

*Florida Neonatal Neurologic Network:
Hypothermia Survey*



Michael D. Weiss, M.D.
Professor of Pediatrics
Division of Neonatology

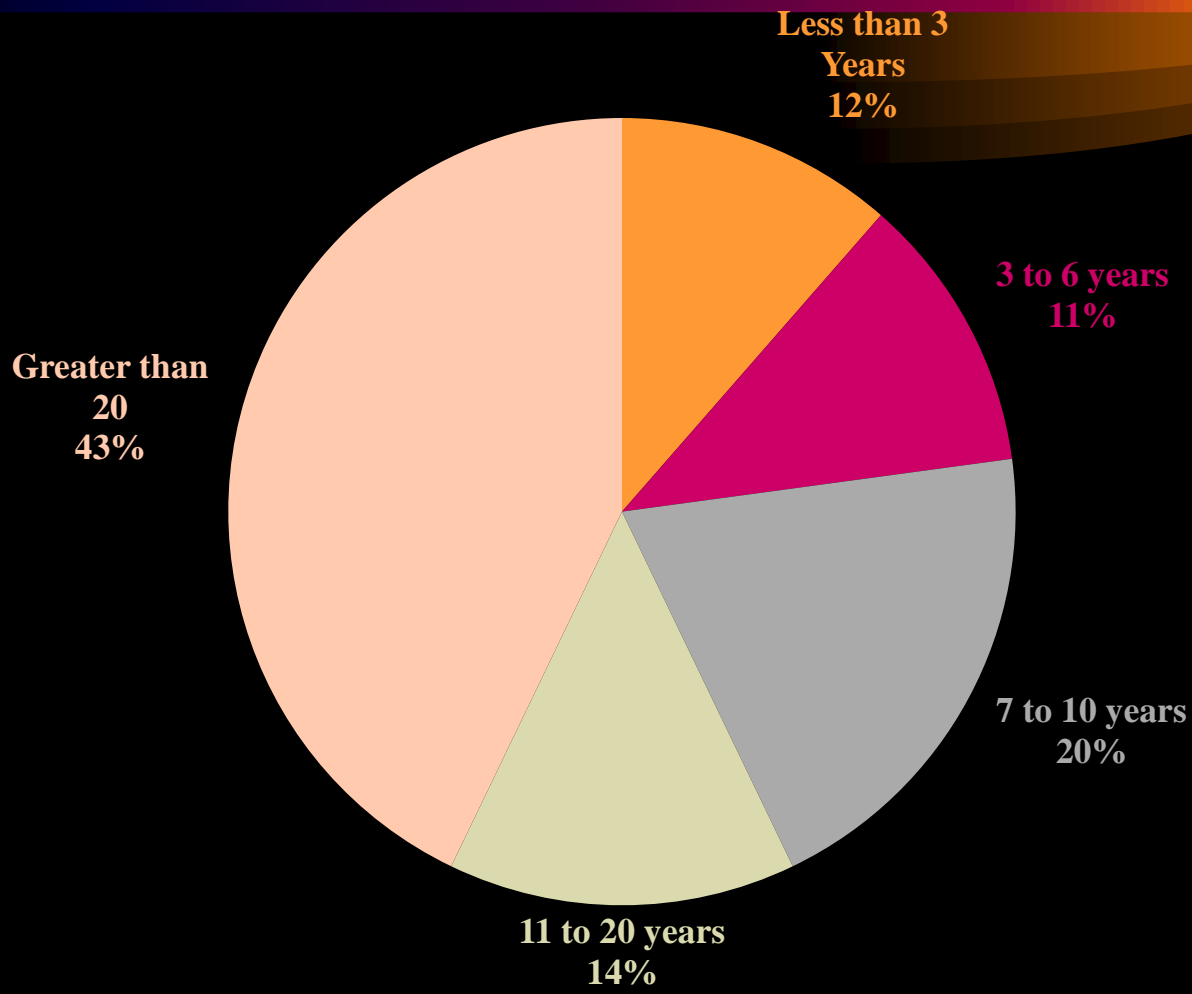
State of Florida Survey



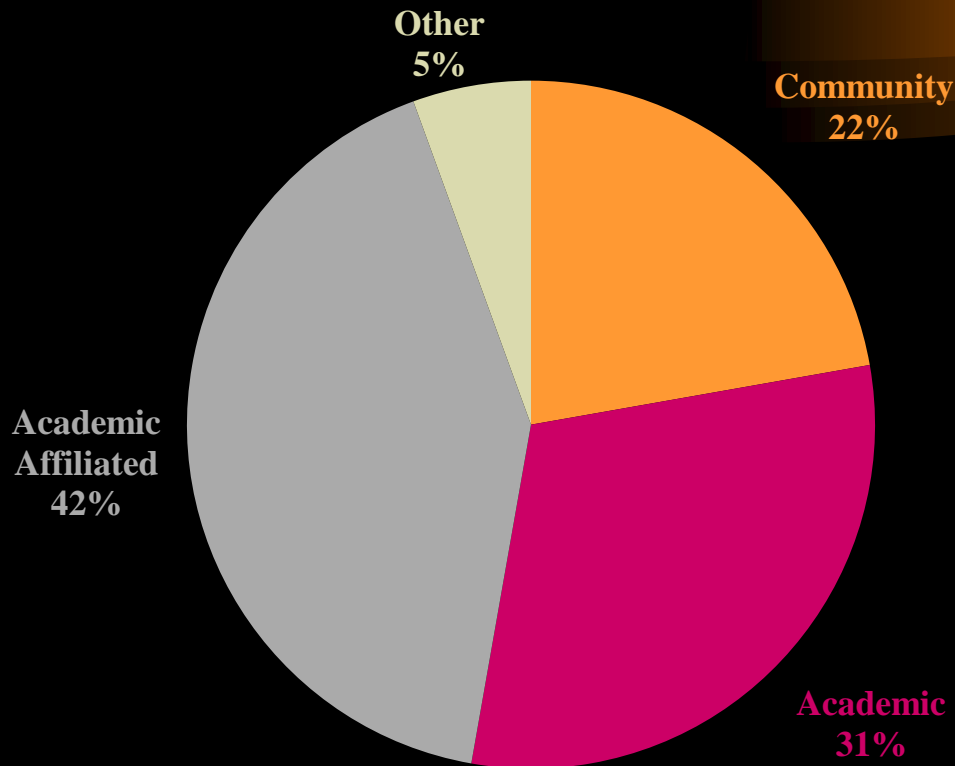
- 35 responders from around the State
 - 25
 - 8 Orlando
 - 6 Tampa
 - 5 Gainesville
 - 3 Miami
 - 1 Jacksonville
 - 1 North Carolina
 - 1 Alabama

Demographics

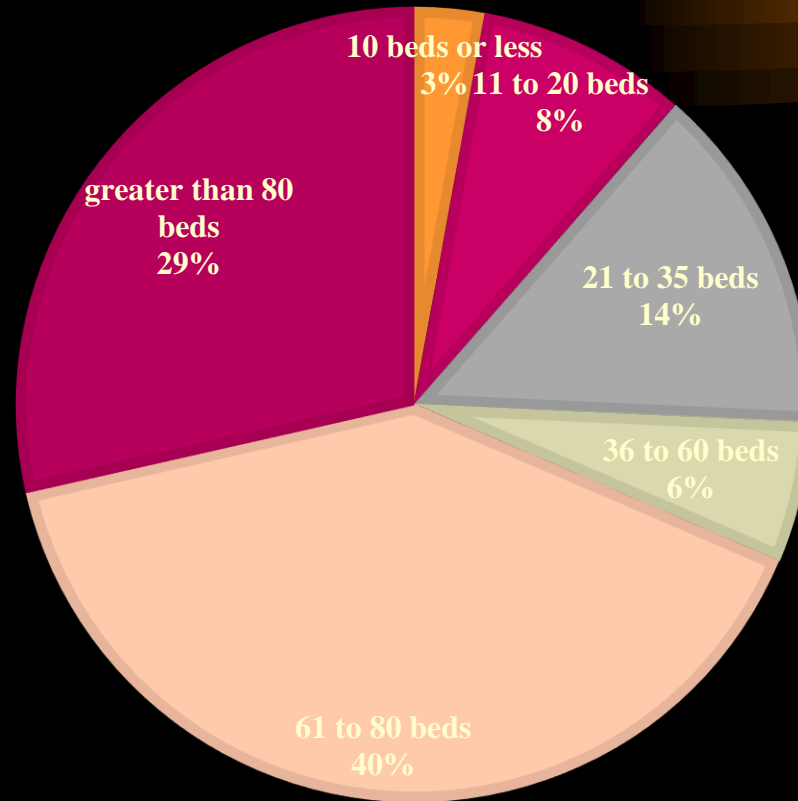
YEARS IN PRACTICE



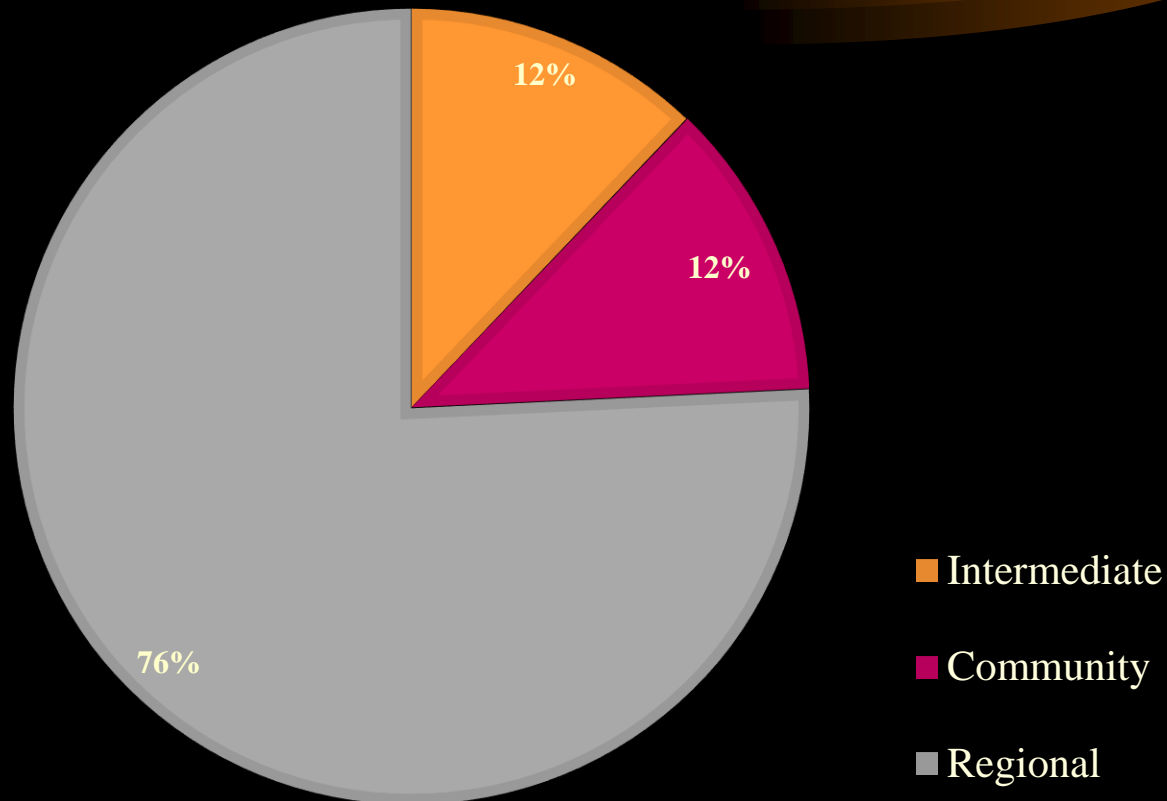
Clinical Practice



Size of the Primary Nursery



Level of Care of NICU (Certified)

