

SARNAT NEUROLOGICAL EXAM FOR BEDSIDE SCREENING

Infant Name: _____

THE 6 CATEGORIES	NORMAL/MLD HIE	MODERATE HIE	SEVERE HIE	Your Determination		If infant does not meet criteria for cooling, perform serial neurologic exams for the first 6 hours of life. Do not warm >37C. Consider labs at 1 hour.					
					Exam 1 Date/Time	Exam 2 Date/Time	Exam 3 Date/Time	Exam 4 Date/Time	Exam 5 Date/Time	Exam 6 Date/Time	
1. LEVEL OF CONSCIOUSNESS	1	2 - Lethargic	3 - Stupor	= _____	= _____	= _____	= _____	= _____	= _____	= _____	
2. SPONTANEOUS ACTIVITY	1	2 - Decreased activity	3 - No activity	= _____	= _____	= _____	= _____	= _____	= _____	= _____	
3. POSTURE	1	2 - Distal Flexion, Complete extension	3 - Decerebrate	= _____	= _____	= _____	= _____	= _____	= _____	= _____	
4. TONE	1	2a - Hypotonia (focal or general) 2b - Hypertonia	3a - Flaccid 3b - Rigid	= _____ (note a or b)	= _____ (note a or b)	= _____ (note a or b)	= _____ (note a or b)	= _____ (note a or b)	= _____ (note a or b)	= _____ (note a or b)	
5. PRIMITIVE REFLEXES				Code Highest Level	Code Highest Level	Code Highest Level	Code Highest Level	Code Highest Level	Code Highest Level	Code Highest Level	
Suck	1	2 - Weak or has bite	3 - Absent	= _____	= _____	= _____	= _____	= _____	= _____	= _____	
Moro	1	2 - Incomplete	3 - Absent	= _____	= _____	= _____	= _____	= _____	= _____	= _____	
6. AUTONOMIC SYSTEM				Code Highest Level	Code Highest Level	Code Highest Level	Code Highest Level	Code Highest Level	Code Highest Level	Code Highest Level	
Pupils	1	2 - Constricted	3 - Deviation/dilated/non-reactive to light	= _____	= _____	= _____	= _____	= _____	= _____	= _____	
Heart Rate	1	2 - Bradycardia	3 - Variable HR	= _____	= _____	= _____	= _____	= _____	= _____	= _____	
Respiration	1	2 - Periodic Breathing	3 - Apnea requiring ventilator 3a - on vent w/ spont breaths 3b - on vent w/out spont breaths	= _____ = _____ = _____	= _____ (if vent, code a or b)	= _____ (if vent, code a or b)	= _____ (if vent, code a or b)	= _____ (if vent, code a or b)	= _____ (if vent, code a or b)	= _____ (if vent, code a or b)	
1. Does the infant have seizures				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Is the infant sedated/paralyzed				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Total # Categories should be NO MORE THAN 6 (Count Only the Highest Level in each sign) <small>If Moderate equal Severe, use level of consciousness as tiebreaker: Moderate or Severe The level of encephalopathy will be assigned based on which level of signs (moderate or severe) predominates among the 6 categories. If moderate and severe signs are equally distributed, the designation is then based on the highest level in Category #1: The level of consciousness. An infant may also qualify if there are seizures either alone or with a normal/mild neurological determination.</small>				#Mild/Norm = _____	#Mild/Norm = _____	#Mild/Norm = _____	#Mild/Norm = _____	#Mild/Norm = _____	#Mild/Norm = _____	#Mild/Norm = _____	
				#Moderate = _____	#Moderate = _____	#Moderate = _____	#Moderate = _____	#Moderate = _____	#Moderate = _____	#Moderate = _____	
				#Severe = _____	#Severe = _____	#Severe = _____	#Severe = _____	#Severe = _____	#Severe = _____	#Severe = _____	
4. Signs of Moderate or Severe HIE in at least 3 of the 6 Categories above				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If YES, what is the level of HIE</i>				<input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe	<input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
5. Does this infant qualify for therapeutic hypothermia based on exam findings?				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

COMMENTS: _____

Adapted from: II Multi-site Study of Autologous Cord Blood Cells for Hypoxic Ischemic Encephalopathy (HIE) (BABYBAC II). Not part of medical record.