

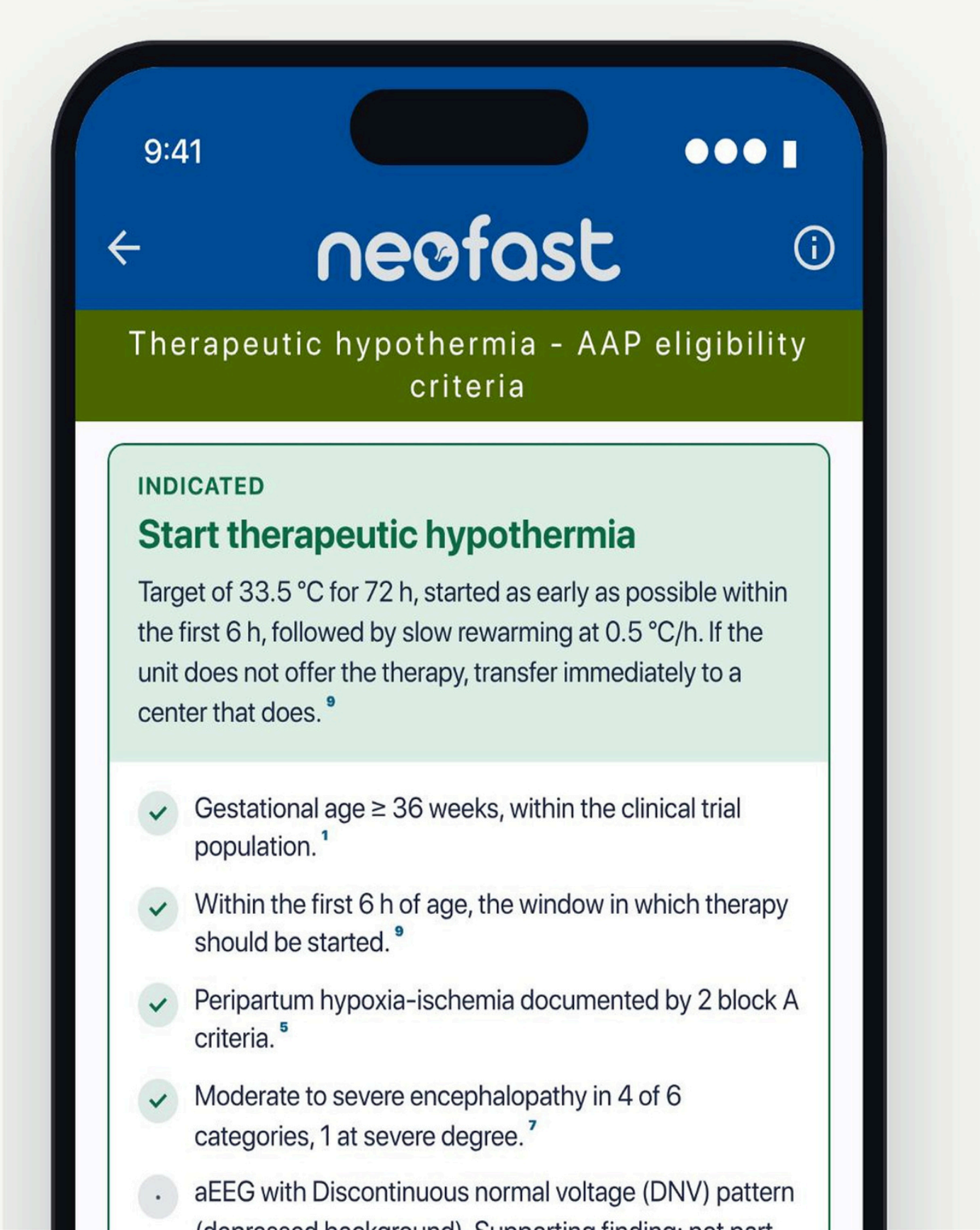
Cool or not? The AAP criteria on one screen.

NeoFast reproduces the eligibility algorithm from the AAP clinical report (Pediatrics, 2026) and recalculates the verdict with every tap.

AAP 2026

4 blocks

Live verdict



HOW IT WORKS

Four blocks. **One verdict** that updates itself.



General eligibility

Gestational age and postnatal age right now.



Peripartum hypoxia-ischemia

One item is enough. No blood gas or a borderline value?
The NICHD route applies.