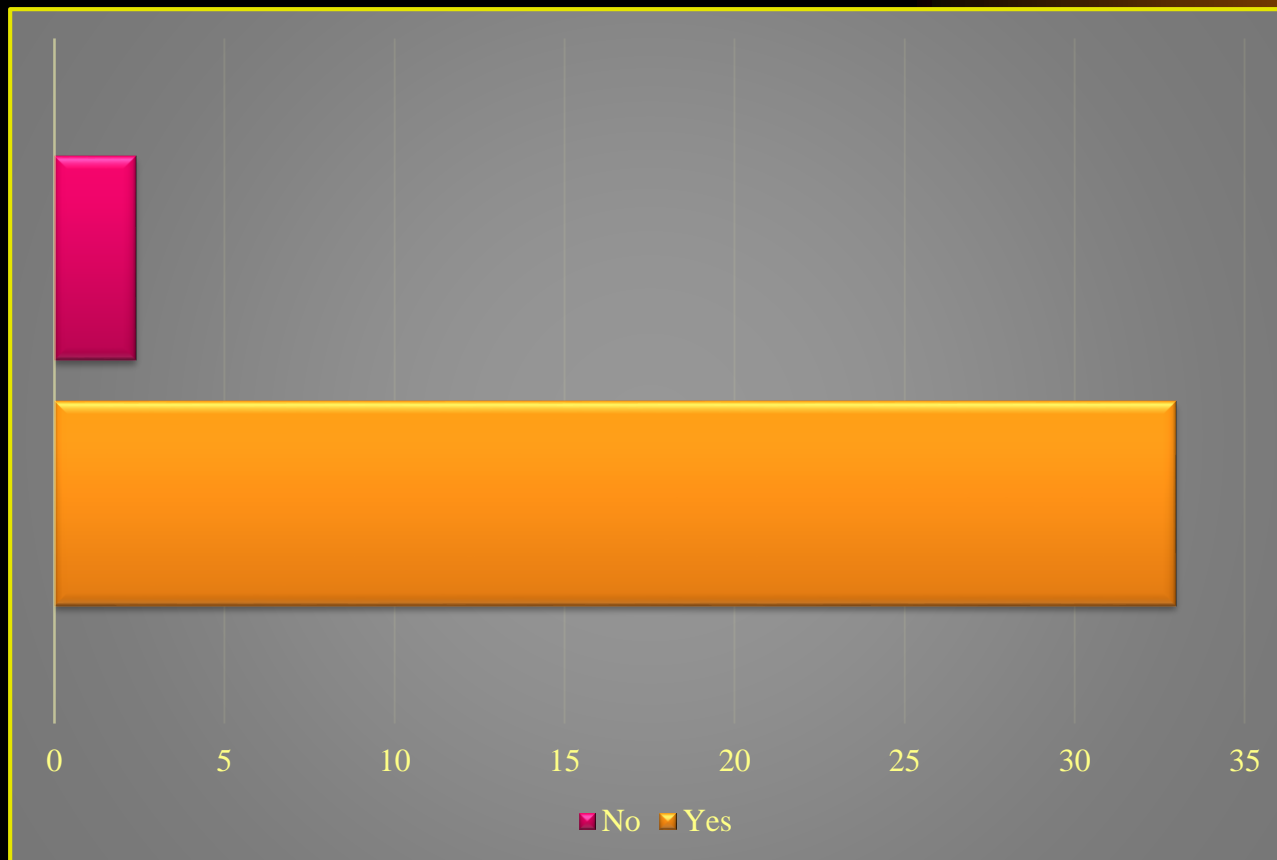


Survey

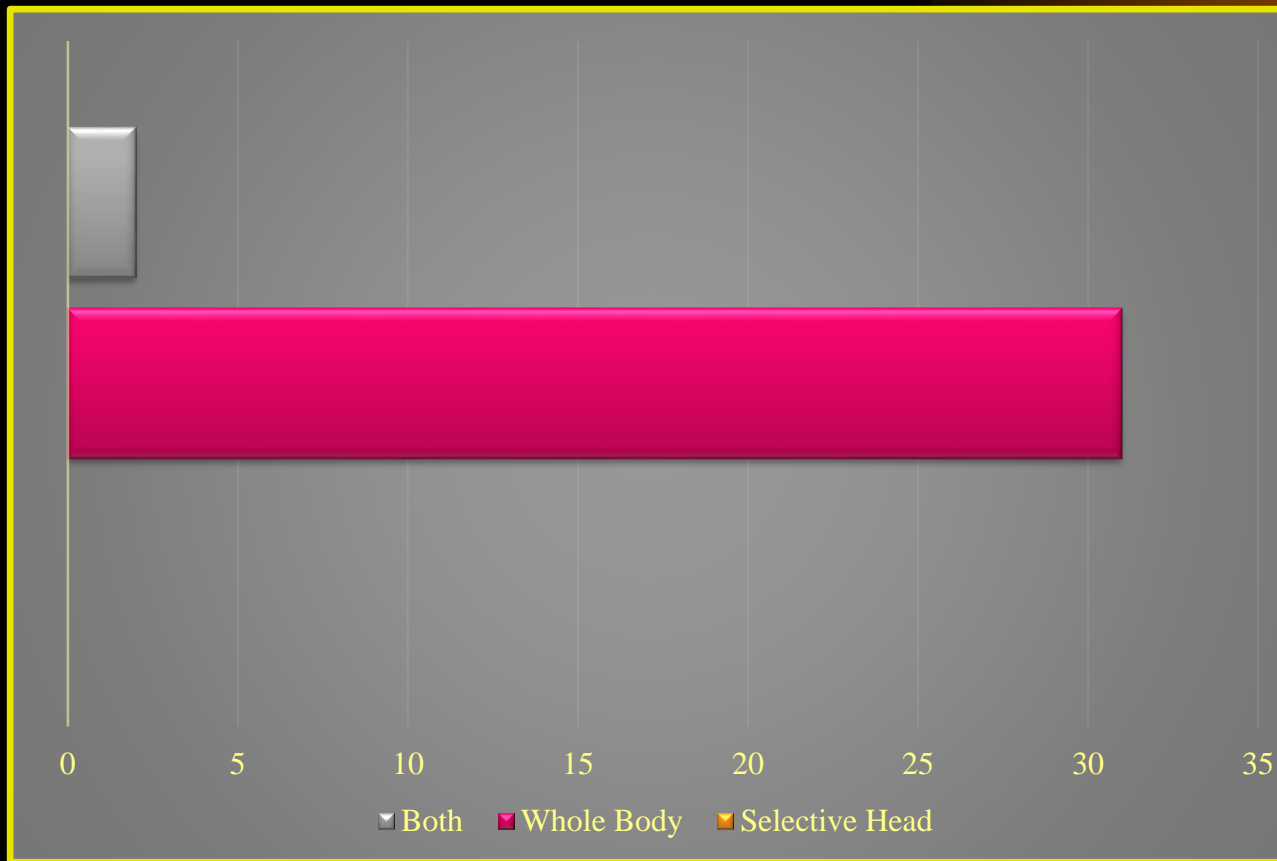


- Approximately how many babies with hypoxic-ischemic encephalopathy are cared for at your institution per year (by discharge diagnosis)?
 - 16.5 ± 13.8
- Approximately how many babies receive therapeutic hypothermia per year at your institution?
 - 12.4 ± 9.3

Does Your NICU currently offer hypothermia for HIE



What Type of Hypothermia is offered

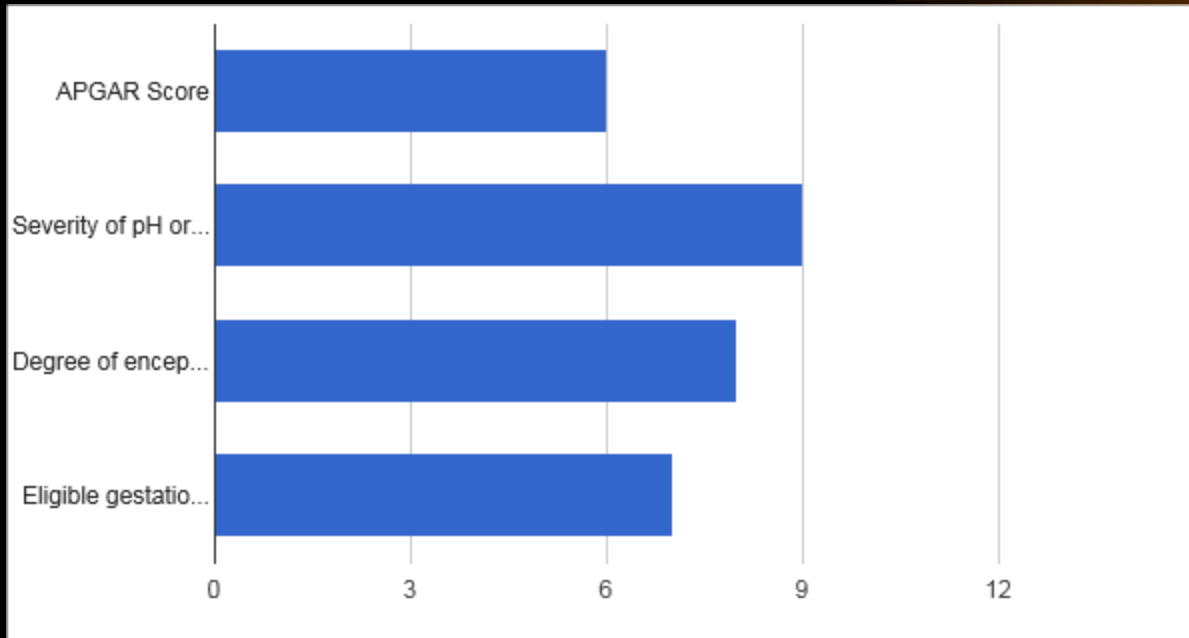


Protocols

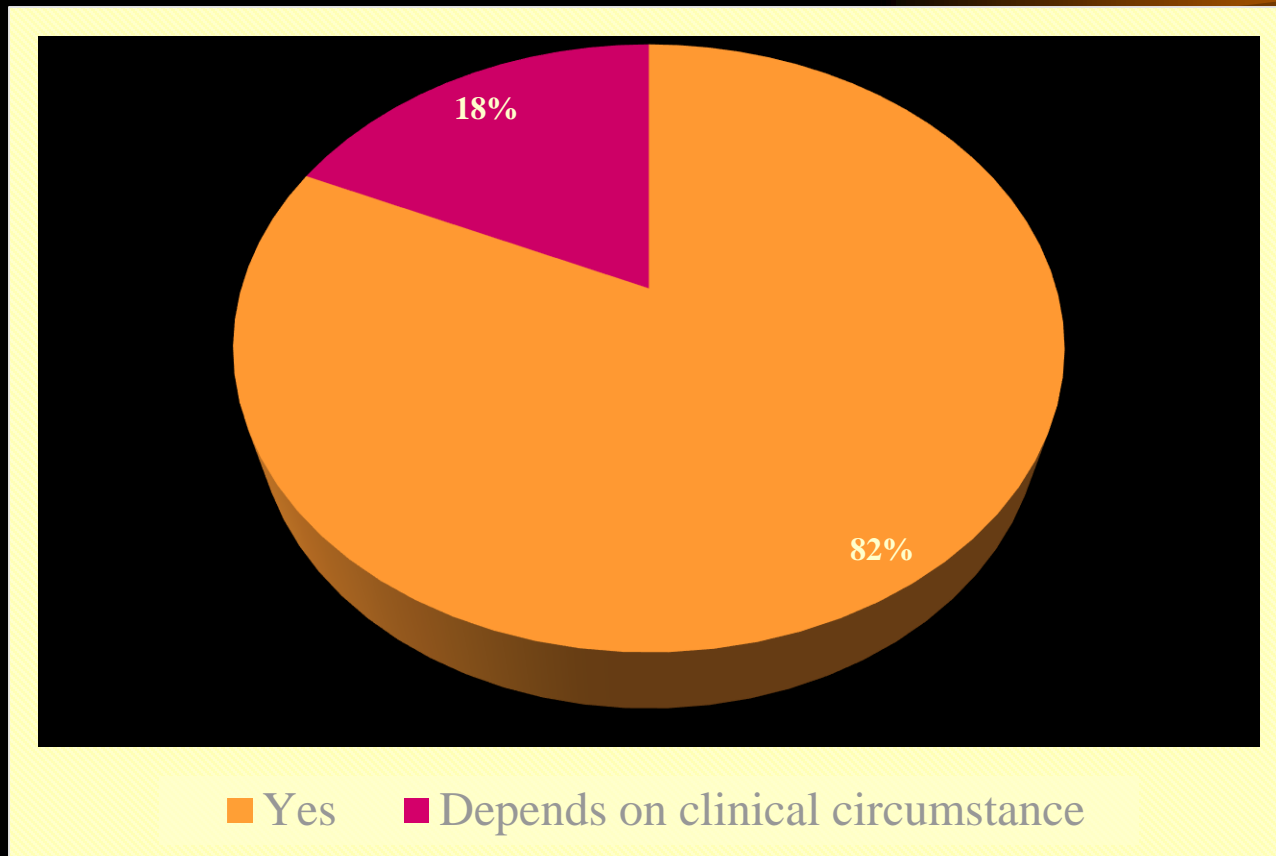


- Is a protocol used for Hypothermia selection?
 - 100% Yes
- Is Your protocol from a trial or FN3
 - 100% Yes

