

## Hypoxic ischaemic encephalopathy in newborns - recognition, monitoring and early management

**Summary** The publication of the Clinical Practice Guide 'Hypoxic ischaemic encephalopathy in newborns - recognition, monitoring and early management' provides guidance on the management of newborns with hypoxic ischaemic encephalopathy who may benefit from therapeutic hypothermia.

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**Applies to** Local Health Districts, Specialty Network Governed Statutory Health Corporations, Public Hospitals

**Distributed to** Ministry of Health, Public Health System, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

**Audience** Nursing and Midwifery; Neonatal; Critical Care; Medical paediatrics and obstetric professionals

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### **PURPOSE**

This Information Bulletin notifies the NSW Health system of the publication of the Clinical Practice Guide [\*Hypoxic ischaemic encephalopathy in newborns - recognition, monitoring and early management\*](#).

### **KEY INFORMATION**

The *Hypoxic ischaemic encephalopathy in newborns - recognition, monitoring and early management* provides guidance on the management of newborns with hypoxic ischaemic encephalopathy who may benefit from therapeutic hypothermia.

The Clinical Practice Guide is accompanied by a parent information sheet *Therapeutic hypothermia (cooling) to protect babies with hypoxic ischaemic encephalopathy (HIE)* and the evidence check document *Therapeutic hypothermia in neonatal hypoxic ischemic encephalopathy*.

The management of newborns with HIE includes:

- identification and management of newborns with encephalopathy through the use of the Newborn Encephalopathy Pathway
- assessment of the severity of encephalopathy in newborns using the Encephalopathy Severity Tool every hour in the first six hours of birth
- criteria for initiating therapeutic hypothermia for newborns and initial management in neonatal units.

### **General principles**

Resuscitation and stabilisation of the newborn should be prioritised before commencing therapeutic hypothermia.

Therapeutic hypothermia must not be commenced without discussion with the Newborn and Paediatric Emergency Transport Service (NETS) and a tertiary centre neonatologist.

All newborns for whom therapeutic hypothermia has been commenced should be transferred to a neonatal intensive care unit (NICU) for ongoing management.

### **Reporting**

Reporting processes via the incident management system (ims+) should be in place to monitor the incidence of newborns with moderate or severe encephalopathy. Serious incidents, including term newborns diagnosed with severe HIE or who receive therapeutic

hypothermia, should be notified to the NSW Ministry of Health via a Reportable Incident Brief in accordance with the NSW Health Policy Directive *Incident Management* ([PD2020\\_047](#)).

### REVISION HISTORY

Version	Approved By	Amendment Notes
IB2023_028 July-2023	Chief Executive, Agency for Clinical Innovation	The NSW Health Policy Directive <i>Whole Body Cooling - Neonates Suspected Moderate or Severe Hypoxic Ischaemic Encephalopathy (HIE)</i> (PD2010_006) is rescinded following the publication of the clinical practice guide <i>Hypoxic ischaemic encephalopathy in newborns - recognition, monitoring and early management</i> .
PD2010_006 January-2010	Deputy Director-General Strategic Development	Rescinds PD2009_049. Amended to remove the difference in target temperature ranges for rectal and axillary temperature measurement.
PD2009_049 July-2009	Deputy Director-General Strategic Development	New policy.