Moderate to severe encephalopathy

≥ 3 of the 6 categories moderate or severe, or seizures.



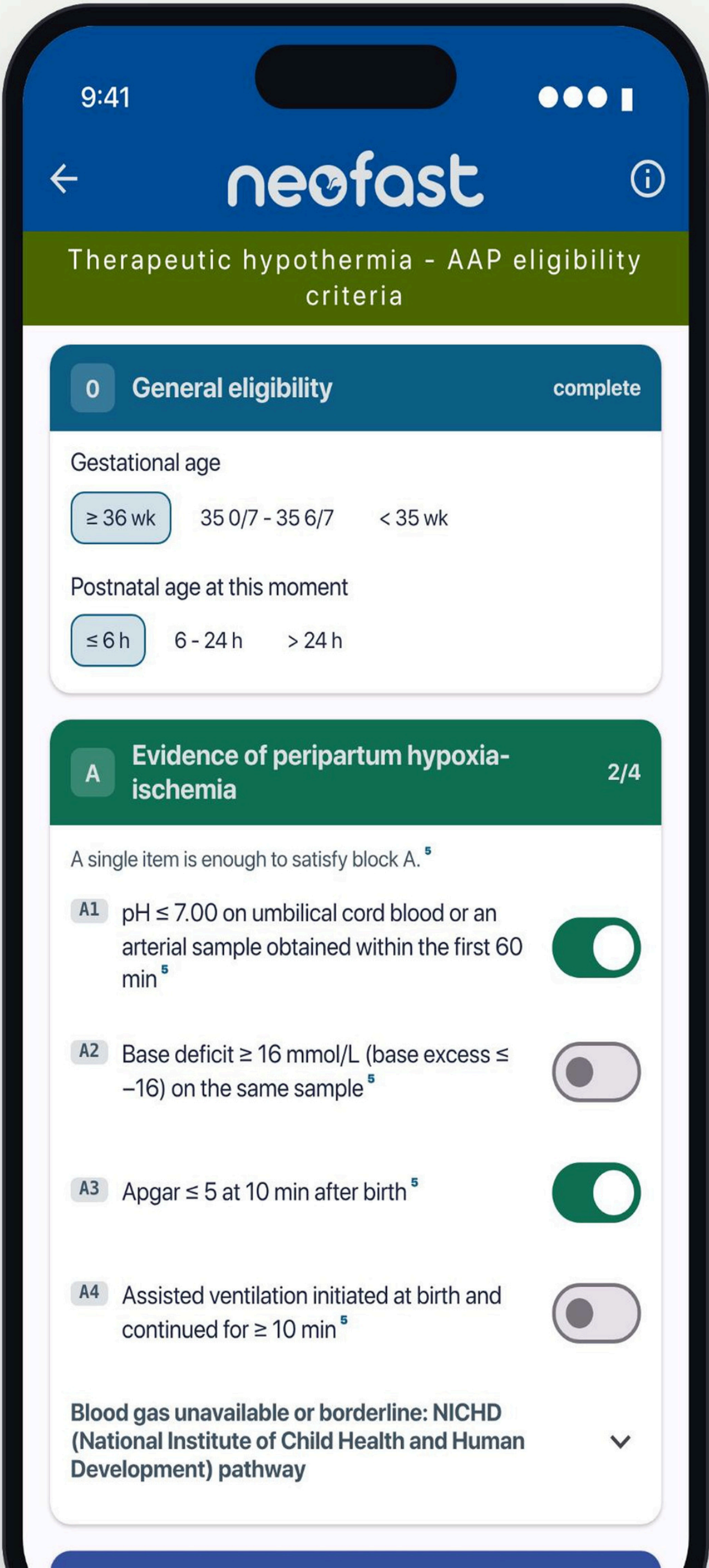
aEEG (optional)

Records the background pattern. Not part of the rule; never changes the verdict.

No calculate button: the result is always on screen and changes with every selection.