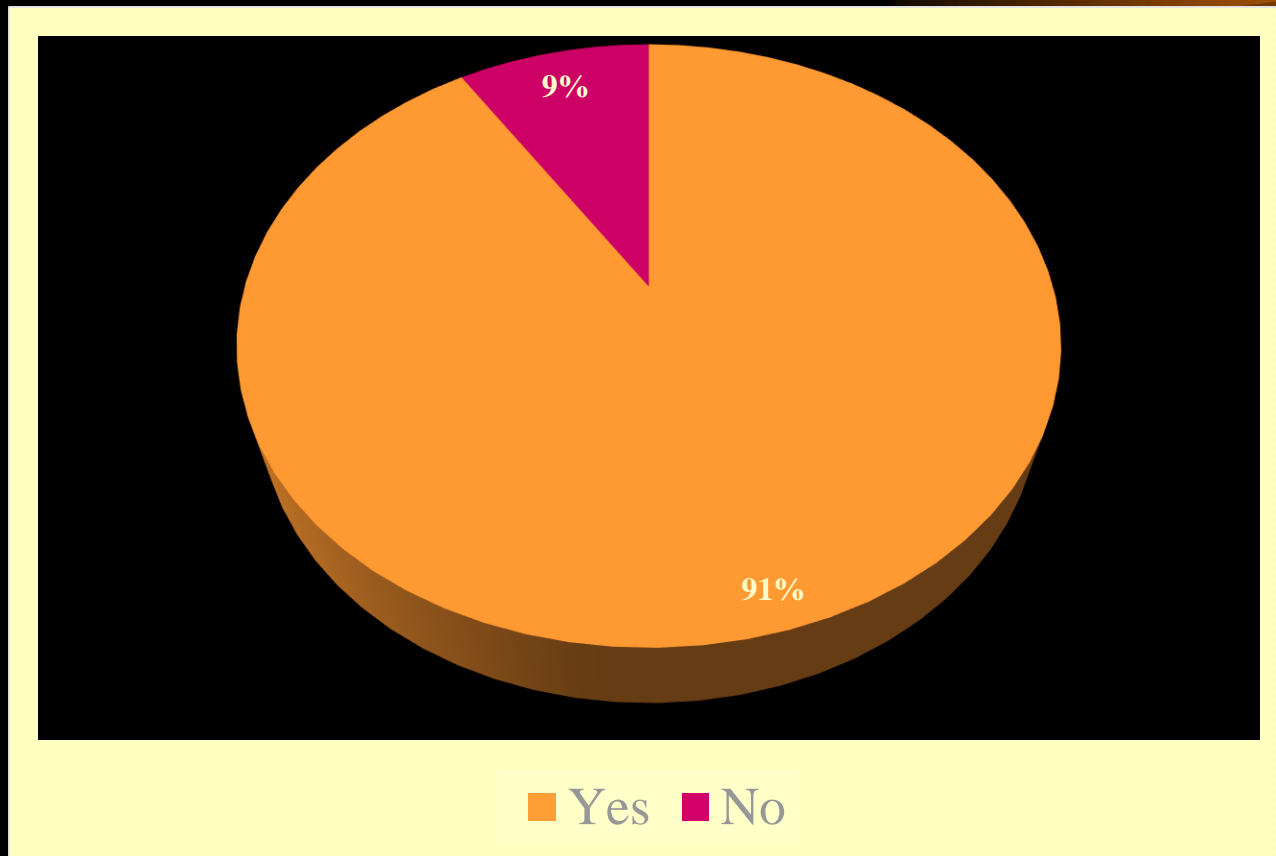
How Does your protocol for patient care differ



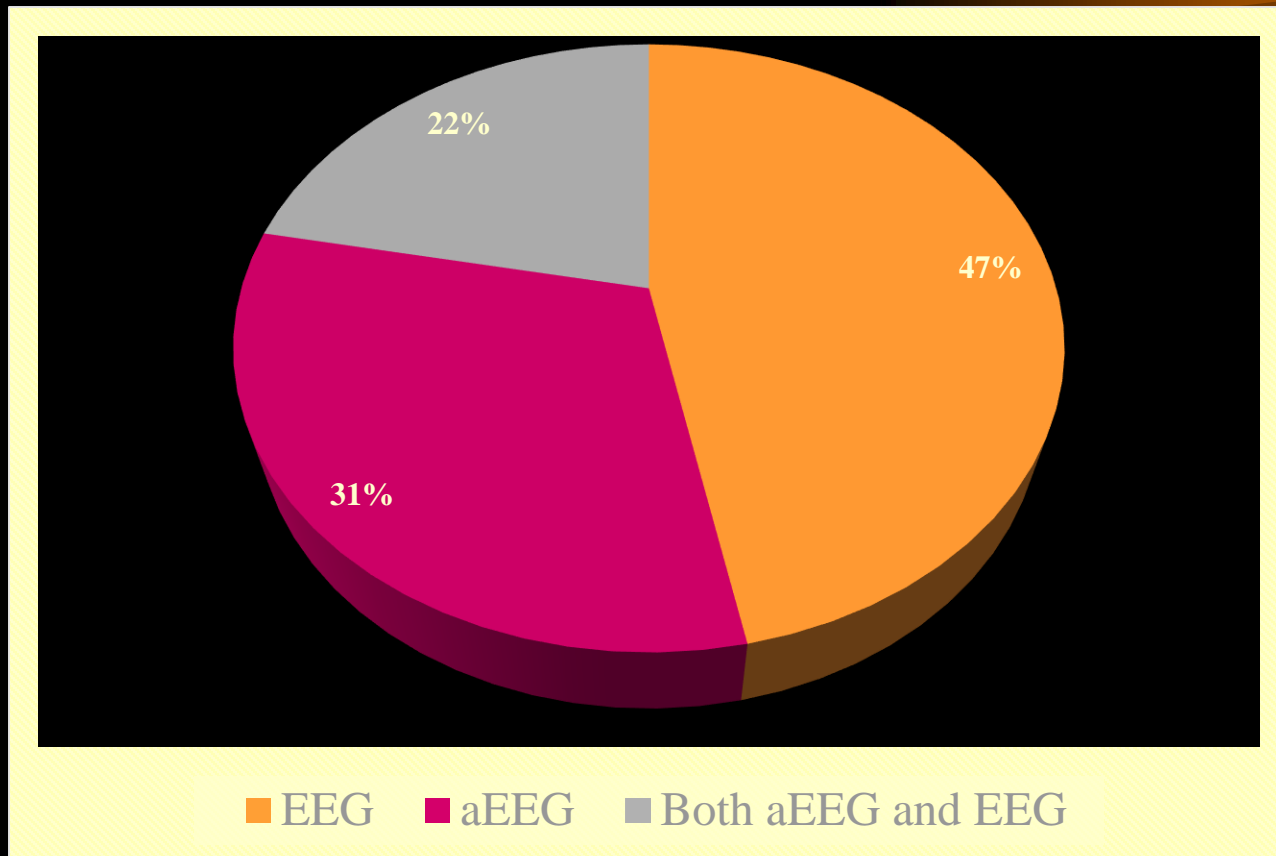
Is pediatric Neurology consulted for hypothermia?



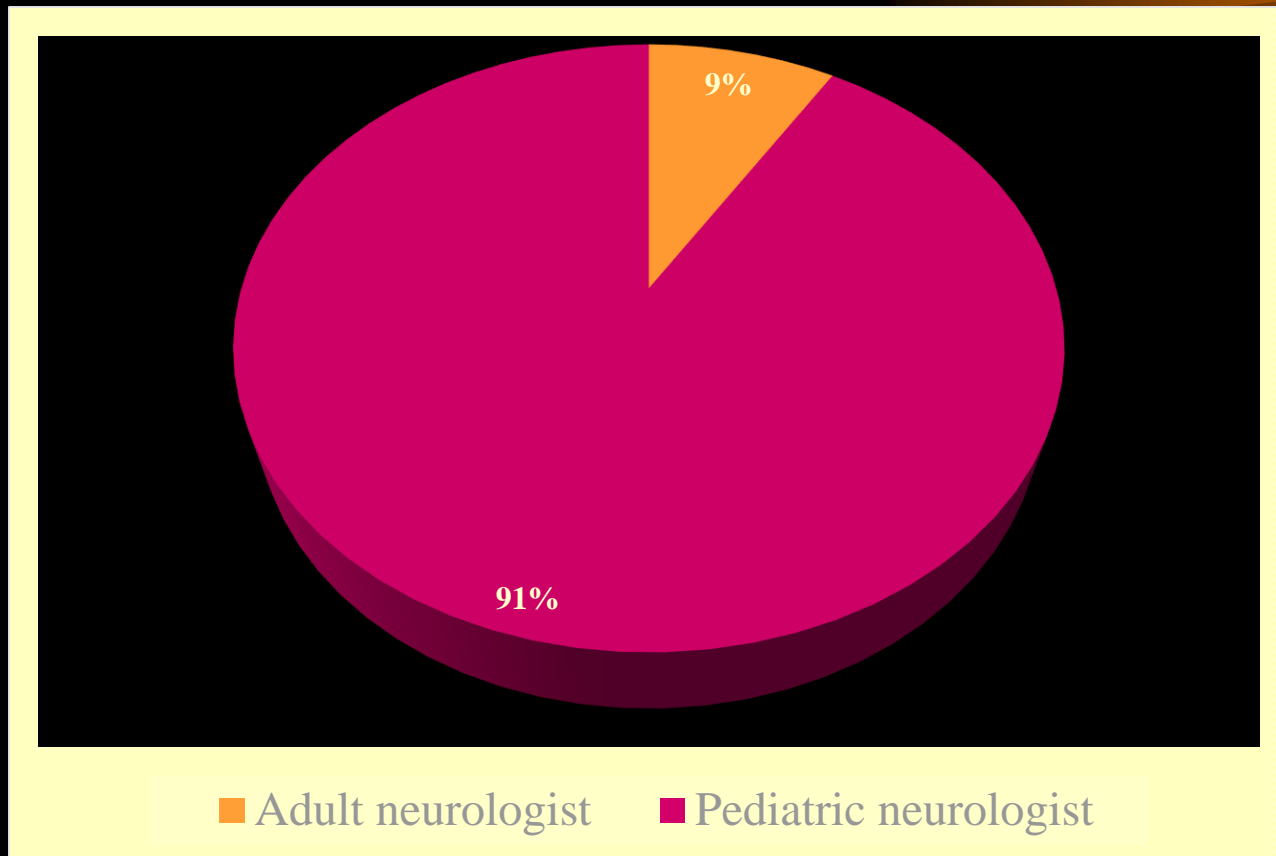
Is brain monitoring standard practice (aEEG or EEG)?



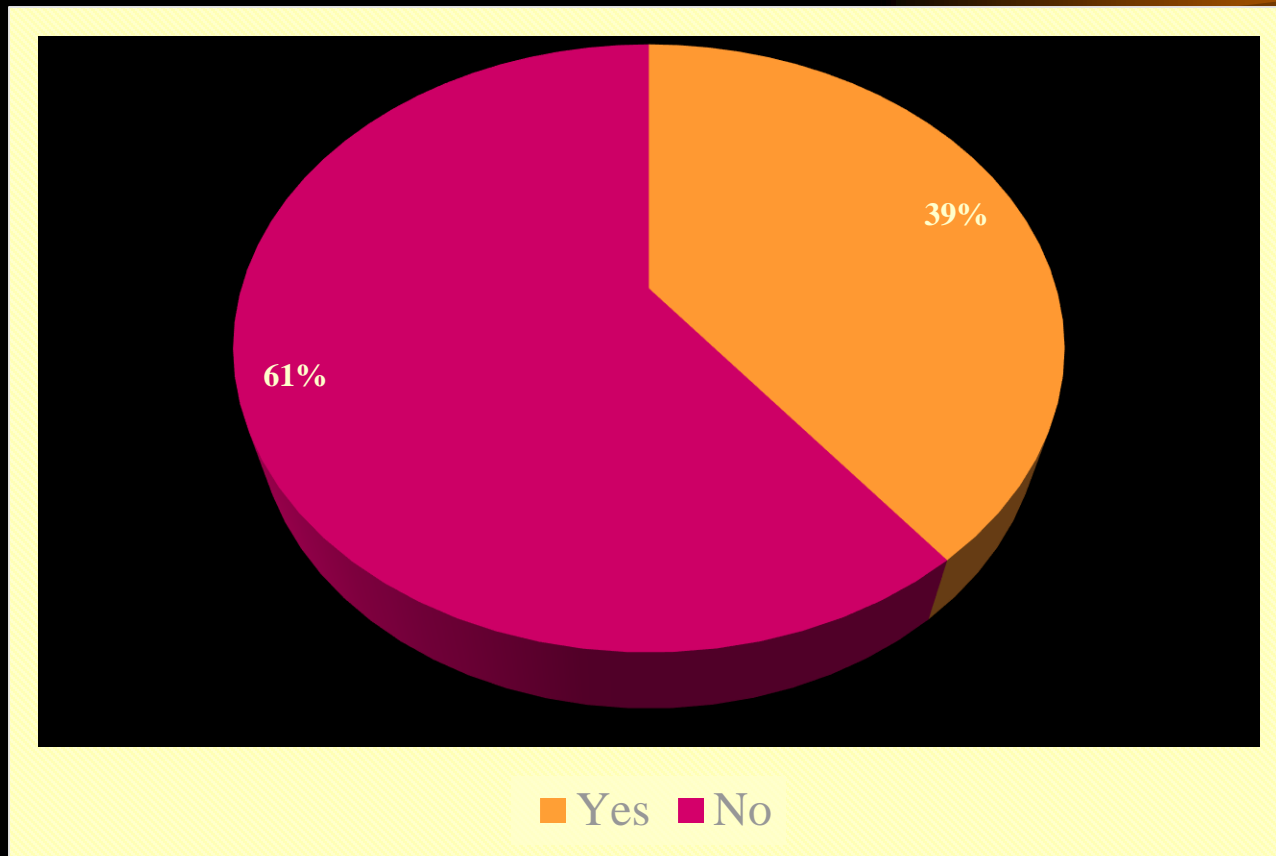
What type of monitoring is used?



