Olympic Cool-Cap® System
Program Development and Educational Support

When you purchase a system from Natus, you are acquiring more than the latest technology, you are acquiring complete program development and educational support services. Natus is committed to providing the finest products and program development assistance through comprehensive educational materials, complete on-site, live in-service training, and continuing, on-going education via physician moderated webinars.

With every Olympic Cool-Cap system you receive:

Suggestions for Establishing Your Protocol
- Cool-Cap Protocol – basic treatment parameters built directly into the device
- Cool-Cap Policy and Procedure Example-guideline for the development of a hospital specific policy and procedure

Complete Training and Supportive Documentation:
- Cool-Cap System Clinical In-Service
  - Customized on-site, live in-servicing for both medical and nursing personnel provided by our expert clinical consultants, focusing on patient selection, hands-on use of the device, contraindications, and warnings and precautions during cooling
- Hypoxic Ischemic Encephalopathy (HIE) Overview
  - Overview of the science of HIE, infant selection and criteria for cooling with the Cool-Cap System, the predictability of outcomes using the Olympic CFM 6000 and scoring for HIE; designed to provide a basic review prior to live training
- Cool-Cap Eligibility Criteria Card/CFM 6000 Sample Traces
  - Pocket size review of eligibility for cooling with the Cool-Cap System on one side and CFM 6000 sample traces on the other side
- Cool-Cap Staff Competency Evaluation Form
  - Detailed competency check list for the caregiver to document device proficiency
- Cool-Cap ‘Train the Trainer’ Check-list
  - Step by step guideline designed to ensure future staff education is completed in a repeatable and consistent manner
- Cool-Cap ‘Train the Trainer’ Competency Evaluation Form
  - Detailed competency evaluation to ensure future trainers have completed advanced education and are prepared to educate colleagues
- Cool-Cap In-Service Training (PowerPoint with voice over)
  - PowerPoint slides that review the background of HIE and hypothermia; details the built in protocol for cooling, and discusses the contraindications and warning/precautions during cooling (used during the live in-service and available for future education by trainers)
• Cool-Cap Hourly Documentation Form
  • Sample data record sheet of temperature recordings for the entire treatment and re-warm period
• Cool-Cap US Operators Manual
  • Manual for use and setup of the Cool-Cap System
• Cool-Cap Service Manual
  • Manual for detailed service and troubleshooting for the Cool-Cap System

Literature to Help You Support the Family
• HIE Parent Education Letter
  • Basic explanation of HIE and how hypothermia may help prevent neurological damage

Materials to Help You Promote Your Hypothermia Program
• Cool-Cap Facility Announcement Letter
  • Sample Letter to announce the technology and service your hospital offers to referring hospitals and other sites in your community
• Cool-Cap Referral Site Letter
  • Sample letter to announce your hospital as a referral site for hypothermic treatment with the Cool-Cap, and the process/medical steps prior to transporting a baby
• Cool-Cap Public Relations Kit
  • Press piece with excerpts of articles, CD of product and usage images, Cool-Cap brochure, customer profiles (Dr’s Kaiser & Barks), bibliography, Cool-Cap white paper, and Lancet Article (clinical trial publication).

Additional Resources for Both the Cool-Cap System:
• Clinical Consultants are available to provide support and facilitate on-going educational needs
• Visit www.Natus.com for product information and access to:
  • Future webinar educational offerings regarding Neonatal Brain Injury
  • Previously recorded educational webinars regarding:
    • aEEG in the neonatal population
    • Hypothermia with the Cool-Cap System
• Atlas – A Practical Tool for the Busy Neonatologist, by Westas, de Vries and Rosen, containing examples of typical aEEG patterns of newborn infants, case histories of atypical tracings, aEEG methods, and its limitations.