This form is used in the child death review process to gather detailed information about each child’s care pathway in the lead up to their death. 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) | / / |
| NHS No. |  | Date and time of death | Date: / /  Time: **:** (24hr) |
| Postcode |  | | |

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| Which stages of the care pathway relating to the death of the child did this child pass through? *(Please choose* ***ALL*** *that apply from the following options)* | ☐ Stage 1: Presentation to Primary Care *(please*  *complete* ***Stage 1*** *questions)*  ☐ Stage 2: Pre-hospital Resuscitation *(please*  *complete* ***Stage 2*** *questions)*  ☐ Stage 3: Secondary Hospital Care *(please*  *complete* ***Stage 3*** *questions)*  ☐ Stage 4: Transfer between hospitals *(please*  *complete* ***Stage 4*** *questions)*  ☐ Stage 5: Tertiary Hospital Care *(please complete*  ***Stage 5*** *questions)*  ☐ Stage 6: End of Life Care *(please complete*  ***Stage 6*** *questions)* |

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| **Stage 1: Presentation to Primary Care** | |
| What contact did this child have with primary care services[[1]](#footnote-1) in the last twelve months? |  |
| If the child was prescribed any medication, did they take it regularly? | ☐ Yes  ☐ No *(please give details)*  ☐ Not known |
| Please record which medications they were prescribed? |  |
| How many times did the child access primary care services about the symptoms, prior to their diagnosis? |  |
| Please record any contacts (and attempted contacts) with primary care services during the last week of life. |  |
| Did the child have direct contact with the primary care team in his / her final illness? | ☐ Yes  ☐ No  ☐ Not known |
| If the child had previously been under the care of a secondary or tertiary care team, did the primary care team have an up to date and clear summary of the child’s condition? | ☐ Yes  ☐ No  ☐ Not known |
| Were there any delays in the primary care team obtaining specialist advice about this child at any time? | ☐ Yes, from the parents’ perspective  ☐ Yes, from the health professionals’ perspective  ☐ No  ☐ Not known |
| Was there a delay in referral between primary and secondary care? | ☐ Yes, from the parents’ perspective  ☐ Yes, from the health professionals’ perspective  ☐ No  ☐ Not known |
| Was there a delay in the diagnosis of this condition? | ☐ Yes, from the parents’ perspective  ☐ Yes, from the health professionals’ perspective  ☐ No  ☐ Not known |

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| **Stage 2: Pre-Hospital Resuscitation** | |
| Should this child have received active resuscitation in the community at any point in their care pathway? | ☐ Yes, and it was performed *(please complete all of*  ***Stage 2*** *questions)*  ☐ Yes, but it was not performed *(please give reason*  *below)*  *(no further questions to answer in* ***Stage 2****)*  ☐ No *(no further questions to answer in* ***Stage 2****)* |
| Was the child’s cardiac arrest witnessed[[2]](#footnote-2)? | ☐ Bystander witnessed  ☐ EMS witnessed  ☐ Unwitnessed  ☐ Unknown  ☐ Not recorded |
| Was bystander cardiopulmonary resuscitation (CPR) performed[[3]](#footnote-3)? | ☐ No bystander CPR performed *(please give reason)*  ☐ Bystander CPR performed: Compressions only  ☐ Bystander CPR performed: Compressions and  ventilations  ☐ Not known  ☐ Not recorded |
| What was the time of the first call to emergency services? |  |

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| What was the classification of the call at the point of dispatching resources? | ☐ Cardiac arrest  ☐ Medical emergency  ☐ Trauma emergency  ☐ Childbirth emergency  ☐ Incident unclear  ☐ Other |
| Did the dispatcher provide telephone CPR instructions to the caller? | ☐ Yes  ☐ No  ☐ Not known  ☐ Not recorded |
| Did the dispatcher identify the presence of cardiac arrest before arrival of emergency medical services? | ☐ Yes  ☐ No  ☐ Not known  ☐ Not applicable |
| Were there any factors preventing effective delivery of CPR? (e.g. patient factors, environmental factors, bystander factors, educational factors) |  |
| What form of basic life support did the child receive at the location of collapse? | ☐ Chest compression only CPR  ☐ Chest compression and assisted ventilation  ☐ No basic life support provided *(please give reason)*  ☐ Not known  ☐ Not applicable |
| What was the time between the first call to 999 and the arrival of the first registered healthcare professional responding in a professional capacity? |  |

