

# GUIDANCE ON USE OF CEREBRAL FUNCTION MONITORING (CFM) ON NEONATES AT UNIVERSITY HOSPITAL WISHAW NEONATAL UNIT



<b>TARGET AUDIENCE</b>	University Hospital Wishaw Neonatal Unit staff
<b>PATIENT GROUP</b>	Neonatal patients requiring neurological assessment with CFM

## Summary

- This document outlines the indications, documentation and reporting of cerebral function monitoring in the Neonatal Unit at University Hospital Wishaw
- This guideline may be used in conjunction with Scottish Cooling Group Neuroprotection Care Pathway for Infants with Hypoxic-Ischaemic Encephalopathy where relevant

## **Guidance on the use of Cerebral Function Monitoring on Neonates**

Cerebral Function monitoring using amplitude Electroencephalograph (aEEG) recording as a bed side tool is useful in assessment and monitoring of neurological status in term and near term infants. This could be done as a single or dual channel recording. Single channel recording would be sufficient for most neonates in whom a diffuse brain pathology is suspected. Dual channel recording may be beneficial in infants where it is important to distinguish focal brain pathology either on the right or left side. On our unit we defer to dual channel recording.

### **Consider CFM recording in the following infants**

- All cases of neonatal encephalopathy
- Infants who are being considered for their eligibility for cooling and are undergoing therapeutic hypothermia including at least 24 hours after rewarming
- Infants with suspected or confirmed seizures

### **Documentation of CFM recording**

Serial hourly documentation of CFM recording should be done on the vital signs monitoring template on Badger by the attending nursing staff to acknowledge its use on the patient and the impedance status to ascertain that the probes are securely in place.

Comments relating to activities that may influence the recording for example cares, intubation, administration of anticonvulsant medications and any other procedures should be documented on the CFM trace on the CFM machine recording in real time.

### **Reporting of aEEG recording**

Formal review and reporting of CFM recording by the medical team should be triggered and carried out at any time when there is suspicion of an abnormality by the attending neonatal team.

- All infants having CFM record should have their trace formally reviewed and reported on the following:
- During the routine morning ward round by the attending consultant
- Before the end of the evening shift between 5pm and 9pm by the attending consultant
- At least once overnight between 12 midnight and 8am by the night middle grade medical staff
- Prior to starting therapeutic hypothermia as part of assessment for cooling eligibility

<b>Lead Author</b>	Dr R Abara	<b>Date approved</b>	1/10/2025
<b>Version</b>	1.1	<b>Review Date</b>	1/10/2028

## **Guidance on the use of Cerebral Function Monitoring on Neonates**

Consider hourly review of CFM trace by the medical team in the 1st 6 hours when eligibility for therapeutic hypothermia is being considered until decision regarding therapeutic hypothermia is reached.

In general, how often the CFM trace is reviewed remains at the discretion of the attending neonatal team.

All CFM aEEG reporting should be done using the standard template on the procedure section of Badger electronic record.

<b>Lead Author</b>	<b>Dr R Abara</b>	<b>Date approved</b>	<b>1/10/2025</b>
<b>Version</b>	<b>1.1</b>	<b>Review Date</b>	<b>1/10/2028</b>

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### Appendices

#### 1. Governance information for Guidance document

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<b>Endorsing Body:</b>	Neonatal Clinical Effectiveness Group, University Hospital Wishaw
<b>Version Number:</b>	1.1
<b>Approval date</b>	01/10/2025
<b>Review Date:</b>	01/10/2028
<b>Responsible Person (if different from lead author)</b>	

<b>CONSULTATION AND DISTRIBUTION RECORD</b>	
<b>Contributing Author / Authors</b>	
<b>Consultation Process / Stakeholders:</b>	<p>Reviewed by Neonatal Consultant Team at University Hospital Wishaw and reviewed by Neonatal Clinical Effectiveness Group October 2025</p> <p>Ratified by Neonatal Clinical Effectiveness Group, University Hospital Wishaw 01/10/2025</p>

<b>Lead Author</b>	Dr R Abara	<b>Date approved</b>	1/10/2025
<b>Version</b>	1.1	<b>Review Date</b>	1/10/2028

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<b>Distribution</b>	Reviewed by Neonatal Clinical Effectiveness Group, University Hospital Wishaw
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### CHANGE RECORD

Date	Lead Author	Change	Version No.
03/02/2026	A Bilkhu	<i>Refinement of abbreviations aEEG/CFM to avoid confusion as suggested by NHS Lanarkshire Clinical Guidelines Group</i>	1.1
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<b>Lead Author</b>	Dr R Abara	<b>Date approved</b>	1/10/2025
<b>Version</b>	1.1	<b>Review Date</b>	1/10/2028