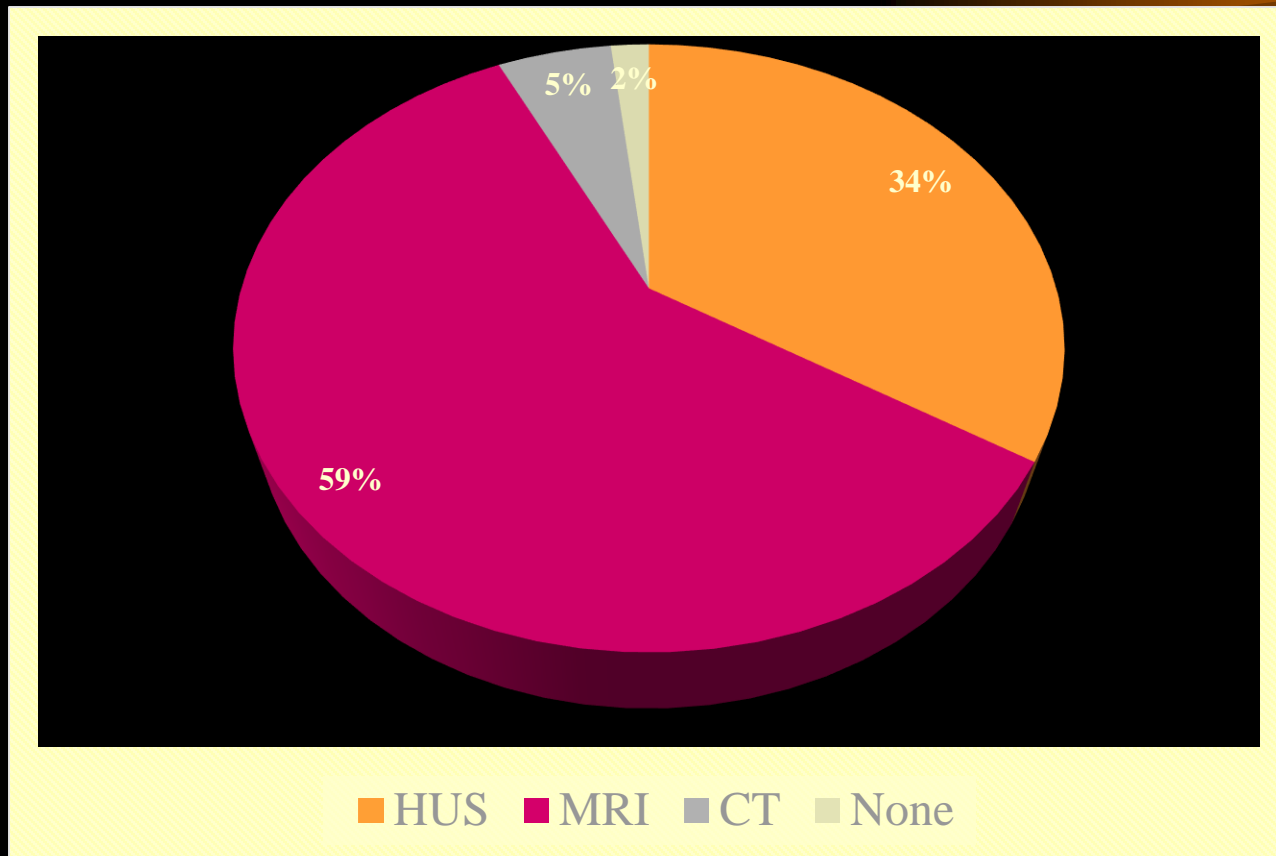
Who read the neonatal EEG?



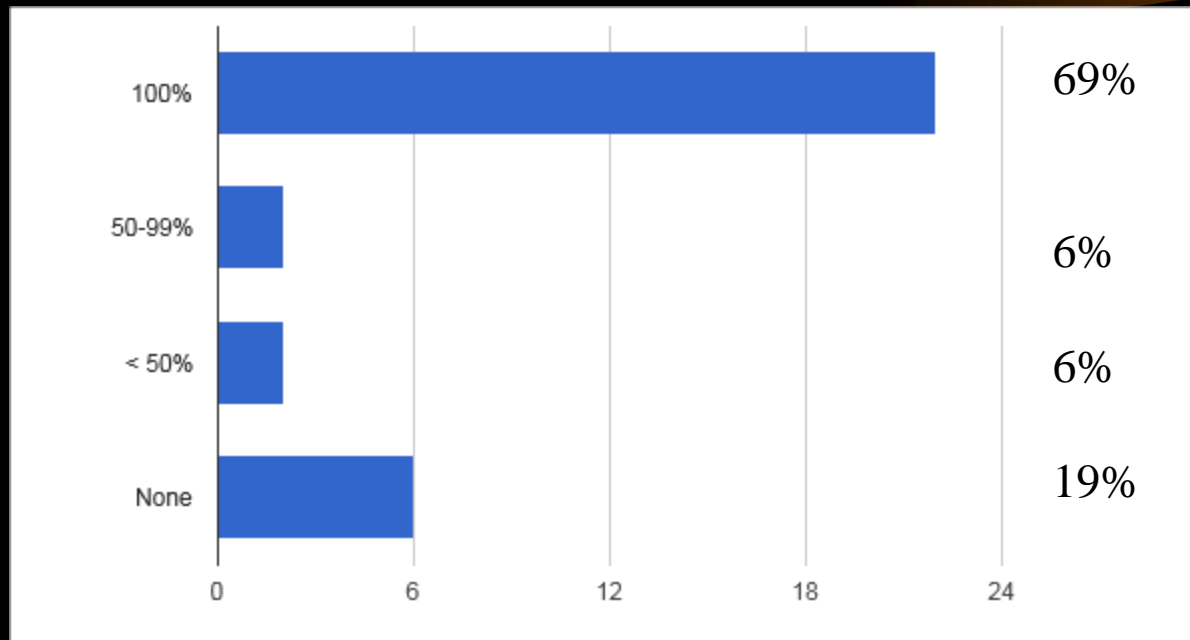
Is another form of neuromonitoring used (NIRS)?



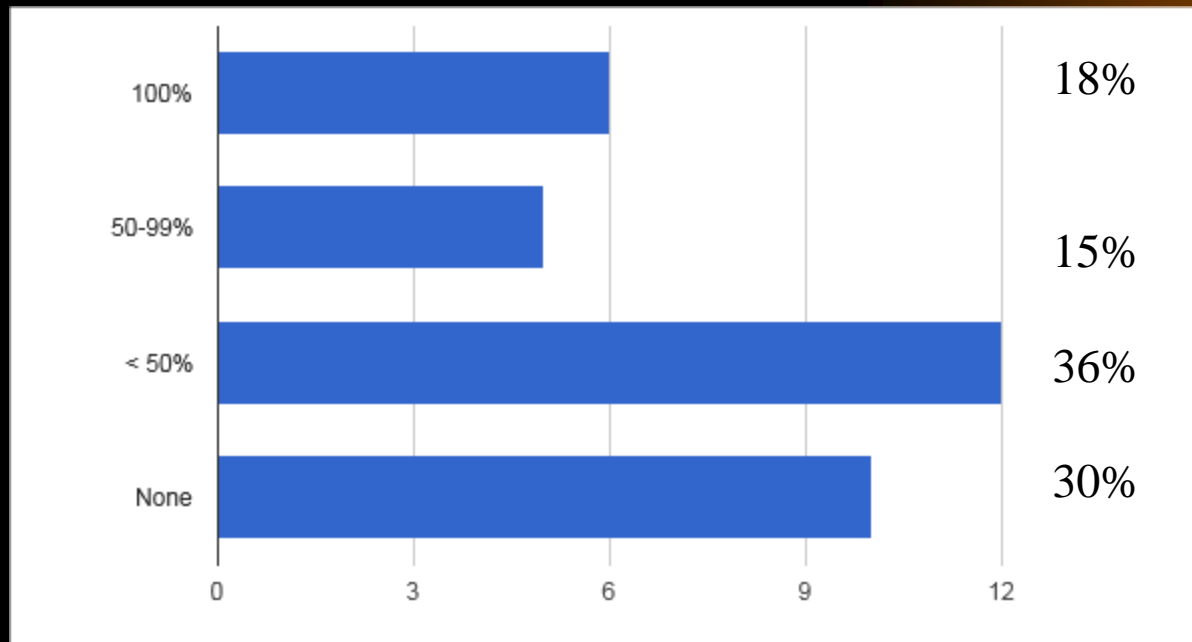
What type of neuroimaging is used to evaluate neonates who receive hypothermia



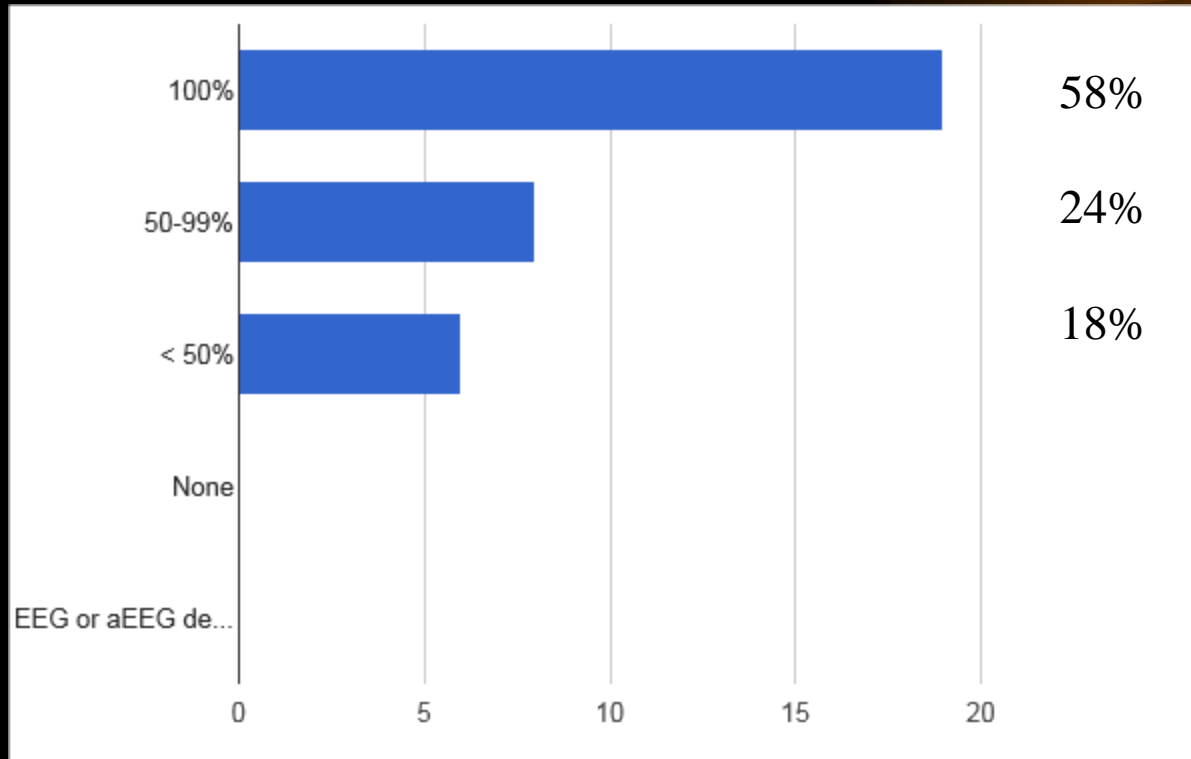
What percent of MRIs to evaluate neonates with HI are reviewed by a pediatric neuroradiologist



