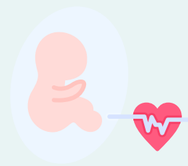
DID YOU JUST PROVIDE POSITIVE PRESSURE VENTILATION?

The baby received **positive pressure ventilation** (PPV), intubation, or CPAP beyond the delivery room

OR

There was a known **acute perinatal event**?



(e.g., Maternal trauma or cardiac arrest, placental abruption, prolonged deceleration, shoulder dystocia, prolapsed cord uterine rupture)

YES TO EITHER

1 . Obtain cord or baby blood gas	• Within the **first hour** of life • Concern if pH <7.1 OR base excess more negative than -12 mmol/L
2 . Perform a full neurologic exam for signs of encephalopathy	• Between **30–60 minutes** of life • Repeat at **4 Hours** of life

Signs of Neonatal Encephalopathy – Modified Sarnat Assessment

- Level of consciousness: Lethargy, stupor, or coma
- Spontaneous activity: Decreased or absent
- Tone/posture: Hypotonia or hypertonia, flaccid or rigid
- Posture: Flexion at fingers, wrists, ankles, toes, and/or extension at elbows, hips, knees (frog leg)
- Primitive reflexes (suck/Moro): Weak/incomplete or absent
- Autonomic function: Constricted, dilated, or fixed pupils, bradycardia/tachycardia, apnea

SCAN HERE for neuro exam demo

Call your cooling center within 4 hours of birth with any questions/concerns or if ANY of the following are present:

1. **Evidence of perinatal acidemia**
   Cord or baby blood gas analysis in 1st hour of life: pH <7.1 OR base excess more negative than -12 mmol/L
2. **Abnormal neurologic exam (see signs above)**
3. **Concern for possible clinical seizures (most commonly focal clonic or focal tonic)**

Nebraska Perinatal Quality Improvement Collaborative NPQIC

Early Identification Is Brain-Saving. Recognize. Act. Cool.