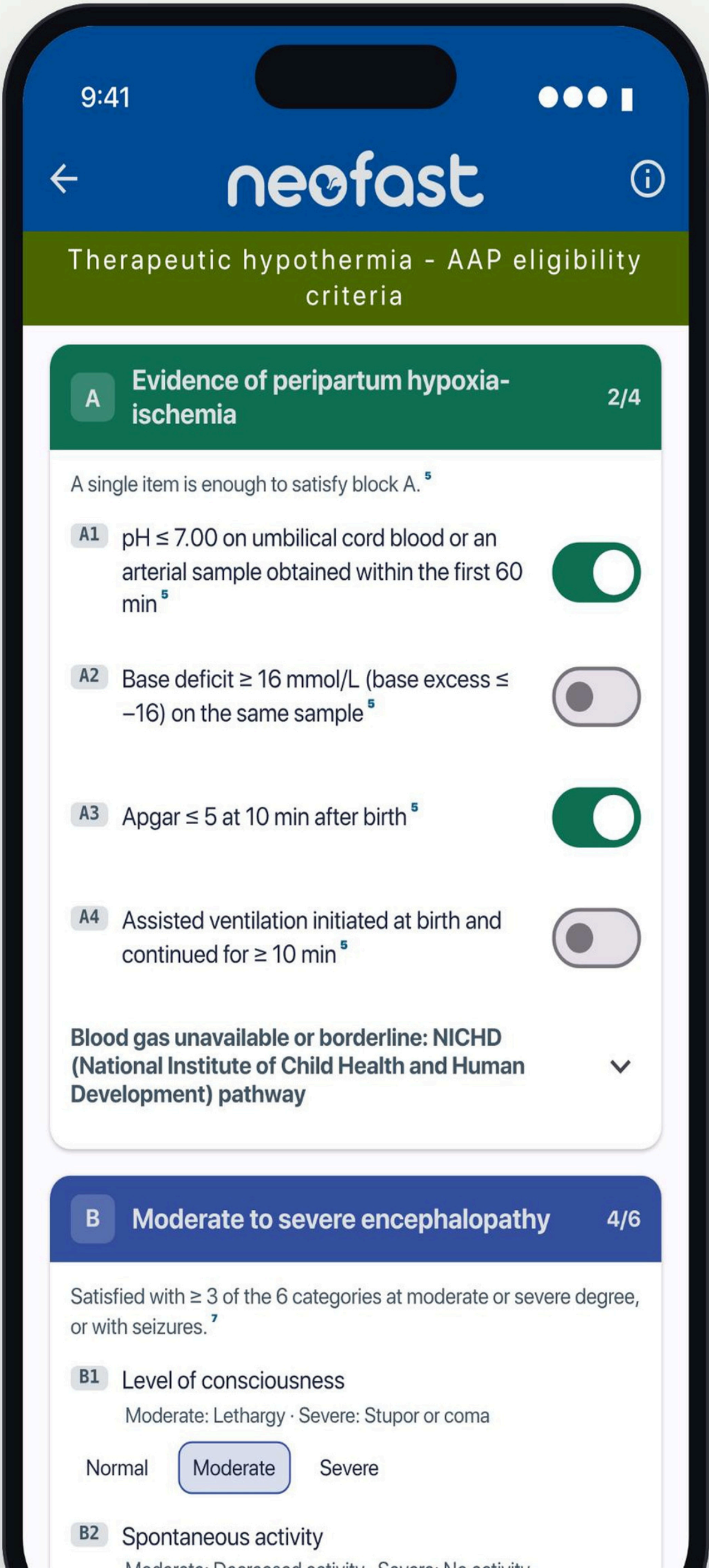
First, gestational age and the window.

- **≥ 36 weeks**
Within the clinical trial population.
- **35 0/7 to 35 6/7**
Limited evidence: case-by-case decision with the family.
- **< 35 weeks**
Therapeutic hypothermia is not recommended.
- **≤ 6 h · 6-24 h · > 24 h**
Up to 6 h, start. Between 6 and 24 h, late initiation only after talking with the parents. Beyond 24 h, outside the studied window.



To document hypoxia, one item is enough.