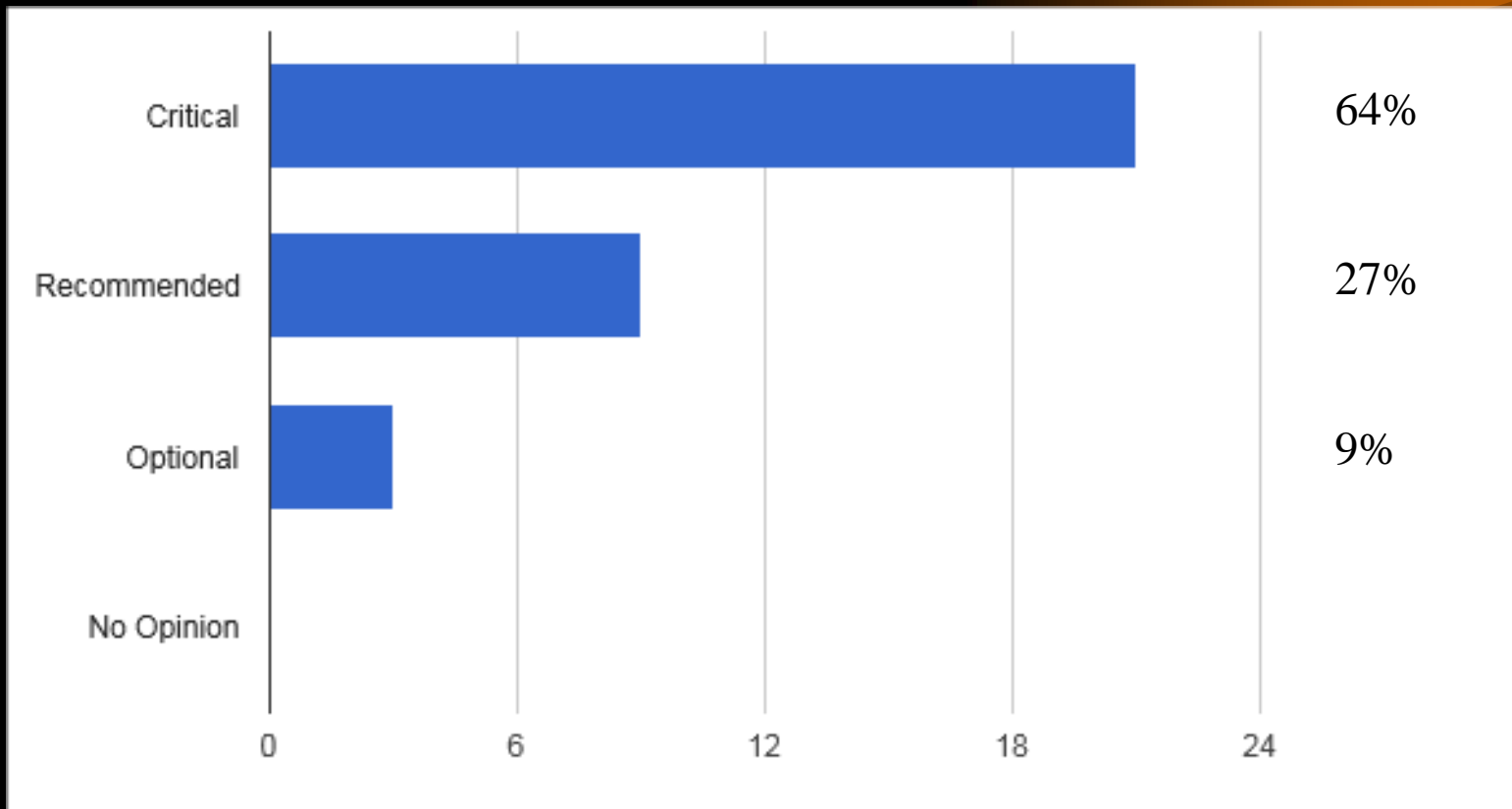
What percentage of cases do you treat clinical seizures without obtaining electrographic confirmation by aEEG or EEG



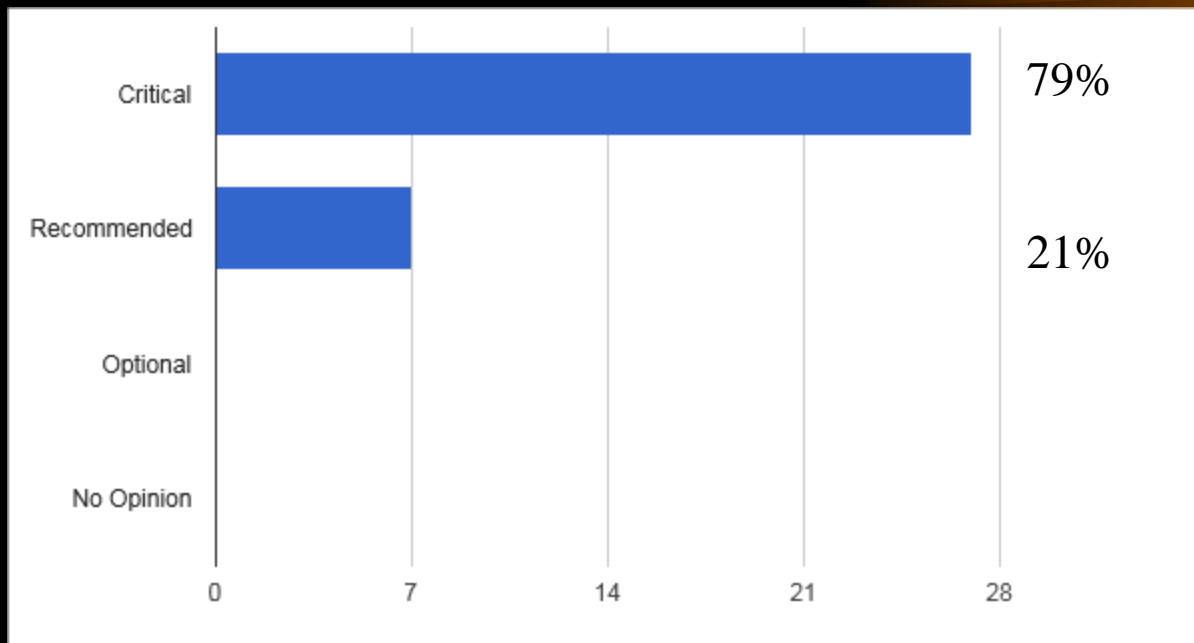
In what percentage of cases do you treat electrographic -only (subclinical) seizures with anticonvulsant medications?



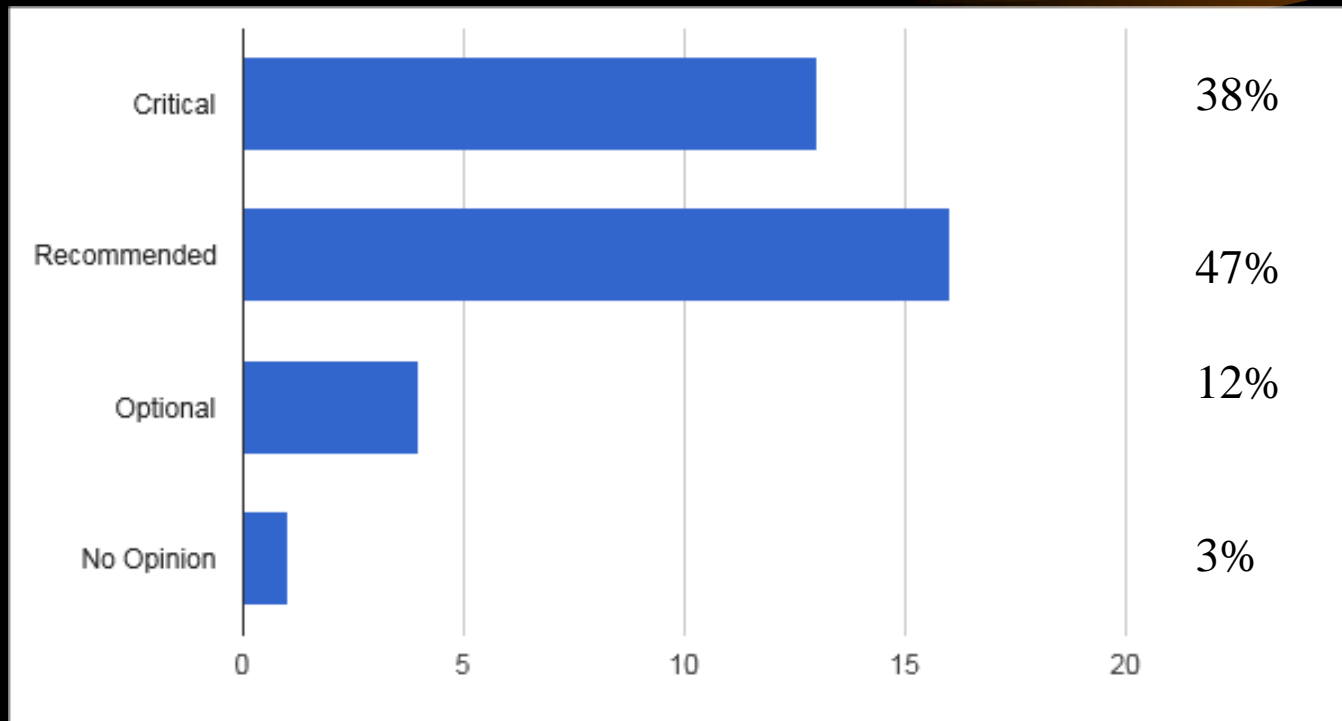
Pediatric Neurologist Available in-person consult



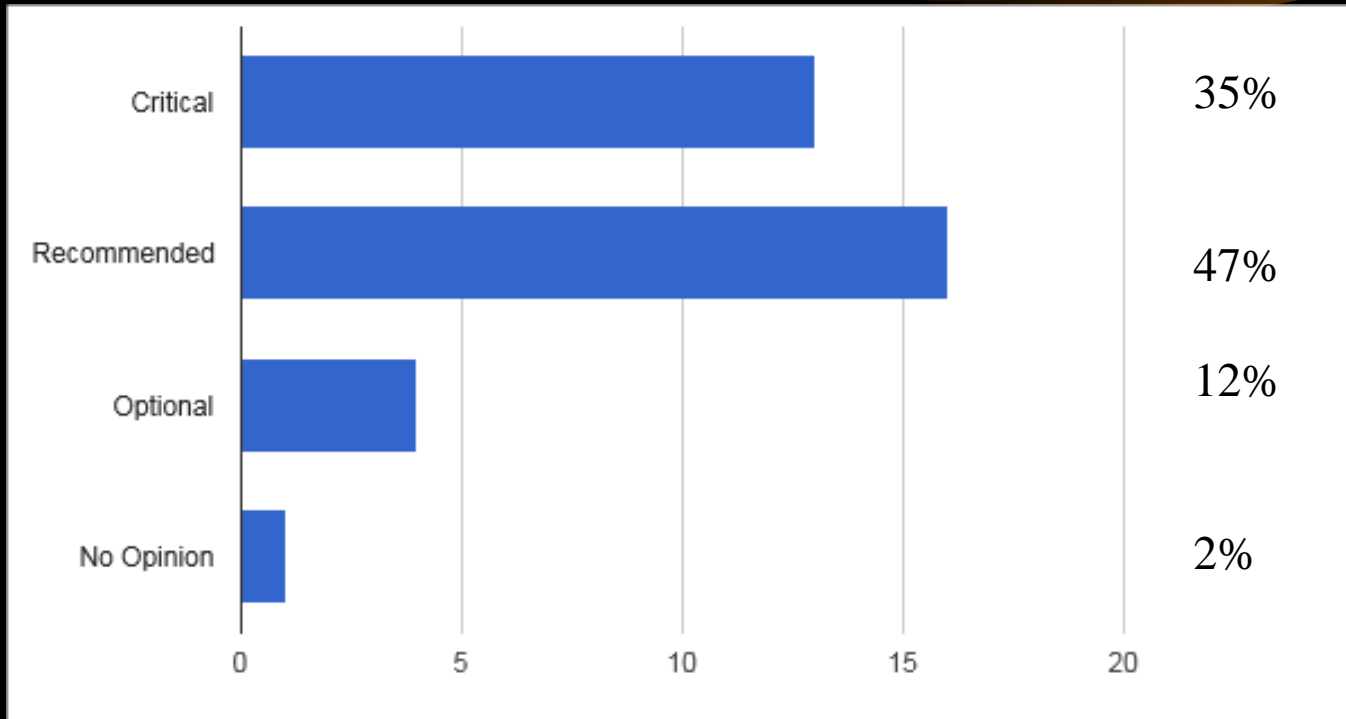
Nursing staff specially trained in providing hypothermia, and in seizure recognition



