

CRANIAL ULTRASOUND SCANS ON THE NEONATAL UNIT

Insert baby label here or complete below:

| |
|------------------------|
| Name: |
| NHS No: |
| Hospital No: |
| DOB: Male/Female |

The following is a guide for when and how often to perform head scans according to gestation.

| Gestation | 1–3 days | 3–7 days | 6–10 days | 14–16 days | 36 weeks CGA or at discharge |
|--|----------|----------|-----------|------------|------------------------------|
| <30 weeks | √ | | √ | √ | √ |
| 30–32 weeks | | √ | | | √ |
| >33 weeks (See guideline for indications) | | | | | |

Additional scans:

- If routine scans show a significant abnormality, discuss serial scanning with consultant
- Perform additional scans as clinically indicated or following a significant clinical event (see guideline for full list)

Follow-up:

If scan is abnormal further follow-up as advised by consultant

| | | | |
|--------------------------------|--|-----------------------------|------|
| DATE DAYS of AGE | | SCAN RESULT: (circle below) | |
| GESTATION AT BIRTH | | • Normal | |
| CORRECTED GESTATION | | • Abnormal (Complete below) | |
| Intraventricular haemorrhage | Localised IVH without dilatation (germinal matrix haemorrhage, subependymal haemorrhage) | Right | Left |
| | Grade 3/4 IVH involving ventricle +/- extending beyond with infarct | | |
| | Post haemorrhagic ventricular dilatation | | |
| Parenchymal lesions | Periventricular flare | | |
| | Cystic lesions <ul style="list-style-type: none"> • single large porencephalic cyst • multiple cysts (cystic periventricular leukomalacia) | | |
| Other comments: | | | |
| Parents informed? Yes/ No | | BADGER completed? Yes / No | |
| Scan performed by: | | Signature: | |
| Consultant review and comment: | | | |

| | | | |
|--------------------------------|--|---|------|
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