Appendix C

~~Management of Screened Neonates Who Qualify for Possible Cooling~~

Management of neonates accepted for further evaluation and management by Regional Cooling Centers

Or

"What to do in preparation for transport"

Please Note: These are general guidelines for the management of babies accepted for transport by the Regional Cooling Centers and initiated on a passive cooling protocol. However, each Cooling Centers may have their own criteria and management protocols. You should confirm these guidelines with your Regional Cooling Center, or follow their specific guidelines/protocols as instructed. If your Regional Cooling Center chooses to make the determination about cooling therapy on admission, then follow their guidelines for normotheria management during transport.

1. **Identify patients to discuss with regional cooling center within 1 hour of birth.**
   a. After initial resuscitation and stabilization, perform screening evaluation (*Appendix A*).
   b. If screening criteria met, call neonatologist at regional cooling center.
   c. Discuss if patient is appropriate to remain for observation vs. transport for cooling.
   d. If approved by regional cooling center, begin passive cooling (see also *Appendix D*)

2. **Turn down/off external heat sources and avoid hyperthermia**
   a. Document time and **do not actively cool patients**. (See *Appendix D*).

3. **Monitor core (rectal) temperature closely**
   a. **Target rectal temp = 33.5°C** (92.3°F) or **Axillary temp = 32.5°C** (90.5°F).
   b. Check temp continuously/frequently (q15 min). Complete flow sheet (*Appendix H*).
   c. Core temp may still fall <33.5C with passive cooling. Be prepared to respond.

4. **Secure vascular access** - Before peripheral vasoconstriction occurs with cooling.
   a. Umbilical venous and arterial access, if possible.
   b. Peripheral IV at a minimum.

5. **Maintain adequate sedation** - Keep comfortable/minimize cold stress and avoid shivering.
   a. **e.g., Morphine IV –** consider prn dosing or continuous infusions as indicated.

6. **Treat only clinical seizures –** No prophylactic antiepileptic treatments.
   a. **Lorazepam (Ativan):** 0.1mg/kg/dose IV, repeat once prn for suspected seizures.
   b. **Phenobarbital:** *20mg/kg IV load,* repeated once prn for confirmed seizures.

7. **Expect these physiologic states in cooled infants**
   a. Expect low baseline heart rates (80-100bpm) as patient approaches target temp.
   b. Manage blood pressure and oxygenation as usual. Maintain normal values.
   c. Consider volume bolus (eg, normal saline) if perfusion compromised.

8. **Monitor electrolytes closely** - maintain normal ranges.
   a. Fluctuations often seen in ***Ca, K, Mg*** levels with cooling.

9. **Avoid hypoglycemia -** maintain within high normal ranges.
   a. Maintain ***Glucose*** levels > 50-60mg/dl.

10. Avoid iatrogenic **hyperventilation** and **hyperoxygenation.**
    a. Target **pCO2= 40-50** (patients may have compensatory hyperventilation).
    b. Target **PaO2 = <80mmHg** and keep **oxygen saturations <98%**

11. Send **Blood cultures** and start **IV antibiotics (eg, Ampicillin** and **Gentamicin)**

12. Send **other baseline labs** if indicated, but don't delay transport for routine labs.
    a. CBC, differential and platelets
    b. Coagulation panel (INR, PT/PTT), LFT, BUN/Cr.