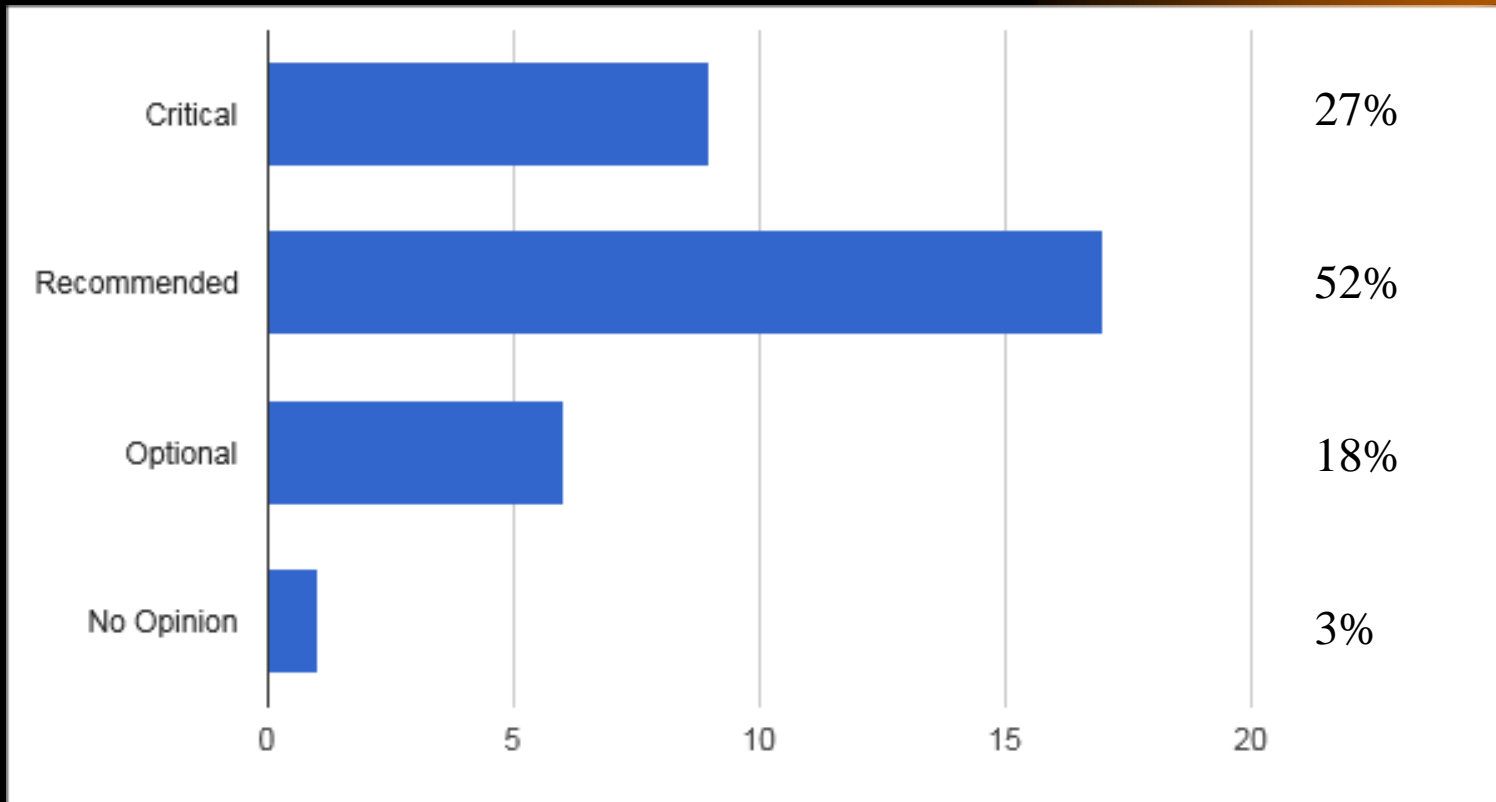
aEEG monitoring for seizures and evaluation of the background throughout hypothermia



