

Patient data

hospital _____ ALBINO study
 gender male female
 date of birth _____ time of birth _____
 place of birth _____
 inborn outborn
 date of admission _____
 GA weeks/days _____ BW in gr _____
 HC in cm _____
 temperature on admission ____°C
 date of treatment _____

Pregnancy complications

none
 diabetes Illicit drug abuse
 maternal seizure placenta praevia
 pre-eclampsia thyroid disorder
 other events during pregnancy _____

Delivery

SVD cephalic SVD breech
 elective CS secondary CS
 emergency CS instrumental delivery
 risk for neonatal infection yes no
 mother GBS positive yes no
 antibiotics given yes no
 premature rupture of membranes (>18h)
 yes no

Delivery complications

head entrapment placental abruption
 prolapsed cord ruptured uterus
 shoulder dystocia path.CTG
 if other, please give details _____

Clinical details at birth and resuscitation

Apgar at 1,5 and 10 min. ___/___/___
 resuscitated >10 min. yes no
 umbilical arterial pH _____
 worst blood gas results within 60 min including umbilical gases:
 venous arterial capillary
 pH _____ CO2 _____ HCO3 _____ BE _____
 lactate _____ (if not within 60 min) with _____ min of life
 oxygen supplementation CPAP
 mechanical ventilation
 adrenalin i.v/i.t cardiac massage
 congenital malformation apparent at birth _____

Neurological details on admission

Sarnat Stage _____ at _____ hrs of life
 Thompson Score _____ at _____ hrs of life
 aEEG done prior to cooling yes no
 age in hrs when aEEG was done _____
 aEEG findings:
 CNV DNV BS CLV FT seizures

Sarnat	Stage 1	Stage 2	Stage 3
Level of consciousness	alert	Lethargic	stuporous
Neuromusc. Control			
Muscle tone	Normal	Mild hypotonia Strong dist. flexion	Flaccid
Posture	Mild dist. flexion ↑	Present	Decerebr.
Stretch reflexes	Present	↑	↓, absent
Segment. myoclonus		Present	Absent
Complex Reflexes			
Suck	Weak	Weak or absent	Absent
Moro	Strong		Absent
Oculovestibular	Normal	Weak	Weak
Tonic neck	Slight	Strong	Absent
Autonomic function			
Pupils	Mydriasis	Miosis	Variable
Heart Rate	Tachycardia	Bradycardia	Variable
Salivary Secretions	Sparse	Profuse	Variable
GI Motility	Normal or ↓	↑; diarrhoe	Variable
Seizures	None	Common	Uncommon

Thompson	0	1	2	3
Tone	Normal	Hyper	Hypo	Flaccid
LOC	Normal	Hyper-alert stare	Lethargic	Comatose
Fits	None	Infrequent <3/day	Frequent >2/day	
Posture	Normal	Fisting, cycling	Strong distal flexion	Decerebrate
Moro	Normal	Partial	Absent	
Grasp	Normal	Poor	Absent	
Suck	Normal	Poor	Absent/bites	
Respiration	Normal	Hyper-ventilation	Brief apnoea	Apnoeic
Fontanelle	Normal	Full, not tense	Tense	

Does the infant fulfil the criteria for cooling? (see flow chart)

If yes, age (in hrs) when cooling was started _____ and continue to page 2
 If no, continue to page 4

Day 1 of cooling

Conditions noted during this 24 hrs (tick all that applies)

hypotension
(which needs treatment)

respiratory support
(mech.vent.CPAP or O2 suppl.)

sinusbradycardia other arrhythmia
(<80bpm)

coagulopathy
(any disorder requiring tx in order to maintain or recover normal haemostasis)

seizures
(clinical/subclinical on aEEG/EEG)

aEEG EEG

cUS MRI/MRS /

lowest blood glucose _____ mmol/l

highest blood glucose _____ mmol/l

highest lactate _____ mmol/l

Hrs from start of cooling	Rectal temp °C	Hrs from start of cooling	Rectal temp °C
0		12	
1		13	
2		14	
3		15	
4		16	
5		17	
6		18	
7		19	
8		20	
9		21	
10		22	
11		23	

Morphine Phenobarbitone
 Midazolam Phenytoin
 Fentanyl Chloralhydrate
 Lidocaine Levetiracetam

Sarnat	Stage 1	Stage 2	Stage 3
Level of consciousness	alert	Lethargic	stuporous
Neuromusc. Control			
Muscle tone	Normal	Mild hypotonia	Flaccid
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Stretch reflexes	↑	↑	↓, absent
Segment. myoclonus	Present	Present	Absent
Complex Reflexes			
Suck	Weak	Weak or absent	Absent
Moro	Strong	Weak	Absent
Oculovestibular	Normal	Weak	Weak
Tonic neck	Slight	Strong	Absent
Autonomic function			
Pupils	Mydriasis	Miosis	Variable
Heart Rate	Tachycardia	Bradycardia	Variable
Salivary secretions	Sparse	Profuse	Variable
GI Motility	Normal or ↓	↑; diarrhoe	Variable
Seizures	None	Common	Uncommon

