

# Hypothermia Pre-Transport Guidelines

## Assess Eligible Criteria for Hypothermia Treatment:

≥36 GA, ≥1800 grams, ability to start cooling within 6 hrs of life with **one of the following**

- Apgar score less than or equal to 5 at 10 minutes after birth.
- Continued need for resuscitation, including ET or mask ventilation, at 10 minutes after birth.
- Acidosis defined as either umbilical cord or any arterial pH within 60 minutes of birth < 7.00.
- Base Deficit ≥ to 16 mmol/L in umbilical cord blood or any blood sample within 60 minutes of birth.

## Plus signs of moderate to severe encephalopathy:

Altered state of consciousness: lethargy, stupor, coma and **at least one** of the following:

- Hypotonia
- Abnormal reflexes
- Absent or weak suck
- Clinical seizures

**Inform MFCH ASAP- and Activate Transport Team 914-493-5555**

## Interventions Prior to Transport:

### Initiate Hypothermia

- Place infant in open radiant warmer with heat turned off. Remove hat and blankets.
- Obtain Rectal Temp and V/S q15 minutes.
- Target rectal temperature between 33°- 34°C (91.4°-93.2° F).

### Provide Stabilization as Needed:

- Airway/ventilation support- Monitor blood gases and treat accordingly: avoid hyperoxia/ hypoxia: Keep O<sub>2</sub> Sats between 89-96%
- Initiate IV access – PIV, Umbilical line placement – UAC, Double Lumen UVC
- Manage blood pressures as per protocol
- Monitor blood glucose – administer IV fluids/ glucose
- Correct acidosis- NaCl bolus/ NaHCO<sub>3</sub> correction
- Monitor for seizure activity – treat seizures as needed
- Obtain labs as needed: Blood Cultures, CBC, etc.
- Administer antibiotics if appropriate: Ampicillin / Gentamicin