

Therapeutic Hypothermia in Hypoxic Ischaemic Encephalopathy (HIE) Guideline

Guideline information

Guideline number: 1051

Classification:
Clinical

Supersedes: N/A

Local Safety Standard for Invasive Procedures (LOCSSIP) reference: N/A

National Safety Standards for Invasive Procedures (NatSSIPs) standards: N/A

Version number:
1.0

Date of Equality Impact Assessment:
03/10/2023

Approval information

Approved by: Women & Children's Documentation Group

Date of approval: 22/04/2022

Date made active: 05/10/2023

Review date: 22/04/2025

Extended until 31.7.2025 (C&YP Group meeting: 30.5.2025) Uploaded 3.6.2025

Extended until 31.1.2026 (C&YP Group meeting: 25.7.2025) uploaded 28.7.2025

Summary of document:

This pathway is to be used in managing infants with suspected hypoxic ischaemic encephalopathy who are $\geq 36/40$ and < 6 hours old. Therapeutic cooling is an effective treatment for moderate and severe hypoxic ischaemic encephalopathy.

Scope:

This pathway is to be used in managing infants with suspected hypoxic ischaemic encephalopathy who are $\geq 36/40$ and < 6 hours old.

Infants who qualify for the use of the integrated pathway will fall under 3 different criteria (A,B and C) depending on assessment. Cooling might also be considered in late preterm infants (34-35 weeks GA) with HIE, acute documented post-natal collapse with a neurological diagnosis consistent with acute encephalopathy and late cooling (6-12 postnatal hours). In these situations, please initiate early discussion with the local tertiary centre. There is no evidence to support cooling in these circumstances at present. This guideline must be followed by all clinical staff members within the scope of the individual's clinical competence who are involved assessment and care of a baby with hypoxic ischaemic encephalopathy who are $\geq 36/40$ and < 6 hours old.

Owning group:

Women and Childrens Clinical Documentation Group
22/04/2022

Executive Director job title:

Paula Evans and Dr Prem Pitchaikani

Reviews and updates:

1.0 – New Guideline

Keywords

HIE, Therapeutic Hypothermia, Cooling, Neonatal Hypoxia, SCBU, Neonates, Neonatal

Glossary of terms

GA – Gestational Age

HIE – Hypoxic Ischaemic Encephalopathy

TH – Therapeutic Hypothermia

Contents

Guideline information	1
Approval information	1
Scope.....	4
Aim.....	4
Objectives	4
Therapeutic Hypothermia in HIE	4
References.....	4

Scope

This pathway is to be used in managing infants with suspected hypoxic ischaemic encephalopathy who are $\geq 36/40$ and < 6 hours old.

Infants who qualify for the use of the integrated pathway will fall under 3 different criteria (A,B and C) depending on assessment. Cooling might also be considered in late preterm infants (34-35 weeks GA) with HIE, acute documented post-natal collapse with a neurological diagnosis consistent with acute encephalopathy and late cooling (6-12 postnatal hours). In these situations, please initiate early discussion with the local tertiary centre. There is no evidence to support cooling in these circumstances at present.

Aim

The aim of this document is to set criteria for the initiation of therapeutic hypothermia in neonates who are $\geq 36/40$ and < 6 hours old to reduce the effects of hypoxic ischaemic encephalopathy. This guideline must stay with the patient if transferred to a tertiary unit to ensure clinicians can clearly see when and why therapeutic hypothermia was commenced and what investigations have been completed.

Objectives

The aim of this document will be achieved by the following objectives:

- Identify the reason for this guideline
- Cautions
- Patient Information
- Assessment regarding need for Therapeutic Hypothermia
- Identify criteria A, B and C
- Shift prompts and checklist
- Care required during rewarming

Therapeutic Hypothermia in HIE

[Women & Child Health - HIE Pathway.pdf - All Documents \(sharepoint.com\)](#)

References

Burke, K. and Frostick, P. (2020) *Therapeutic Hypothermia in HIE*. Available at: [HIE Pathway.pdf](#)
Accessed: 15.02.2022