

## **Appendix D**

### **Guidelines for Passive Cooling**

1. Document Regional Cooling Center contacted and decision made to initiate passive cooling for those determined to be a candidate for cooling.
2. Turn radiant warmer off and leave infant uncovered, except diapers.
3. Monitor core/rectal temperature continuously (if equipped) or every 15 minutes using a lubricated digital thermometer carefully inserted 2 cm into rectum. If core temperature monitoring cannot be done safely or is not available, monitor axillary temperatures every 15 minutes. Record temperatures on flow sheet (see Appendix H).
4. Allow temperature to fall to target temperature ranges:
  1. Target rectal temperature is **33-34°C or 91.4-93.2°F**.
  2. Target axillary temperature is **32-33°C or 89.6-91.4°F**.
5. Avoid overcooling. When the rectal temp reaches **33 °C (91.4 °F)** or axillary temp **32 °C (89.6 °F)**, turn warmer back on to lowest setting or covering patient with clear plastic (avoid face).
6. If rectal temp continues to fall quickly or remains **< 33 °C (91.4 °F)** or axillary temp **< 32 °C (89.6 °F)**, increase warmer setting. Recheck temperature until recovered.
7. Avoid overheating. Minimize big changes in heater settings that may result in overcorrections.
8. Monitor vital signs, electrolytes and glucose levels closely.
9. If administering respiratory support, avoid hyperoxia and iatrogenic hyperventilation.
10. Keep patient comfortable and adequately sedated (i.e., avoid shivering).