

## **Cranial Ultrasound Examination – NICU & SCBU- Paediatric Full Clinical Guideline – Joint Derby and Burton**

Reference no.: NIC SS 01/ July 2022/v004

### **1. Introduction**

*To standardise the screening of babies with cranial ultrasound scans*

### **2. Aim and Purpose**

*For medical staff to ensure neonates get appropriate cranial ultrasound examination and follow up*

### **3. Definitions, Keywords**

[Any definitions that give the reader a better understanding of the subject matter. Include acronyms or abbreviations in a glossary, as necessary.] Add keywords you think would help to find the document more easily.

## 4. Main body of Guidelines

### Indication for Cranial Ultrasound

Babies should be scanned at least once if clinically indicated. Indications would include:

1. Pre-term <32 weeks gestation
2. Known abnormality – antenatal, transfer from another hospital
3. Fits / Hypoxic Ischaemic Encephalopathy
4. Sepsis / meningitis / congenital infection
5. Severe unexplained anaemia
6. Neurological symptoms – hypotonia / poor feeding etc.
7. Sudden clinical deterioration in pre term infant at risk of IVH
8. As part of the evaluation of a baby with multiple congenital anomalies
9. In preterm babies >32 weeks if particularly unwell eg. need for ionotropes at request of Consultant

### Timing of Scans

#### Initial Scan

Babies will usually be scanned within the first week by the consultant radiologists (Dr Jonathan Crookdake / Dr Rachael Holmes). They provide a weekly scan service and all images will be recorded on PACS and a formal report will be issued.. Please request on Lorenzo the day before (RDH) or on V6 Meditech (QHB).

Where an urgent scan is indicated clinically between these fixed sessions, experienced senior medical staff on the unit may be able to perform, or discuss with the radiologists through the Children's x-ray dept (RDH ext 85540, QHB ext 5159).

Early scans (within 24 hrs) can be helpful for timing of abnormalities and senior medical staff can usually perform these.

It is recommended to do a departmental head (Registrar/consultant) scan before a premature baby (<32 weeks) is transferred to another hospital.

### **Follow up scans**

Follow up scans should be performed according to clinical condition or if an abnormality identified on initial scan warrants follow up as discussed with Senior Radiologists.

For all babies who have had a scan, a late scan prior to discharge should be arranged. Ensure that it is after 36 weeks gestation. If discharged early, arrange an outpatient cranial ultrasound scan.

These can often be best done in the x-ray department – please liaise with staff there to arrange a suitable appointment.

These revised guidelines will be subject to future audit.

### **5. References (including any links to NICE Guidance etc.)**

**6. Documentation Controls** (these go at the end of the document but before any appendices)

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