10 CARE OF THE NEONATE

10.2 ROUTINE CARE OF THE NEONATE IN THE WARD

10.2.7 MANAGEMENT OF THE NEONATE WITH A TEMPERATURE BELOW 36.5°C

Keywords: Thermoregulation, neonatal hypothermia, neonatal temperature instability, cold neonate

See Neonatal Clinical Care Guidelines Section 4 Thermoregulation for information on modes of heat loss and normal temperature ranges for neonates.

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REFERENCES

KEY POINTS

- Normal axillary temperature range for the term neonate at KEMH is classified at 36.5°C – 37.4°C.¹
- Neonatal hypothermia can lead to increased oxygen consumption², increased risk of hypoglycaemia² and if untreated can lead to neurological complications, hyperbilirubinemia, clotting disorders, and even death.³
- Monitor the neonatal temperature 15 minutely during warming.¹
- A neonate under a radiant cot warmer must not be left unattended.
- Maternal and neonatal history should be reviewed for any neonate with hypothermia to exclude any conditions which may lead to hypothermia. Consideration should be given to infection being the cause.
- The paediatric resident or registrar should be informed if a neonate, after treatment/management of hypothermia, is unable to maintain its temperature within the normal range.

INTERVENTIONS FOR MILD HYPOTHERMIA - NEONATAL TEMPERATURE BETWEEN 36°C - 36.5°C.

1. Where possible initiate skin-to-skin contact with the mother to improve thermoregulation, promote maternal bonding, and decrease the need to separate the neonate from the mother. This is done by placing the undressed, nappy clad neonate against the mother’s chest between her breasts facing her and covering the infant and mother with warm blankets. The blankets should cover the neonate up to the neck, but should not cover the head. Ensure the maternal skin is dry and the infant has a bonnet on.³

2. If the neonatal temperature is still decreasing after 30 minutes of skin-to-skin contact, or if there are any symptoms of neonatal distress³, cease skin-to-skin contact. Take the neonate to the ward nursery and place on the radiant warmer, request the medical staff to review the neonate, and inform the shift co-ordinator.

3. Assess for any risk factors or signs of an underlying pathological condition which may cause neonatal hypothermia.³

4. When the neonatal temperature returns to the normal range the neonate may be dressed with warmed clothing, including a bonnet, and wrapped warmly.

5. Monitor the neonatal temperature hourly for 3 hours to ensure the neonate's temperature remains stable.

6. Inform the shift co-ordinator and paediatric resident / registrar if the neonatal temperature is unstable despite these measures.

7. Document the management contemporaneously.
MANAGEMENT FOR NEONATAL TEMPERATURE BELOW 36°C

In circumstances requiring rapid rewarming the neonate should be placed under an overhead radiation heat source. In the wards at KEMH a neonatal resuscitation cot is used.

When placing the neonate under the radiant heater:

- Inform the shift co-ordinator and Paediatric resident / registrar.
- Ensure the radiation heat source/resuscitation cot is not near an open door or exposed to draughts.
- Ensure the heater is on and warmed prior to undressing and placing the neonate under the heater.
- The neonate must not be left unattended while under the warmer.
- The neonate is placed under the warmer naked except for a bonnet. Ensure the neonate is dry to prevent evaporative heat loss.
- Attach servocontrol (if available) to the abdominal skin and set it at 36.5°C – 37°C.
- Monitor the neonatal temperature and record 15 minutely while under the warmer.
- When the neonatal temperature is 36.5°C or above, remove from the warmer, dress including a bonnet and wrap well in pre-warmed clothing and blankets. Document management.
- Monitor the neonatal temperature hourly for 3 hours after removal from the radiant heat source.
- Delay bathing until 6 consecutive hours of normal temperature range have been maintained.
- If the neonatal temperature does not increase while under the warmer inform the shift Co-ordinator. Inform the Paediatric resident / registrar if the neonate is not increasing its temperature or maintaining a normal temperature range with treatment.

REFERENCES (STANDARDS)


National Standards – 1- Care provided by the clinical workforce is guided by current best practice
4- Recognising and Responding to Clinical Deterioration in Acute Health Care.

Legislation - Nil
Related Policies - Nil
Other related documents – NCCU Clinical Guidelines Section 4: Thermoregulation

RESPONSIBILITY

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