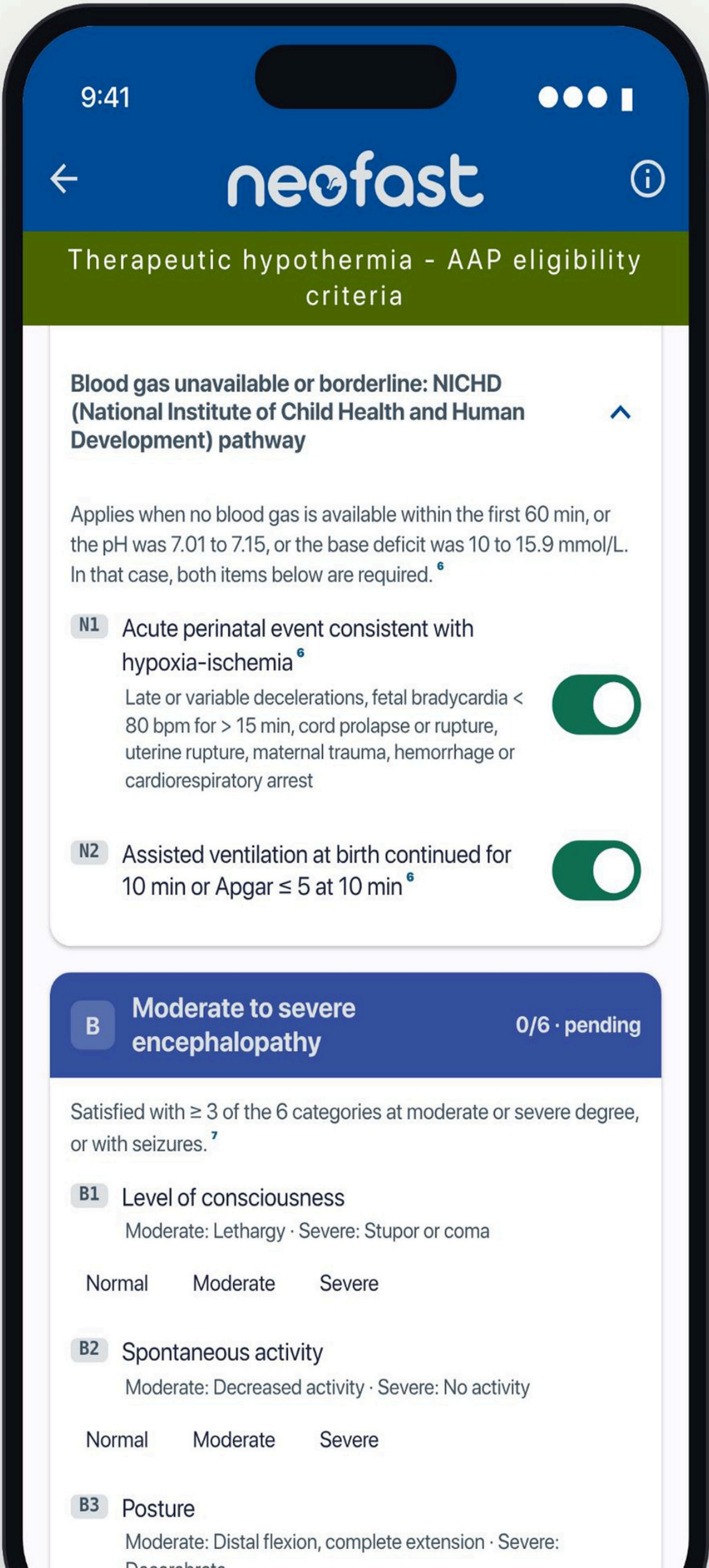
- **A1 · pH ≤ 7.00**
Cord blood or arterial sample within the first 60 min.
- **A2 · Base deficit ≥ 16 mmol/L**
In the same sample (base excess ≤ -16).
- **A3 · Apgar ≤ 5 at 10 min**
- **A4 · Assisted ventilation**
Started at birth and continued for ≥ 10 min.



No blood gas or a borderline value? NICHD route.

