

**Protocol for Management of Neonates Eligible for Cooling
Prior to Arrival at Children's
Seattle Children's Hospital 7/24/08**

Identify babies **eligible** for cooling by calling Children's on-call Neonatologist: **206 987-8899**

KEY POINTS FOR PATIENT MANAGEMENT PRIOR TO, AND DURING, TRANSPORT

- 1) **Turn off all external heat sources (note the time).**
- 2) **Monitor core (rectal) temperature** - continuously/frequently.
 - a. **Target rectal temperature = 33.5°C (92.3°F).**
 - b. Check temp every **15 minutes** and record on flow sheet
- 3) **Do not actively cool patients.** Core temp may still rapidly fall with passive cooling. If < 33°C, be prepared to restart heat sources at lowest settings.
- 4) **Secure vascular access; send Blood cultures** and start **ampicillin** and **gentamicin**.
- 5) **Maintain adequate sedation (Don't let patient shiver)** with **Morphine:** 0.05mg/kg IV load, then 10mcg/kg/hour IV drip. Avoid benzodiazepines.
- 6) **Phenobarbital** for clinical seizures – **no prophylactic dosing.**
20mg/kg IV load, repeated once prn seizures.
- 7) **Monitor electrolytes** - maintain within normal ranges.
Fluctuations often seen in *Ca, K, Mg and Glucose levels*.
- 8) **Avoid over-ventilation and over-oxygenation.**
 - a. Target **PCO₂: 45-55**
 - b. Target **PaO₂: <100mmHg** and **oxygen saturations <98%.**
- 9) **Expect the following to occur normally in cooled infants:**
 - a. Heart rate may fall to <100 bpm as patient reaches 34°C.
 - b. Blood pressures and oxygenation should remain normal.
 - c. Tolerate moderate acidosis
 - i. Avoid *THAM* or *bicarbonate* boluses, unless symptomatic with base deficit > 10 mmol/L.