Methods:
After meeting our center's entry criteria, initiation of therapeutic hypothermia for out-
born infants begins with a facsimile sent to the referring center containing specific instructions
to initiate passive cooling and guidelines for critical care management. Upon our team's arrival
at the referring center, an esophageal probe for core temperature monitoring is placed, then
connected to the transporter for continuous monitoring. Strict protocols guide the team in
maintaining the therapeutic temperature range of 33.5°C (+/-0.5°C). This precise temperature
control is achieved by passive cooling measures, active cooling with the application of peri-
packs, and if necessary, using the isolette warmer.

Results:
From June 2010, to January 2014, we transported 23 neonates who qualified for
therapeutic hypothermia, 8 actively cooled with peri-packs and 15 passively cooled. Eight
infants required the transport isolette warmer for low temperatures, of which 7 were classified
as severe HIE. One infant was excluded having received therapy prior to the initiation of
the cooling bundle. The remaining 22 received care per the protocols. The average age at time of
enrollment was 85.2 minutes (SD 76.7). The average temperature prior to turning off the
warmer at the referral center was 36.0°C (SD 1.1). The average temperature of the infants
upon arrival of the transport team was 34.9°C (SD 1.4). The average temperature upon arrival
to our unit was 33.5°C (SD 0.7). None of the babies had extremely low core temperatures
(<32°C) while on transport. The average time from the initiation of passive cooling by the
referral center to target temperature was 127.5 minutes (SD 57.8).

Conclusion: By utilizing a care bundle that incorporates continuous temperature monitoring
and strict protocols for passive and active cooling, we were able to safely transport neonates to
our center with an average temperature consistently within the treatment range for therapeutic
hypothermia, thus significantly improving time to target temperature. Early initiation of
therapeutic hypothermia can successfully and reliably begin with transport.