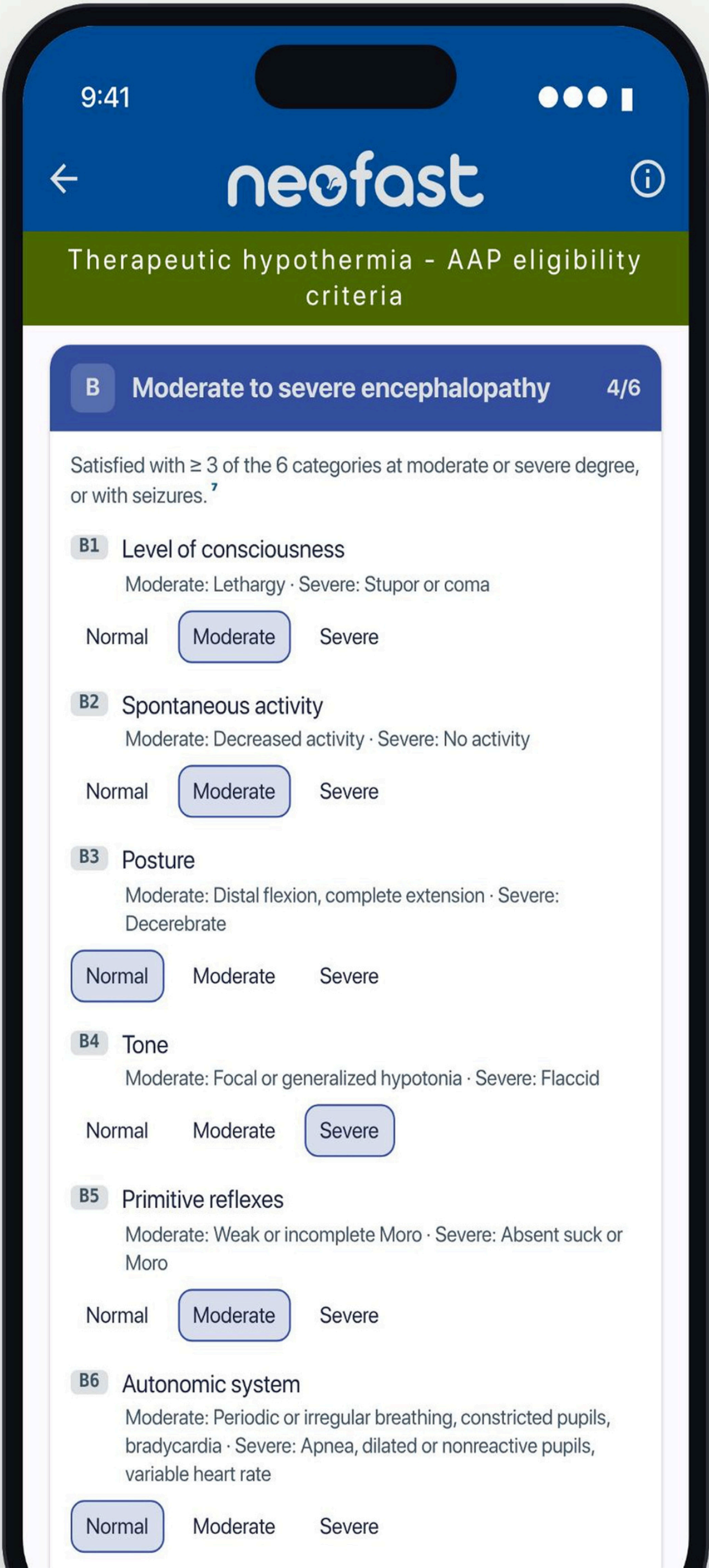
Applies when there is no blood gas in the first 60 min, the pH was 7.01 to 7.15 or the base deficit 10 to 15.9 mmol/L.

- **N1 · Acute perinatal event**
Decelerations, fetal bradycardia < 80 bpm for > 15 min, cord prolapse or rupture, uterine rupture, trauma, haemorrhage, arrest.
- **N2 · Ventilation or Apgar**
Assisted ventilation for 10 min or Apgar ≤ 5 at 10 min.
- **Both together**
Block A is met only when N1 and N2 are both ticked.