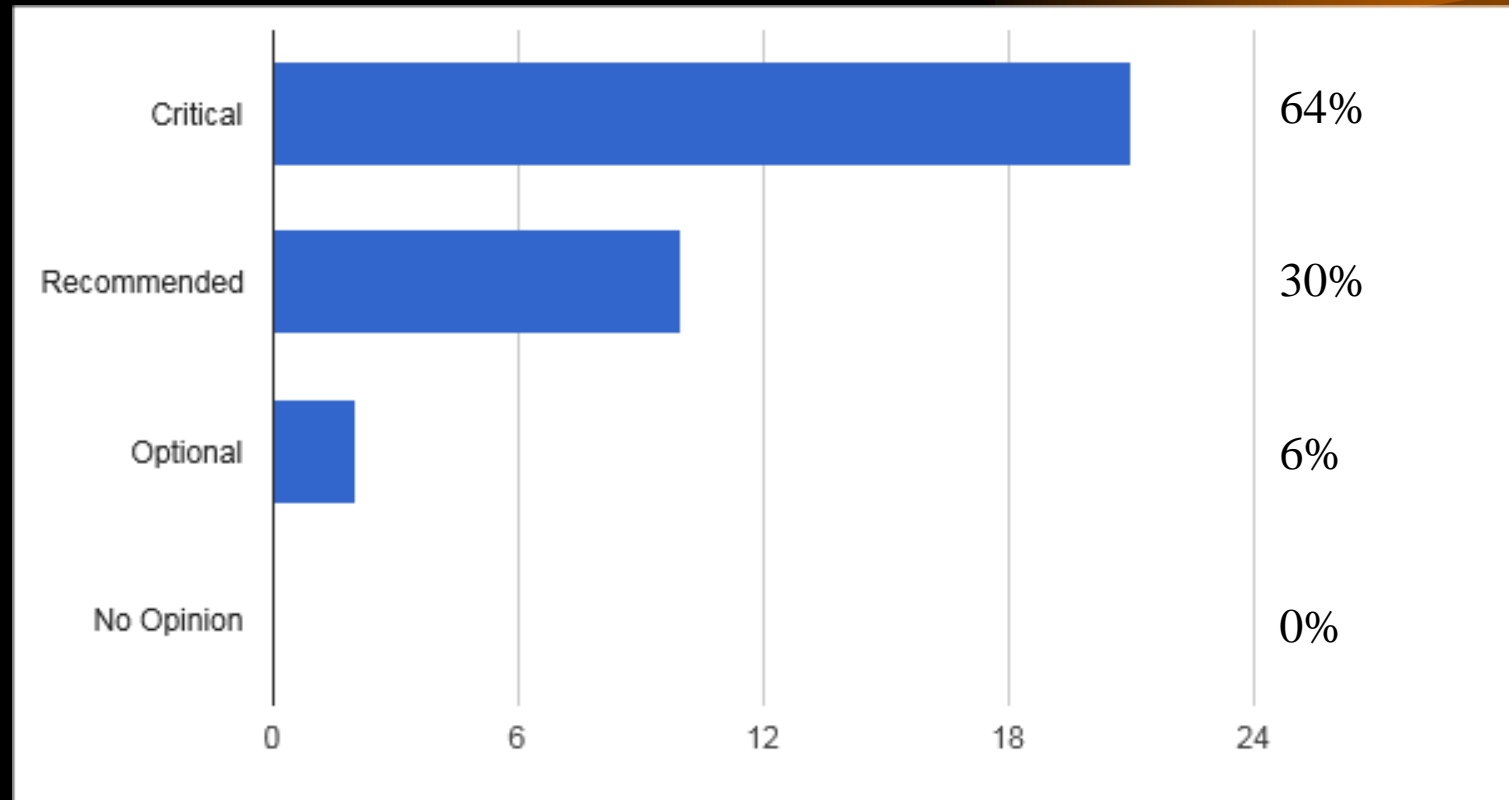
Continuous video EEG monitoring



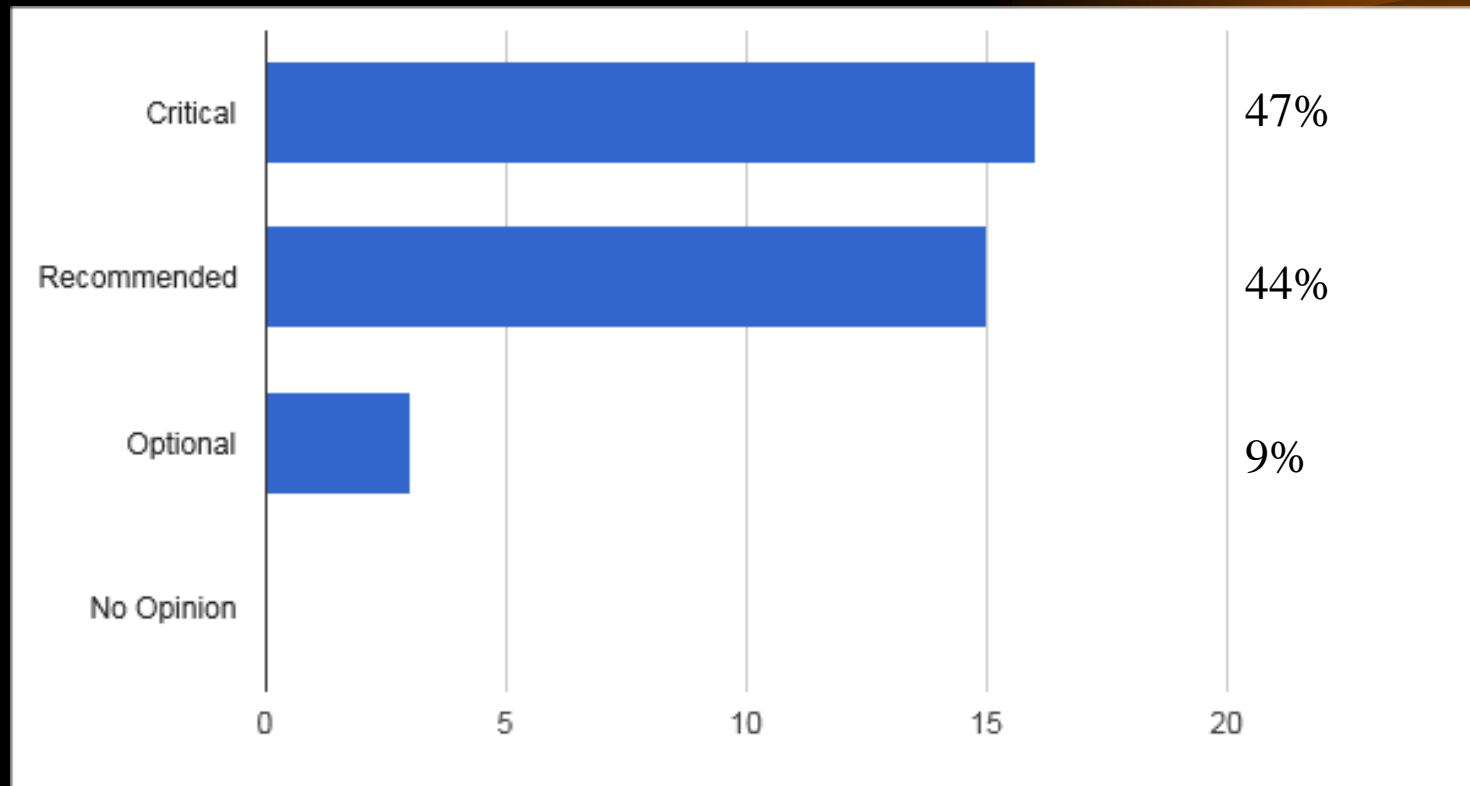
Continuous video EEG monitoring 24/7



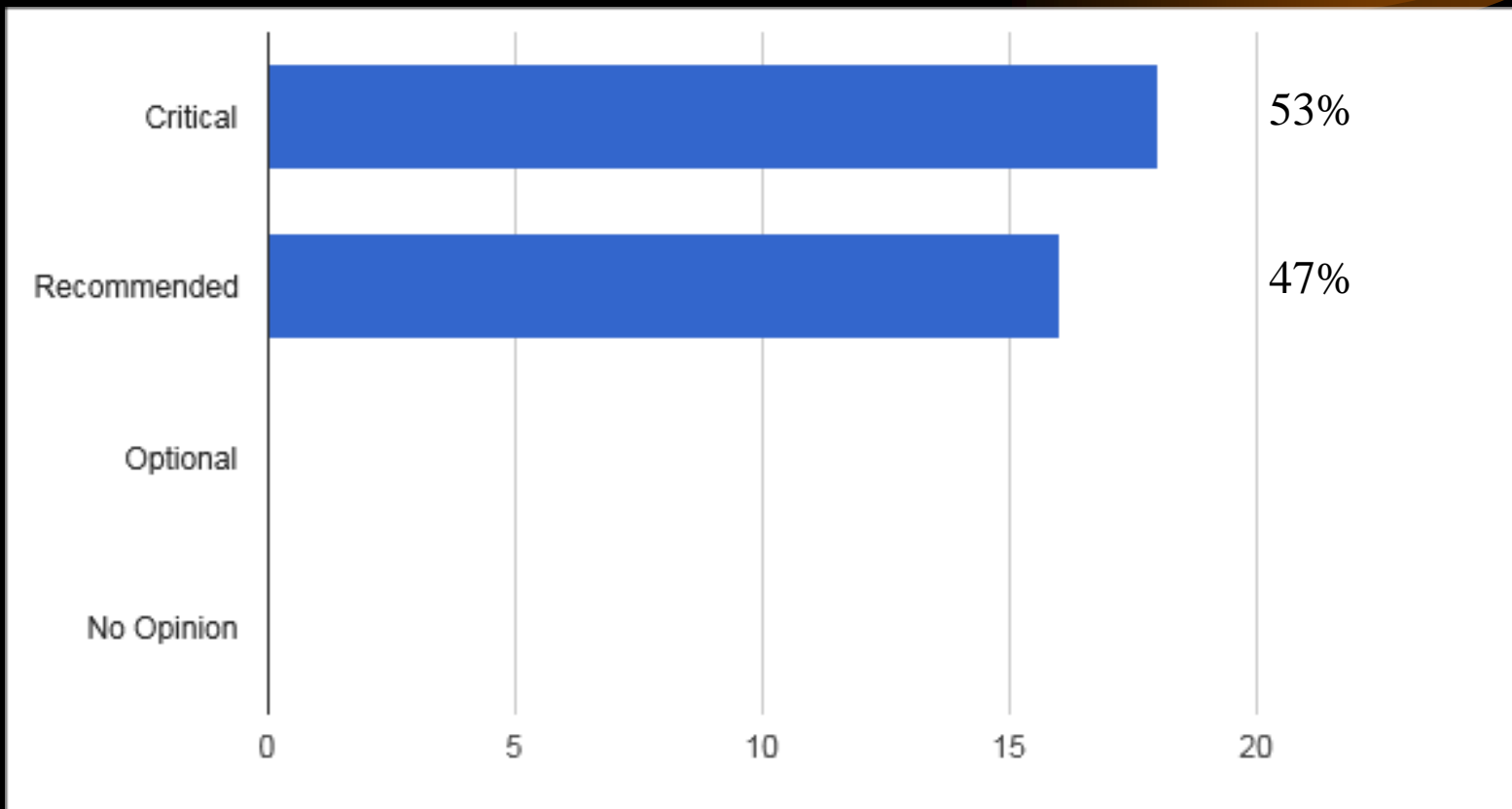
Inpatient MRI Scanner



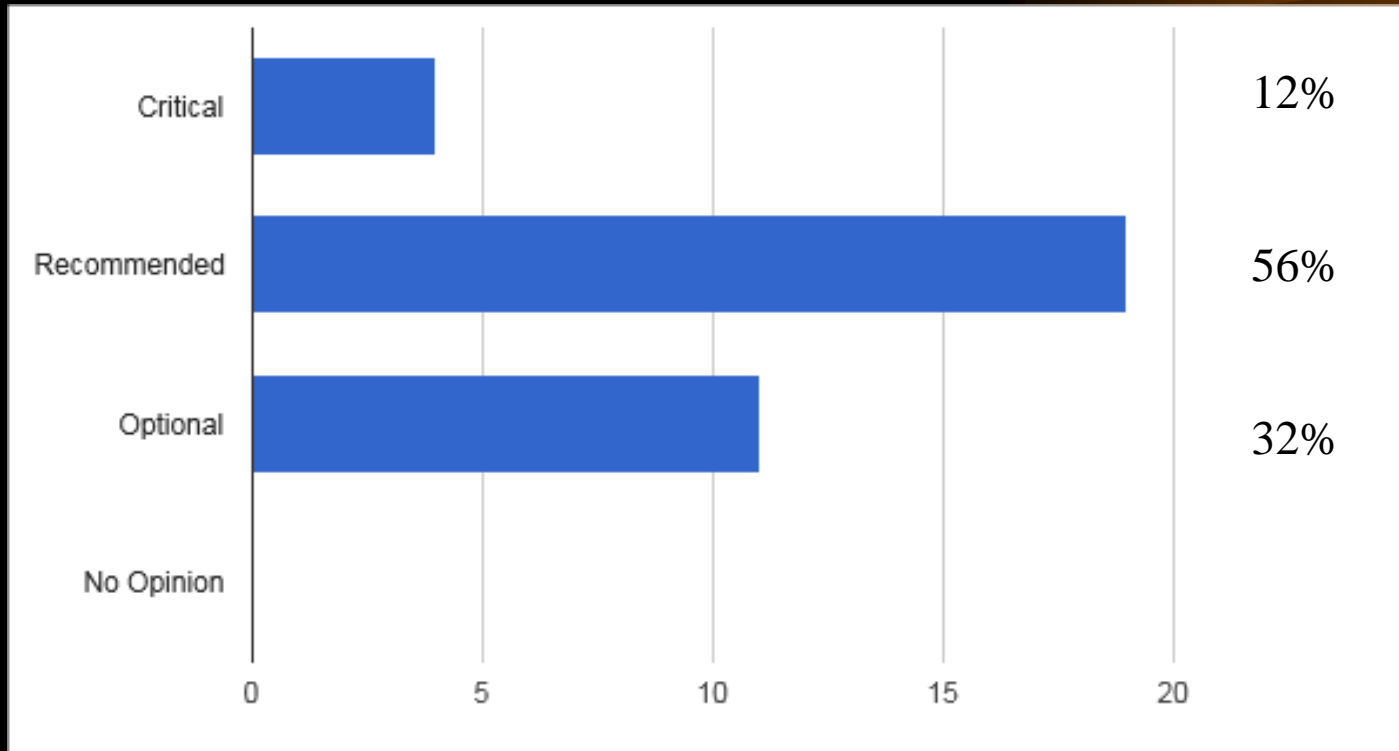
Pediatric Neurologist Review of MRI



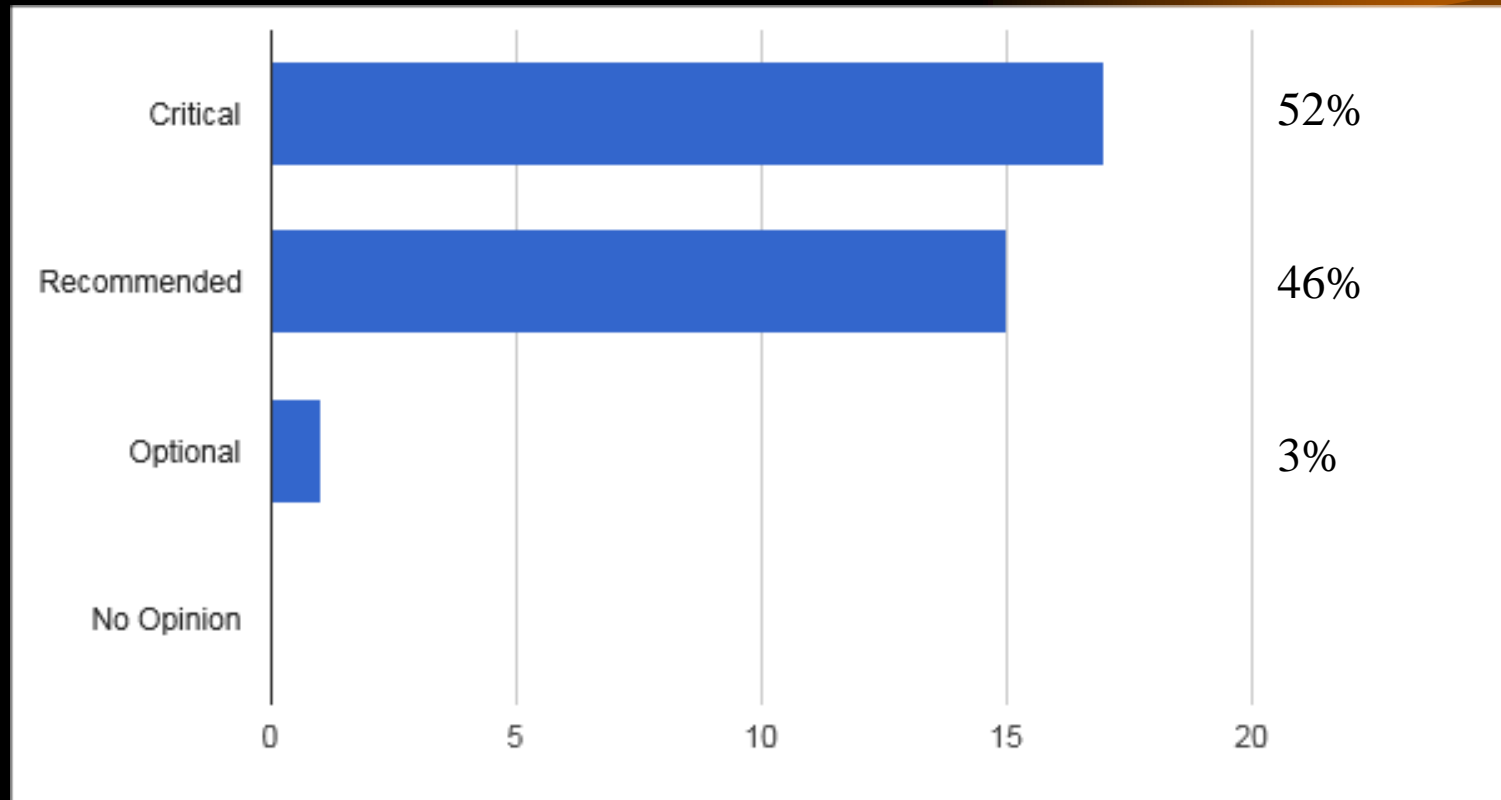
Access and referral to a Developmental Follow-up Program



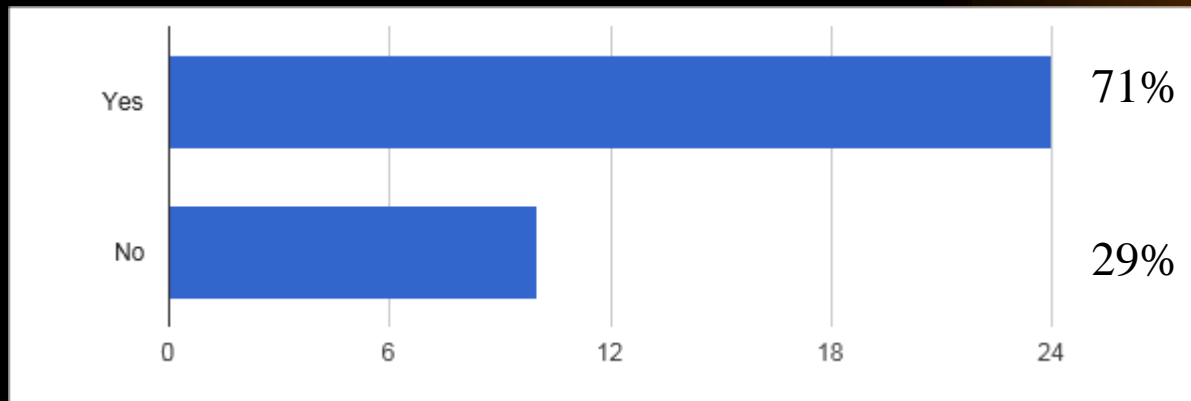
Palliative Care Team



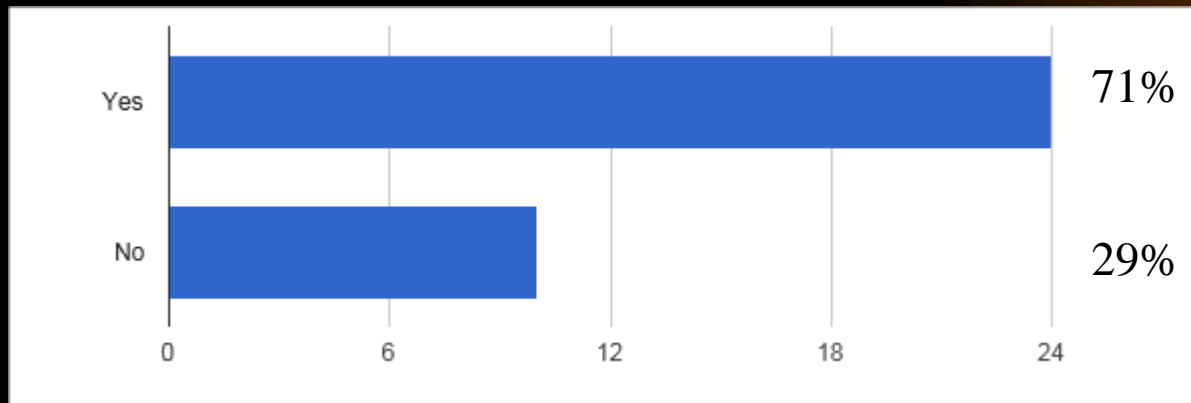
Occupational and/or PT available to consult on neonatal patient



