeutic Hypothermia**

Form Number **21708**

© 2018, Alberta Health Services, CKCM



This work is licensed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. The license does not apply to content for which the Alberta Health Services is not the copyright owner.

To view a copy of this license, visit

<https://creativecommons.org/licenses/by-nc-nd/4.0/>

Disclaimer: This material is intended for use by clinicians only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.

Hypoxic Ischemic Encephalopathy: Serial Assessment for Infants RECEIVING Therapeutic Hypothermia

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			

Date of Birth <i>(dd-Mon-yyyy)</i>		Time of Birth <i>(hh:mm)</i>		Gestational Age	
Initiation of Active Cooling <i>(Date/Time)</i>			Initiation of Rewarming <i>(Date/Time)</i>		
Highest lactate	Inotropes <input type="checkbox"/> Yes <input type="checkbox"/> No	PPHN requiring iNO <input type="checkbox"/> Yes <input type="checkbox"/> No	Renal Failure <input type="checkbox"/> Yes <input type="checkbox"/> No	DIC <input type="checkbox"/> Yes <input type="checkbox"/> No	
Complete a full assessment at ALL three times points below					
Hour 24 of Cooling	Location		Date/Time		Provider
Encephalopathy Staging	Normal	Mild	Moderate	Severe	
1. Level of consciousness	<input type="checkbox"/> Normal	<input type="checkbox"/> Hyperalert	<input type="checkbox"/> Lethargic	<input type="checkbox"/> Stupor/coma	
2. Spontaneous activity	<input type="checkbox"/> Active	<input type="checkbox"/> Active	<input type="checkbox"/> Decreased	<input type="checkbox"/> No activity	
3. Posture	<input type="checkbox"/> Normal	<input type="checkbox"/> Mild distal flexion	<input type="checkbox"/> Decorticate*	<input type="checkbox"/> Decerebrate**	
4. Tone	<input type="checkbox"/> Normal	<input type="checkbox"/> Hypertonia	<input type="checkbox"/> Mild Hypotonia***	<input type="checkbox"/> Flaccid	
5. Primitive Reflexes:	<input type="checkbox"/> Normal		<input type="checkbox"/> Weak		<input type="checkbox"/> Weak/Absent
Suck	<input type="checkbox"/> Complete		<input type="checkbox"/> Strong/Jittery		<input type="checkbox"/> Incomplete
Moro	<input type="checkbox"/> Equal reactive		<input type="checkbox"/> Dilated		<input type="checkbox"/> Constricted
6. Autonomic System:	<input type="checkbox"/> Normal		<input type="checkbox"/> Tachycardia		<input type="checkbox"/> Bradycardia
Pupils	<input type="checkbox"/> Normal		<input type="checkbox"/> Normal		<input type="checkbox"/> Periodic
Heart rate	<input type="checkbox"/> Normal		<input type="checkbox"/> Normal		<input type="checkbox"/> Apnea
Breathing	<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> Yes
Seizure (clinical or electrographic)	<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> Yes

¹Complete at 7 days of age or discharge (whichever comes first)

*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

Hypoxic Ischemic Encephalopathy: Serial Assessment for Infants RECEIVING Therapeutic Hypothermia

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			

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

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

Morbidities/Adverse Events *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Subcutaneous fat necrosis | <input type="checkbox"/> Multiple anticonvulsant for seizure control |
| <input type="checkbox"/> Anticonvulsant(s) at discharge | <input type="checkbox"/> Cardiac arrhythmia |
| <input type="checkbox"/> Coagulopathy | <input type="checkbox"/> Tube feeds at discharge |
| <input type="checkbox"/> Death | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Thrombocytopenia (<20 10**9L) |
| | <input type="checkbox"/> Intracranial hemorrhage _____ |

MRI Findings
EEG findings *(after rewarming)*