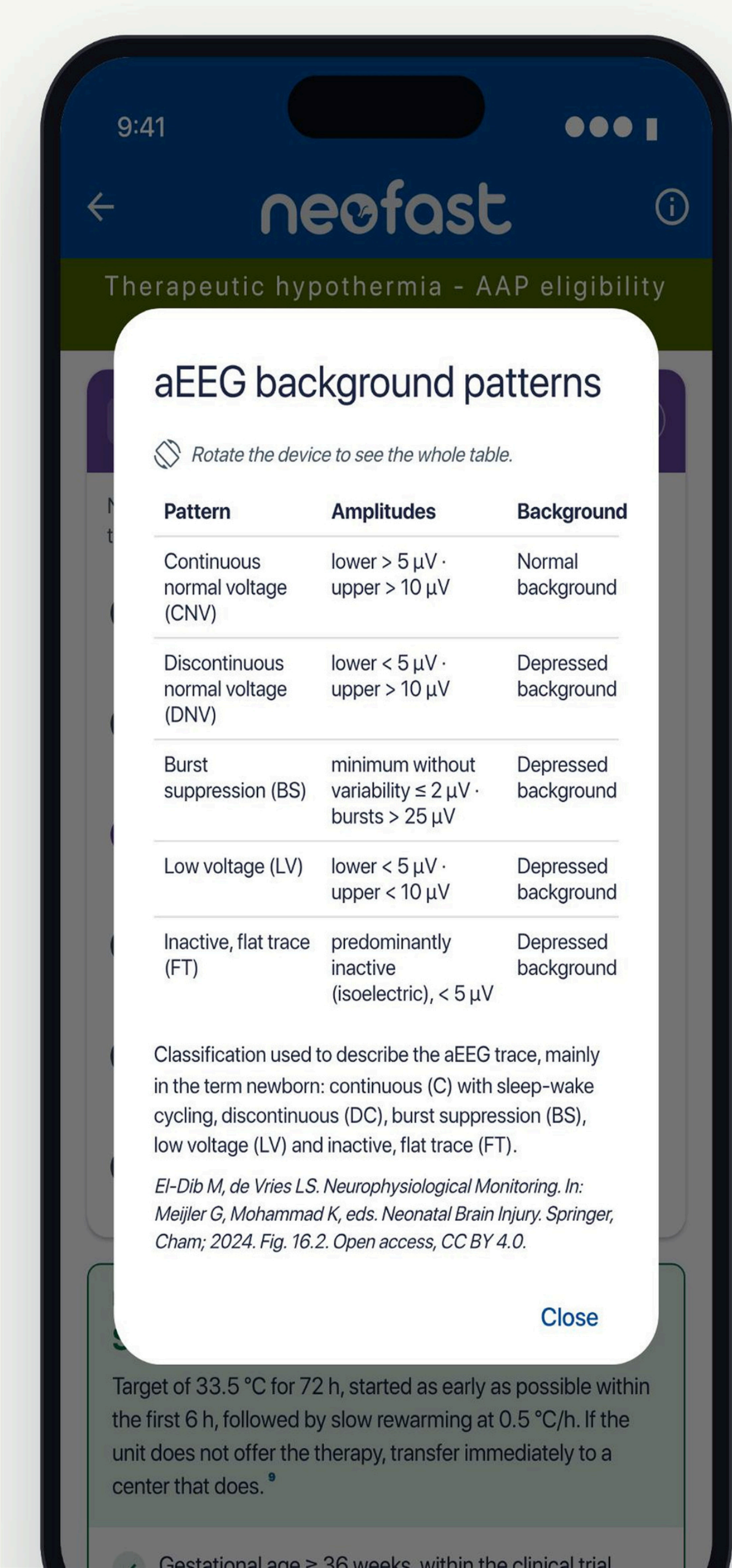
≥ 3 of 6 categories moderate or severe. Or seizures.

- **Modified Sarnat exam**
Level of consciousness, spontaneous activity, posture, tone, primitive reflexes and autonomic system.
- **Findings on the screen**
Each category shows what counts as moderate and as severe. Tick Normal, Moderate or Severe.
- **Seizures**
Clinical or electrographic: they meet block B on their own.
- **Nothing on autopilot**
The verdict appears only once all 6 categories are answered.



The aEEG informs, but does not decide.

