**Record sheet of criteria used by clinicians to diagnose Birth Asphyxia**

|  |  |  |
| --- | --- | --- |
|  | **Unit code** | **Patient ID** |
| Infant ID: | **XXX** | **X** | **X** | **X** | **X** |
|  |
|  |  | Infant’s DOB: | **D** | **D** | **/** | **M** | **M** | **/** | **Y** | **Y** |
|  |
| Date of onset of symptoms: | **D** | **D** | **/** | **M** | **M** | **/** | **Y** | **Y** |

|  |
| --- |
| To record the criteria used to make the diagnosis, **please complete** **all boxes** below: enter **Y** (present), **N** (absent) or **ND** (not done/not known)**:** |
|  |  |
|  |  |
|  | Severe metabolic acidosis in cord blood or early blood sample: pH <7.0 / base deficit >10-12 mmol/L |
|  |  |
|  |
|  | Evidence of encephalopathy using the Thompson score (score ≥1) |
|  |  |
|  | Evidence of multi-organ dysfunction within 72 hours of life: acute kidney injury, respiratory distress, circulatory collapse, DIC |
|  |  |
|  | Cranial ultrasound consistent with asphyxia in the absence of CNS malformation |
|  |  |
|  | Cerebral palsy of spastic quadriplegia, dyskinetic or mixed type  |
|  |  |
|  | Exclusion of other etiologies (e.g. hypoglycaemia, meningitis, electrolyte abnormalities) |

|  |
| --- |
| Please add any further information relevant to this event |
|  |  |
| Initials of health professional completing form: |  |

If neurological deficit – grade at admission using the Thompson score(tick one box for each parameter):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Parameter** | **0** | **1** | **2** | **3** |
| **Tone** | Normal | Hyper | Hypo | Flaccid |
| **Conscious level** | Normal | Hyperalert, stare | Lethargic | Comatose |
| **Seizures**  | None | < 3/day | >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 | Hyperventilation | Brief apnea | IPPV (apnea) |

**Grade of Encephalopathy** (tick one)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Mild 1- 10 |  | Moderate 11 – 14 |  | Severe ≥15 |  |

**Outcome**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Outcome date: | **D** | **D** | **/** | **M** | **M** | **/** | **Y** | **Y** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Resolved: |  |  Neurological deficit: |  |  Died: |  |  Not known: |  |

|  |
| --- |
| Please add any further information relevant to this event: |

|  |  |
| --- | --- |
| Initials of health professional completing form: |  |