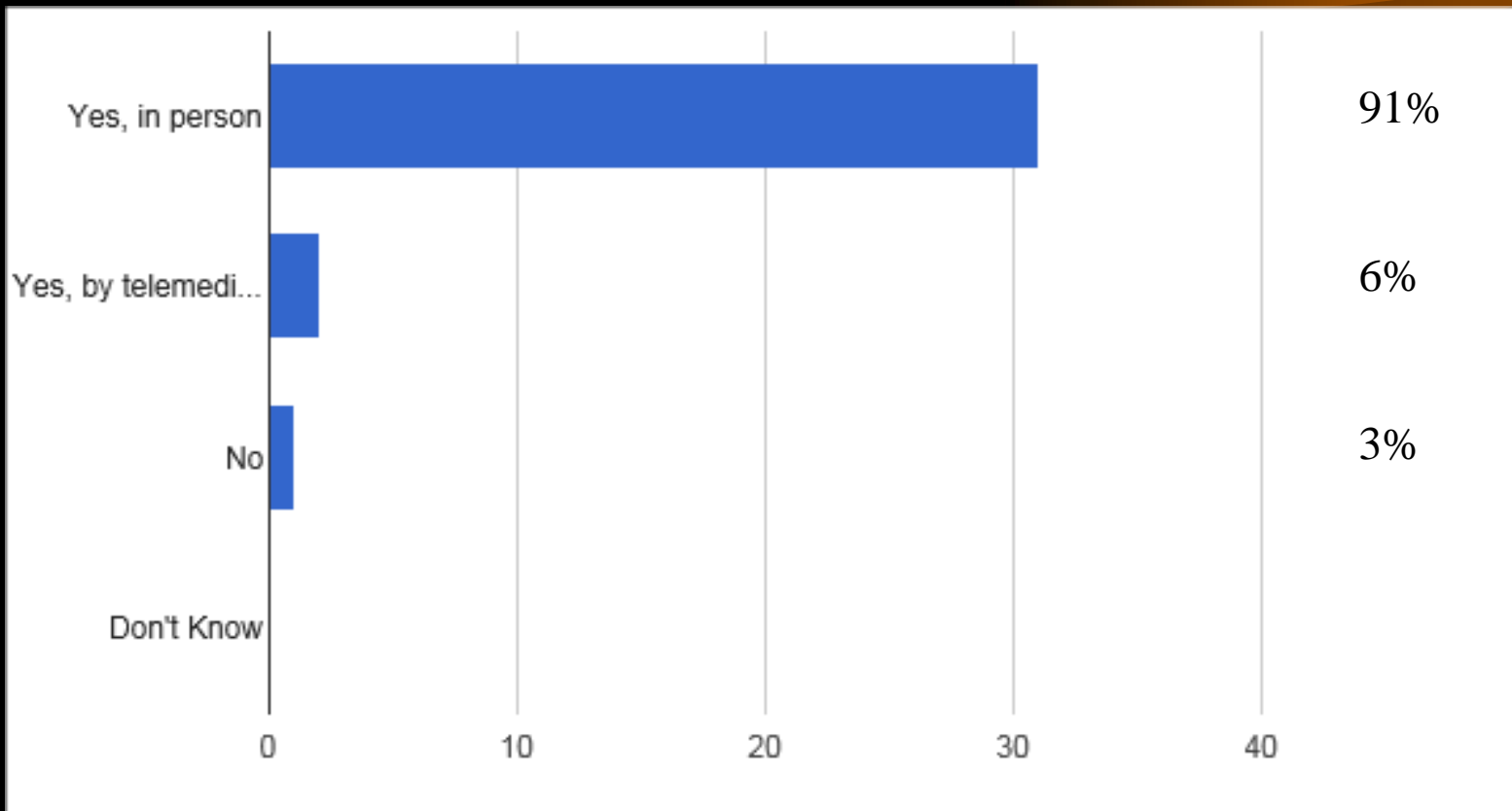
From a safety perspective, do you think there is a minimum number of neonates needed to be treated per year in order for a hospital to continue to offer hypothermia?



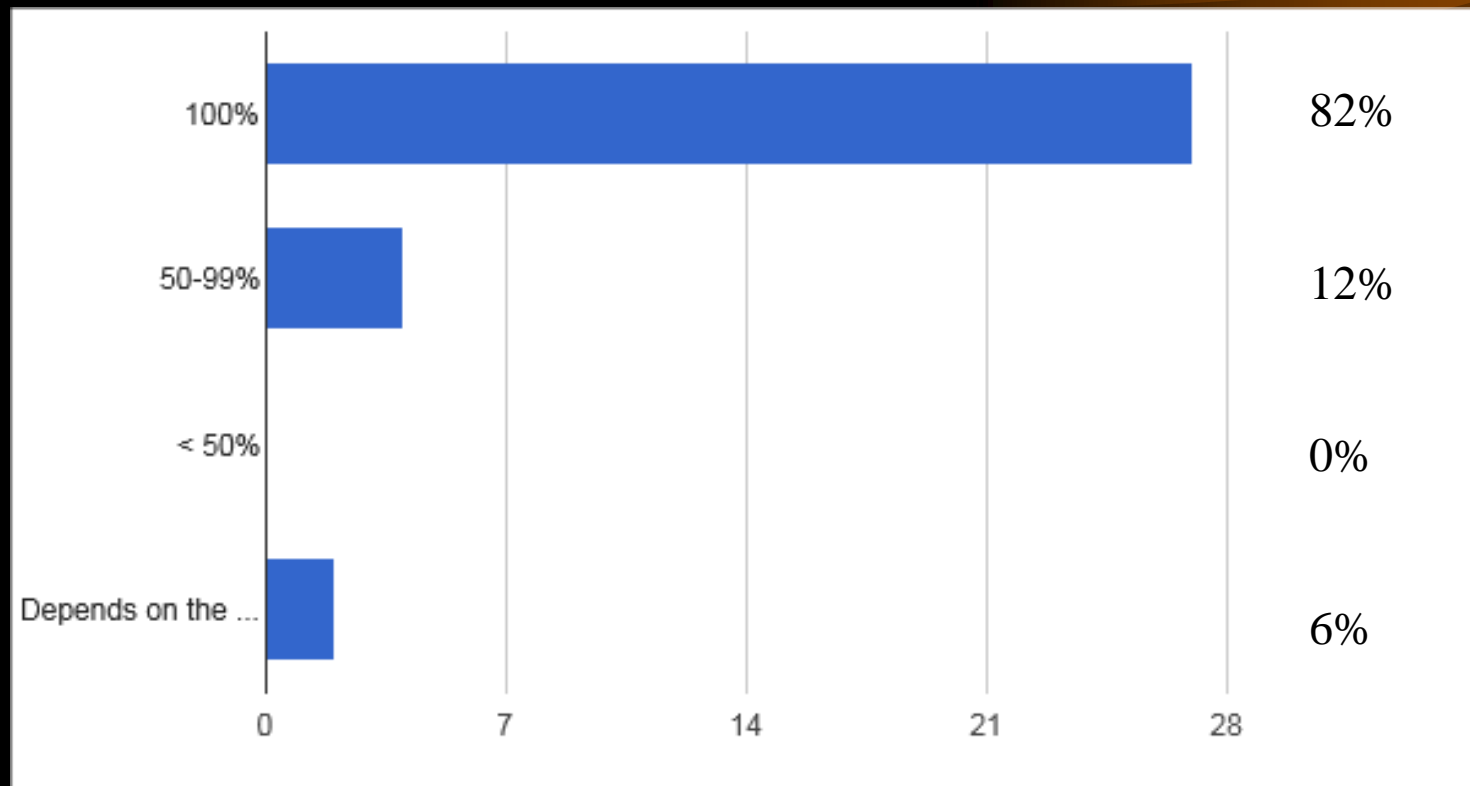
From a quality perspective, do you think there is a minimum number of neonates who need to be treated per year in order for a hospital to continue to offer hypothermia



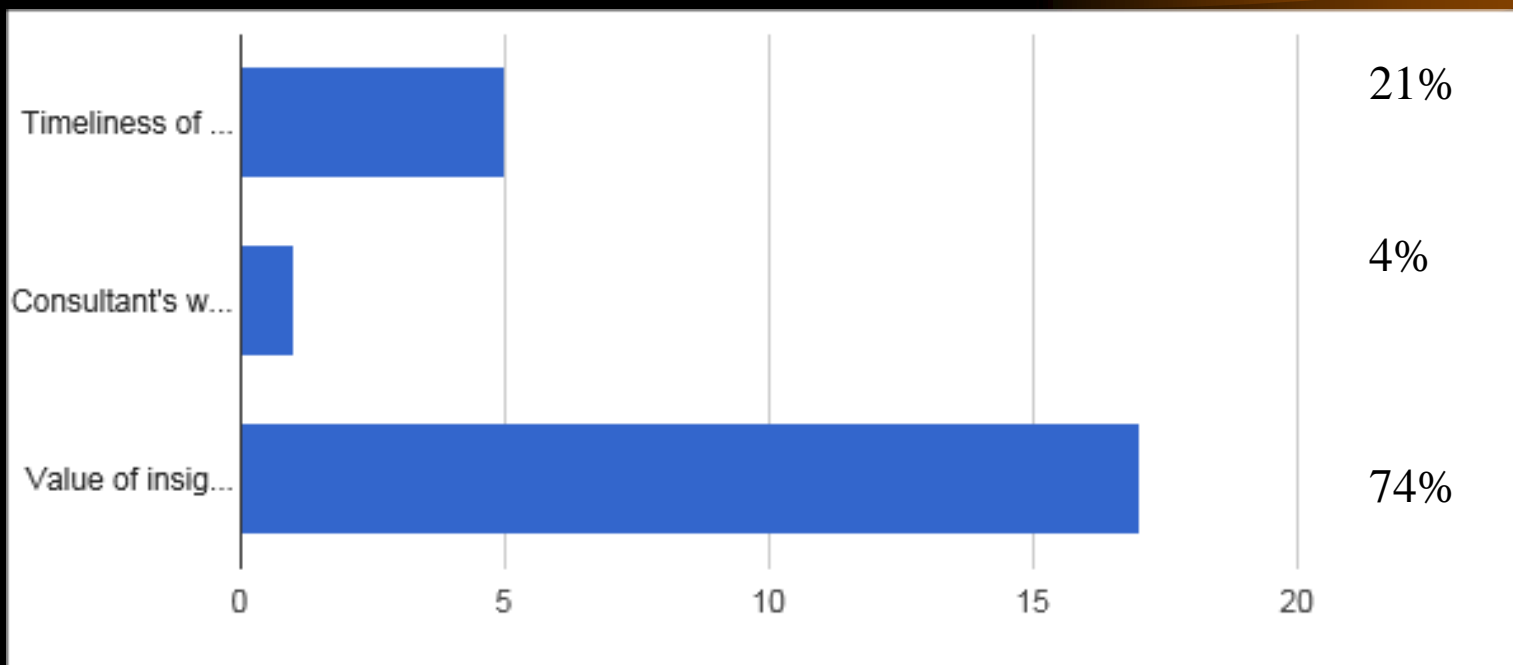
At your institution, do you have a Pediatric Neurologist who can be consulted to see patients in the Intensive Care Nursery



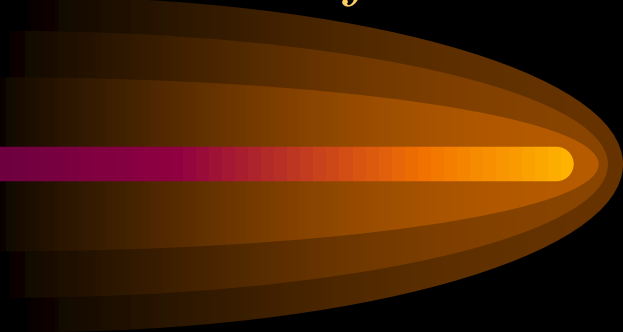
With that frequency do you ask for an in-person neurology consult when caring for babies with primary neurologic diagnosis. (ex. HIE, seizures, stroke, brain malformation)



Which of the following obstacles influence your decision when you decide not to consult neurology?



What is the minimum number of neonates you think should be required per year to ensure safe treatment?



- 7.5 ± 2.8
- Reasons:
 - Maintain proficiency.
 - Maintain a strong team.
 - Competency with equipment and protocols
 - Experience
 - Nursing competency
 - Safety