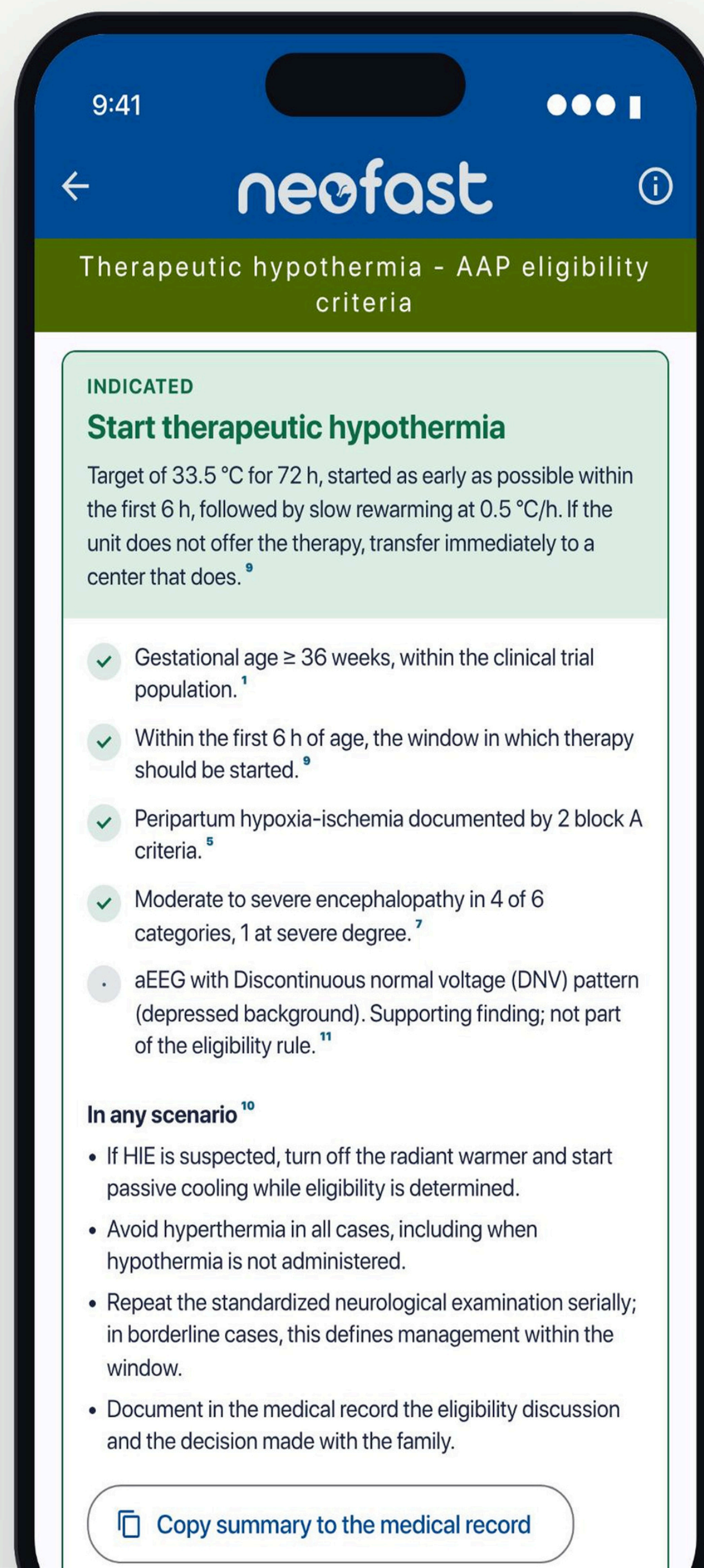
- **Optional**
Not an eligibility criterion in the AAP report; it never changes the verdict.
- **On record**
It goes into the summary as a supporting finding, with a normal or depressed background.
- **View patterns**
CNV, DNV, burst suppression, low voltage and flat trace, with amplitudes (El-Dib and de Vries, 2024).



THE VERDICT

It says **what to do and why.**

- **One line per criterion**
✓ met, ✗ not met, ! caution. Each carries the note number that leads to the figure or table in the report.
- **When indicated**
33.5 °C for 72 h, started within 6 h, with rewarming at 0.5 °C/h.
- **In every scenario**
Passive cooling, avoid hyperthermia, serial exams and documentation.
- **Copy summary**
One tap and the text is ready for the chart.