Encephalopathy Thompson Score				
Sign	0	1	2	3
Tone	Normal	Hyper	Hypo	Flaccid
LOC	Normal	Hyper-alert stare	Lethargic	Comatose
Fits	None	Infrequent <3/day	Frequent >2/day	
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Moro	Normal	Partial	Absent	
Grasp	Normal	Poor	Absent	
Suck	Normal	Poor	Absent/bites	
Respiration	Normal	Hyper-ventilation	Brief apnoea	Apnoeic
Fontanelle	Normal	Full, not tense	Tense	

Sarnat Stage _____

Thompson Score _____

age (in hrs) when Sarnat was done _____

age (in hrs) when Thomson score was done _____

omit day 2 (treatment stopped)

Day 2 of cooling

Conditions noted during this 24 hrs

(tick all that applies)

- hypotension
(which needs treatment)
- respiratory support
(mech.vent.CPAP or O2 suppl.)
- sinusbradycardia other arrhythmia
(<80bpm)
- coagulopathy
(any disorder requiring tx in order to maintain or recover normal haemostasis)
- seizures
(clinical/subclinical on aEEG/EEG)
- aEEG EEG
- cUS MRI/MRS
- lowest blood glucose _____ mmol/l
- highest blood glucose _____ mmol/l
- highest lactate _____ mmol/l

Hrs from start of cooling	Rectal temp °C	Hrs from start of cooling	Rectal temp °C
24		36	
25		37	
26		38	
27		39	
28		40	
29		41	
30		42	
31		43	
32		44	
33		45	
34		46	
35		47	

- Morphine Phenobarbitone
- Midazolam Phenytoin
- Fentanyl Chloralhydrate
- Lidocaine Levetiracetam

Sarnat	Stage 1	Stage 2	Stage 3
Level of consciousness	alert	Lethargic	stuporous
Neuromusc. Control			
Muscle tone	Normal	Mild hypotonia	Flaccid
Posture	Mild dist. flexion	Strong dist. flexion	Decerebr.
Stretch reflexes	↑	↑	↓, absent
Segment. myoclonus	Present	Present	Absent
Complex Reflexes			
Suck	Weak	Weak or absent	Absent
Moro	Strong	Weak	Absent
Oculovestibular	Normal	Weak	Weak
Tonic neck	Slight	Strong	Absent
Autonomic function			
Pupils	Mydriasis	Miosis	Variable
Heart Rate	Tachycardia	Bradycardia	Variable
Salivary secretions	Sparse	Profuse	Variable
GI Motility	Normal or ↓	↑; diarrhoe	Variable
Seizures	None	Common	Uncommon

Encephalopathy Thompson Score				
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Grasp	Normal	Poor	Absent	
Suck	Normal	Poor	Absent/bites	
Respiration	Normal	Hyper-ventilation	Brief apnoea	Apnoeic
Fontanelle	Normal	Full, not tense	Tense	

Sarnat Stage _____

Thompson Score _____

age (in hrs) when Sarnat was done _____

age (in hrs) when Thomson Score was done _____

omit day 3 (treatment stopped)

Day 3 of cooling

Conditions noted during this 24 hrs

(tick all that applies)

- hypotension
(which needs treatment)
- respiratory support
(mech.vent.CPAP or O2 suppl.)
- sinusbradycardia other arrhythmia
(<80bpm)
- coagulopathy
(any disorder requiring tx in order to maintain or recover normal haemostasis)
- seizures
(clinical/subclinical on aEEG/EEG)
- aEEG EEG
- cUS MRI/MRS /
- lowest blood glucose _____ mmol/l
- highest blood glucose _____ mmol/l
- highest lactate _____ mmol/l

Hrs from start of cooling	Rectal temp °C	Hrs from start of cooling	Rectal temp °C
48		60	
49		61	
50		62	
51		63	
52		64	
53		65	
54		66	
55		67	
56		68	
57		69	
58		70	
59		71	

- Morphine Phenobarbitone
- Midazolam Phenytoin
- Fentanyl Chloralhydrate
- Lidocaine Levetiracetam

Sarnat	Stage 1	Stage 2	Stage 3
Level of consciousness	alert	Lethargic	stuporous
Neuromusc. Control			
Muscle tone	Normal	Mild hypotonia	Flaccid
Posture	Mild dist. flexion	Strong dist. flexion	Decerebr.
Stretch reflexes	↑	↑	↓, absent
Segment. myoclonus	Present	Present	Absent
Complex Reflexes			
Suck	Weak	Weak or absent	Absent
Moro	Strong	Weak	Absent
Oculovestibular	Normal	Weak	Weak
Tonic neck	Slight	Strong	Absent
Autonomic function			
Pupils	Mydriasis	Miosis	Variable
Heart Rate	Tachycardia	Bradycardia	Variable
Salivary secretions	Sparse	Profuse	Variable
GI Motility	Normal or ↓	↑; diarrhoe	Variable
Seizures	None	Common	Uncommon

