## The 36-48 hour Cooling Pause Date: Time: **Consultant 1:** Consultant 2: **Birth** Apgar score at 10 minutes: Lowest cord or initial pH: Time heart rate >100 first auscultated (m): Lowest cord or initial base deficit (mmol/l): Time to first gasp (m): Lactate on admission (mmol/l): Duration of cardiac compressions (m): Time for lactate to normalise (2mmol/l)(h): Drugs at resuscitation: Time to reach target temp (33.5C)(h): Evidence of fetal hypoxia- acute, chronic, prelabour or unknown: **Neonatal organ injury** Worst grade of clinical HIE since admission: Current grade of clinical HIE: Seizures at any time and over what period: Number of anticonvulsant drugs to achieve control: Details of current neurological examination including concurrent sedative/anticonvulsant therapy: Details and evidence of other organ involvement: **Neonatal investigations** CFM background on admission: CFM background at 24 hours: CFM background at 48 hours: Evidence of acute brain injury on USS:

Evidence of acute brain injury on MRI or other imaging:

EEG:	
Summary of discussion with parents to date ar	nd record of their expectations:
Documented consultant communication with parents	
Day 1	(Consultant name)
Day 2	(Consultant name)
Pause discussion:	
□ Documented in Badger	
Pause plan:	
□ Documented in Badger	
Main Author	
Julie-Clare Becher – Neonatal Consultant RIE	
Other Professionals Consulted	
All Consultants	
Guideline Title	
SCRH_Cooling Pause Guideline_Neonates	
Implementation / Review Dates	
Implementation date – 14/09/13	Next Review - 1/09/16
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