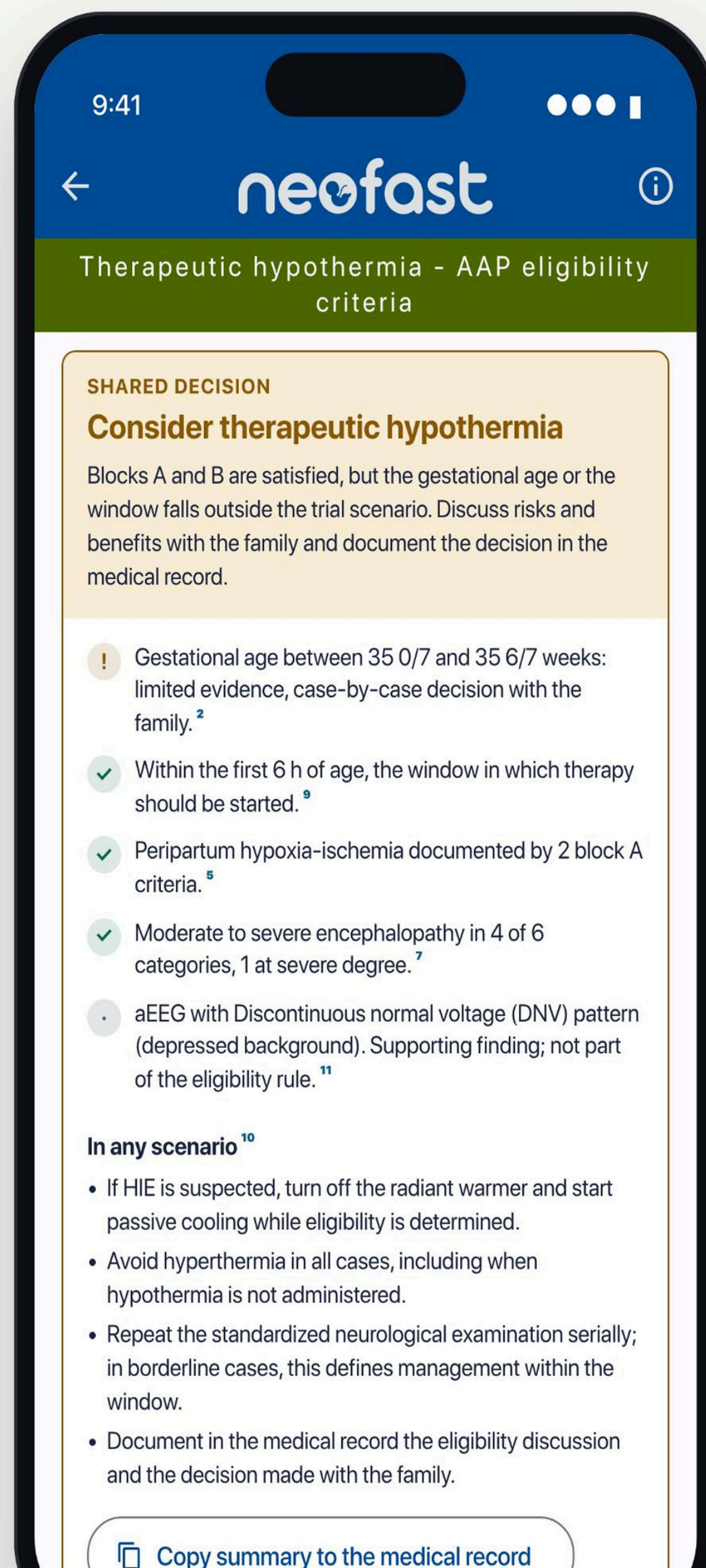


NOT EVERY CASE IS YES OR NO

Six possible answers, in three colours.

Example: the same baby, born at 35 weeks and 3 days.

- **Indicated**
Start therapeutic hypothermia.
- **Shared decision**
A and B met, but GA or window outside the trial setting.
- **Individualised decision**
Encephalopathy without a hypoxia criterion: borderline criteria.
- **Missing data**
The app points to the block to complete.
- **Not indicated for now**
No documented encephalopathy: reassess within 6 h.
- **Not indicated**
Outside the gestational age or the window.



Other calculations and scores >

Therapeutic hypothermia

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Before using

The aEEG component is complementary, is not part of the AAP eligibility criteria and does not change the result.

The result is decision support and does not replace clinical judgment, the serial neurological examination by a trained examiner or the institution's protocol. Responsibility for any action lies with the clinician caring for the patient.

REFERENCES

1. Zanelli SA, Wusthoff CJ, Lucke AM, Kaufman DA; Committee on Fetus and Newborn; Section on Neurology. Therapeutic Hypothermia for Neonatal Hypoxic-Ischemic Encephalopathy: Clinical Report. Pediatrics. 2026;157(2):e2025073627. doi: 10.1542/peds.2025-073627.
2. El-Dib M, de Vries LS. Neurophysiological Monitoring. In: Meijler G, Mohammad K, eds. Neonatal Brain Injury. Springer, Cham; 2024. doi: 10.1007/978-3-031-55972-3_16. Open access, CC BY 4.0 license.