Encephalopathy Thompson Score				
Sign	0	1	2	3
Tone	Normal	Hyper	Hypo	Flaccid
LOC	Normal	Hyper-alert stare	Lethargic	Comatose
Fits	None	Infrequent <3/day	Frequent >2/day	
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Moro	Normal	Partial	Absent	
Grasp	Normal	Poor	Absent	
Suck	Normal	Poor	Absent/bites	
Respiration	Normal	Hyper-ventilation	Brief apnoea	Apnoeic
Fontanelle	Normal	Full, not tense	Tense	

Sarnat Stage _____

Thompson Score _____

age (in hrs) when Sarnat was done _____

age (in hrs) when Thomson Score was done _____

omit day 4 (treatment stopped)

Day 4 rewarming

Conditions noted during this 24 hrs

(tick all that applies)

- hypotension
(which needs treatment)
- respiratory support
(mech.vent.CPAP or O2 suppl.)
- sinusbradycardia other arrhythmia
(<80bpm)
- coagulopathy
(any disorder requiring tx in order to maintain or recover normal haemostasis)
- seizures
(clinical/subclinical on aEEG/EEG)
- aEEG EEG
- cUS MRI/MRS /
- lowest blood glucose _____ mmol/l
- highest blood glucose _____ mmol/l
- highest lactate _____ mmol/l

Hrs from start of cooling	Rectal temp °C	Hrs from start of cooling	Rectal temp °C
72		84	
73		85	
74		86	
75		87	
76		88	
77		89	
78		90	
79		91	
80		92	
81		93	
82		94	
83		95	

- Morphine Phenobarbitone
- Midazolam Phenytoin
- Fentanyl Chloralhydrate
- Lidocaine Levetiracetam

Sarnat	Stage 1	Stage 2	Stage 3
Level of consciousness	alert	Lethargic	stuporous
Neuromusc. Control			
Muscle tone	Normal	Mild hypotonia	Flaccid
Posture	Mild dist. flexion	Strong dist. flexion	Decerebr.
Stretch reflexes	↑ Present	↑ Present	↓, absent Absent
Segment. myoclonus	Present	Present	Absent
Complex Reflexes			
Suck	Weak	Weak or absent	Absent
Moro	Strong	Weak	Absent
Oculovestibular	Normal	Weak	Weak
Tonic neck	Slight	Strong	Absent
Autonomic function			
Pupils	Mydriasis	Miosis	Variable
Heart Rate	Tachycardia	Bradycardia	Variable
Salivary secretions	Sparse	Profuse	Variable
GI Motility	Normal or ↓	↑; diarrhoe	Variable
Seizures	None	Common	Uncommon

Encephalopathy Thompson Score				
Sign	0	1	2	3
Tone	Normal	Hyper	Hypo	Flaccid
LOC	Normal	Hyper-alert stare	Lethargic	Comatose
Fits	None	Infrequent <3/day	Frequent >2/day	
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Grasp	Normal	Poor	Absent	
Suck	Normal	Poor	Absent/bites	
Respiration	Normal	Hyper-ventilation	Brief apnoea	Apnoeic
Fontanelle	Normal	Full, not tense	Tense	

Sarnat Stage _____

age (in hrs) when Sarnat was done _____

Thompson Score _____

age (in hrs) when Thomson Score was done _____

temp. > 37.5°C during rewarming yes no

Cooling details

if you have cooled the infant, which cooling device did you use?

- passive cooling
 Blanketrol 2
 Tecotherm TS
 Tecotherm servo system 200 M
 Criticool system
 Olympic head cooling device
 Arctic Sun
 Ice packs

if cooling was stopped earlier than 72 hrs, please explain why:

Diagnosis during hospitalization

- major cerebral anomaly
 pulmonary airleak
 pneumonia
 mekonium aspiration syndrom
 pulmonary haemorrhage
 NEC
 pulmonary hypertension
 renal failure
 unknown
 none specify if other: _____

Sepsis no yes unknown if yes, please give date of onset _____

Subcutaneous fat necrosis

- Was subcutaneous fat necrosis diagnosed during hospitalization? no yes unknown
 Were there any unusual red skin nodules noticed during hospitalization? no yes unknown
 Were raised calcium levels noticed during hospitalization? no yes unknown

Comments to diagnosis during hospitalization _____

Neurological details at discharge

- neurological examination normal no yes unknown
 seizures no yes unknown

treatment for seizures at discharge: _____

when was full sucking achieved : _____
 (in days, o if never)

- EEG after cooling no yes unknown
 cUS after cooling no yes unknown
 MRI after cooling no yes unknown
 FU planned no yes unknown
 Physiotherapy FU planned no yes unknown

date of MRI: _____
 month after birth: _____

Outcome

- date of discharge/transfer: _____ discharge to: _____
 unknown other hospital specify which hospital _____
 home died date of death: _____
 autopsy done no yes unknown

weight at discharge in gram _____ HC in cm _____ IV Ziffer _____