This form is used in the child death review process to gather detailed information about children who die as the result of asthma or anaphylaxis. Its primary purpose 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:**

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

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| --- | --- |
| Are the circumstances of the child’s death consistent with an asthma death where allergic response / asthma is the primary causation? | ☐ Yes  ☐ No |
| Do you think this death was primarily asthma-related, or was the root cause more related to allergen exposure i.e. anaphylaxis? | ☐ Primarily related to asthma  ☐ Primarily related to anaphylaxis  ☐ Related to both asthma and anaphylaxis |
| Was there evidence of asthma as a long term/known condition? | ☐ Yes  ☐ No  ☐ Not known |

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| Was the level of treatment (as per British Thoracic Society Asthma Guidelines) appropriately prescribed? *(Consider choice of medication and dosage; relevant escalation to secondary/tertiary care; annual review including inhaler technique)* |  |
| How many prescriptions were written, issued and collected for asthma relievers in the past 12 months? Specify which agents were prescribed, if known. |  |
| How many prescriptions were written, issued and collected for inhaled corticosteroids in the past 12 months? |  |
| Was there evidence of appropriate and repeated training in use of inhaler devices? | ☐ Yes  ☐ No *(please give details)*  ☐ Not known |
| Did the child have adequate access to emergency treatment, e.g. EpiPen? (including school nurse involvement) | ☐ Yes *(please give details)*  ☐ No *(please give details)*  ☐ Not known |
| Did this child use a nebuliser? | ☐ No  ☐ Prescribed nebuliser  ☐ Non-prescribed nebuliser  ☐ Not known |
| Is there evidence in the record (or from family or carers) that the child was provided with a personal asthma action plan detailing how & when to take medication, how to recognise danger and how and when to call for medical help? | ☐ Yes  ☐ No *(please give details)*  ☐ Not known |
| Did the child attend all/most of their scheduled asthma appointments? | ☐ Attended all of their scheduled asthma  appointments  ☐ Attended most of their scheduled asthma  appointments  ☐ Did not attend a number of asthma appointments  *(please give details)* |
| If the child did not attend a number of asthma appointments, was the safeguarding team alerted when the child was not brought for planned reviews? | ☐ Yes  ☐ No *(please explain why not)*  ☐ Not known |
| Please give the number of known Emergency Department visits/admissions: |  |
| How many of these were in the past year? |  |
| Please give the number of PICU admissions: |  |
| How many of these were in the past year? |  |
| After the previous serious/most recent admission, was there follow up by General Practitioner within 2 days OR hospital within 2 days? | ☐ Yes  ☐ No *(please give details)*  ☐ Not known  ☐ Not applicable |
| What was the duration (and dose) of oral steroid? (Last admission/last course?) |  |
| Had the exacerbation been resolved and confirmed as such prior to the discontinuation of oral steroid? | ☐ Yes  ☐ No *(please give details)*  ☐ Not known |
| Was there evidence that allergy was a significant contributor to the patient’s asthma? | ☐ Yes  ☐ No  ☐ Not known |
| Please describe the long-term allergy / asthma care for this child, if applicable: |  |
| Had triggers been identified and communicated to the child/all relevant caregivers? | ☐ Yes  ☐ No *(please give details)*  ☐ Not known  ☐ Not applicable |
| Has this been followed by discussion of risk management included in the child’s action plan? | ☐ Yes  ☐ No  ☐ Not known  ☐ Not applicable |
| What was the presumed allergen? | ☐ Peanut  ☐ Other nut *(please specify)*  ☐ Shellfish  ☐ Fish  ☐ Milk  ☐ Eggs  ☐ Insect sting/bite  ☐ General anaesthetic  ☐ Aspirin  ☐ Other Medicine *(please specify)*  ☐ Latex  ☐ Other *(please specify)*  ☐ Not applicable |
| Are there any pets in the household? *(If* ***yes****, please specify)* |  |
| Please comment on the child’s exposure to triggers in the last week of life (surveillance of symptoms, objective measures gathered and appropriate response for carers / school or CYP): |  |
| Please record any contacts (and attempted contacts) with healthcare during the last week of life: |  |
| Please comment on whether there was appropriate use of prescribed medication (preventers & relievers) during the last week of life: |  |
| Please comment on carer vigilance of symptoms for child/carer/school: |  |
| Were there any complications from anaphylaxis? *(Tick* ***ALL*** *that apply)* | ☐ None  ☐ Severe hypotension  ☐ Airway obstruction  ☐ Other  ☐ Not applicable |
| Has post mortem serum been assayed for common food allergens and matched with gastric aspirate content of relevant foods? | ☐ Yes *(please state result)*  ☐ No |
| Was mast cell tryptase measured? | ☐ Yes *(please state result)*  ☐ No |
| Was there evidence of appropriate referrals and care delivered throughout the pathway? | ☐ Yes  ☐ No  ☐ Not known |

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| --- | --- |
| If **no**, please specify the pathway stage(s) or element where care/record was incomplete/suboptimal? |  |