This form is used in the child death review process to gather detailed information about children who die as the result of infection, excluding children that die of infection on a neonatal unit, delivery suite or labour ward. For children that die of infection on a neonatal unit, delivery suite or labour ward, please complete the Deaths on a Neonatal Unit, Delivery Suite or Labour Ward Supplementary Reporting Form.

The primary purpose of this form is to enable CDOP to review all children's deaths in this category in their area in order to understand patterns and factors contributing to children's deaths. Please complete those questions on which you hold information. If you do not have information for a particular item, please tick “Not known”.

Information on this form will be shared with other professionals for the purposes of the child death review process. All professionals are entitled to share this information without contravening laws on data protection. All information gathered will be stored securely and statutory safeguards (s251) are in place to allow the legal transfer, storage, analysis of identifiable data.

**Identifying details** **- to be removed for the purposes of anonymisation prior to discussion at the CDOP:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth  (dd/mm/yyyy) | / / |
| URN |  | Date and time of death | Date: / /  Time: **:** (24hr) |
| Postcode |  | | |

|  |  |
| --- | --- |
| Which sub-category does this child’s death fall into? Please choose from the following options. *(Tick* ***ALL*** *that apply)* | ☐ Septicaemia  ☐ Pneumonia  ☐ Meningitis  ☐ Other location of infection  ☐ Group B Streptococcus  ☐ Group A Streptococcus  ☐ Gram negative infection  ☐ Other gram positive infection  ☐ Viral infection  ☐ Neonatal herpes  ☐ Other *(please specify)* |
| Did this child have any of the following risk factors for sepsis? *(Tick* ***ALL*** *that apply)* | ☐ Under 1 year of age  ☐ Impaired immune system (e.g. people with sickle  cell disease)  ☐ Diabetic  ☐ Treatment for cancer with chemotherapy  ☐ Taking long-term steroids  ☐ Taking immunosuppressant drugs to treat  non-malignant disorders  ☐ Had surgery or other invasive procedure in last 6  Weeks  ☐ Breach of skin integrity e.g. cuts/burns/blisters or  skin infections  ☐ Indwelling lines or catheters |
| ***For neonates***: were any of the following risk factors for sepsis present? *(Tick* ***ALL*** *that apply)* | ☐ Invasive group B streptococcal infection in a  previous baby  ☐ Maternal group B streptococcal colonisation,  bacteriuria or infection in the current pregnancy  ☐ Pre-labour rupture of membranes  ☐ Pre-term birth following spontaneous labour  (before 37 weeks’ gestation)  ☐ Suspected or confirmed rupture of membranes for  more than 18 hours in a preterm birth  ☐ Intrapartum fever higher than 38°C, or confirmed  or suspected chorioamnionitis  ☐ Parenteral antibiotic treatment given to the mother  for confirmed or suspected invasive bacterial  infection at any time during labour, or in the  24-hour periods before and after the birth (this  does not refer to intrapartum antibiotic prophylaxis)  ☐ Suspected or confirmed infection in another baby  in the case of a multiple pregnancy |
| ***For neonates***: had the mother received appropriate vaccine during pregnancy at the right time? | ☐ Received at the appropriate time  ☐ Received not at the appropriate time  ☐ Not received  ☐ Not applicable  ☐ Not known |

|  |  |
| --- | --- |
| Was recognition of suspected sepsis timely in this case? | ☐ Yes  ☐ No *(please give details)*  ☐ Not known |
| Did this child have any “Red Flag Symptoms” for sepsis and were these recognised? | ☐ No Red Flag Symptoms  ☐ One or more symptoms present and recognised  ☐ One or more symptoms present but not recognised  ☐ Not known |
| **For presentation in the community:** | |
| Were parenteral antibiotics given outside of hospital (where transfer time more than 1 hour)? | ☐ Yes  ☐ No *(please give details)*  ☐ Not known |
| **For presentation in hospital:** | |
| Were appropriate broad spectrum IV antibiotics given within 1 hour of decision to treat for severe sepsis? | ☐ Yes  ☐ No *(please give details)*  ☐ Not known |
| Which investigations were carried out? *(Tick* ***ALL*** *that apply)* | ☐ Blood gas  ☐ Serum Lactate  ☐ Serum Glucose  ☐ Blood cultures  ☐ CRP  ☐ FBC  ☐ Clotting  ☐ No investigations carried out *(please give reason)*  ☐ Not known |
| **For all deaths:** | |
| Were serial serum lactate measurements used to guide the need for fluid boluses and escalation of circulatory support? | ☐ Yes  ☐ No *(please give details)*  ☐ Not known |
| Was the attending consultant made aware of the severity of the child’s illness? | ☐ Yes  ☐ No *(please give details)*  ☐ Not known |
| Was the additional acute management appropriate (oxygen, fluid boluses, inotropes, treatment of coagulopathy)? | ☐ Yes  ☐ No *(please give details)*  ☐ Not known |
| Was the pathogen identified? | ☐ Yes  ☐ No |
| What was the category of the pathogen? | ☐ Bacterial  ☐ Viral  ☐ Fungal |
| Was this a vaccine preventable infection? | ☐ Yes  ☐ No |
| If yes, had the child received the appropriate vaccinations for the infection? | ☐ Yes  ☐ No (parental choice)  ☐ No (other)  ☐ Not known |
| Did this child die from a hospital acquired infection? | ☐ Yes  ☐ No  ☐ Not applicable  ☐ Not known |
| If **yes**, was there a central line in situ? | ☐ Yes  ☐ No |
| Were they treated with an appropriate anti-microbial drug? | ☐ Yes  ☐ No  ☐ Not applicable  ☐ Not known |
| Was it a multi-resistant organism? | ☐ Yes *(please specify organism and anti-microbial*  *sensitivities)*  ☐ No  ☐ Not known |