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| Which healthcare professionals from the pre-hospital team attended the child? | ☐ First responder  ☐ Emergency Care Assistant (ECA)  ☐ Advanced Technician  ☐ Paramedic  ☐ Nurse / Nurse Practitioner  ☐ Specialist Paramedic Urgent and Emergency Care  ☐ Specialist Paramedic Critical Care (SPCC)  ☐ Specialist Nurse Critical Care  ☐ Advanced Paramedic Critical Care  ☐ Advanced Nurse Critical Care  ☐ Doctor (Non-Critical Care)  ☐ Critical Care Doctor | |
| Was the attending pre-hospital team up to date with paediatric life support training / pre-hospital paediatric life support training? | ☐ Yes  ☐ No  ☐ Not known | |
| What was felt to be the most likely primary cause of the cardiac / respiratory arrest? | ☐ Medical *(e.g. cardiac arrest is presumed to be*  *cardiac, or other medical cause e.g. anaphylaxis,*  *asthma, GI bleed. Unknown cause should be*  *assigned as medical cause)*  ☐ Traumatic *(e.g. cardiac arrest is caused by blunt,*  *penetrating or burn injury)*  ☐ Drug overdose *(evidence that the cardiac arrest*  *was caused by deliberate or accidental overdose*  *of prescribed medications, recreational drugs or*  *ethanol)*  ☐ Drowning *(child is found submersed in water*  *without an alternative causation)*  ☐ Electrocution  ☐ Asphyxial *(external causes of asphyxia, such as*  *foreign body airway obstruction, hanging or*  *strangulation)*  ☐ Not recorded | |
| Was active targeted temperature management (TTM) use indicated (in line with local/national guidance)? | ☐ Yes  ☐ No  ☐ Not known  ☐ Not applicable | |
| Was active TTM used? | ☐ Yes  ☐ No  ☐ Not known  ☐ Not applicable | |
| When was active TTM started? | ☐ Intra-arrest  ☐ Post-ROSC and pre-hospital  ☐ Post-ROSC in hospital  ☐ Not known  ☐ Not applicable | |
| What was the temperature that was targeted for TTM treatment (in degrees Celsius)? |  | |
| What drugs were given during the resuscitation event? *(Tick* ***ALL*** *that apply)* | ☐ Adrenaline  ☐ Amiodarone  ☐ Vasopressin  ☐ Sodium Bicarbonate  ☐ Other *(please specify)*  ☐ No drugs given  ☐ Not known  ☐ Not recorded  ☐ Not applicable | |
| During the resuscitation which airway devices were used? *(Tick* ***ALL*** *that apply)* | ☐ None used  ☐ Face Mask only  ☐ Oropharyngeal/nasopharyngeal airway  ☐ Supraglottic airway (e.g. LMA, Endotracheal tube)  ☐ Surgical airway (cricothyroidotomy/tracheostomy)  ☐ Other *(please specify)*  ☐ Not known  ☐ Not recorded  ☐ Not applicable | |
| What was the main route through which drugs were administered during the arrest? | ☐ Peripheral IV  ☐ Intra-osseous  ☐ Central line  ☐ Endotracheal  ☐ Not known  ☐ Not recorded | |
| Did the child achieve Return of Spontaneous Circulation (ROSC) at any point during the resuscitation? | ☐ Yes  ☐ No  ☐ Not known  ☐ Not recorded | |
| To the nearest minute, what was the time between: | the arrival of the first professional responder and the child arriving at hospital? |  |
| collapse to 999 call? |  |
| collapse/cardiac arrest to arrival of medical professional? |  |
| collapse/cardiac arrest and commencement of BLS? |  |
| cardiac arrest to arrival at hospital? |  |
| cardiac arrest to Advanced Life support? |  |
| cardiac arrest to first defibrillation attempt? |  |
| cardiac arrest to ROSC (if applicable)? |  |
| Which resuscitation guideline was appropriate to this case? *(Tick* ***ALL*** *that apply)* | ☐ Neonatal Life Support  ☐ Paediatric Basic Life Support  ☐ Adult Basic Life Support and automated  ☐ Adult Advanced Life Support  ☐ Paediatric Advanced Life Support  ☐ Peri-arrest arrythmia | |
| Were there any challenges following relevant resuscitation guidelines in this case? e.g. training of staff; practical patient factors (e.g. too big/small/too injured for mouth to mouth etc); environmental factors (e.g. patient trapped, so inaccessible); others. |  | |
| Where was the child first taken? | ☐ Emergency department treating both adults and  children  ☐ Children’s emergency department  ☐ Tertiary children’s hospital  ☐ Major children’s trauma centre  ☐ Major adult trauma centre  ☐ Burns unit  ☐ Mortuary  ☐ Other *(please specify)* | |
| Where was ROLE performed? | ☐ At scene  ☐ In transit  ☐ At hospital  ☐ Other *(please specify)* | |

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| **Stage 3: Secondary Hospital Care** | |
| Did the child receive treatment in a secondary care hospital in his/her final illness? | ☐ Yes  ☐ No  ☐ Not known |
| Please give the number of known Emergency Department visits/admissions to the secondary hospital for this child relating to the final illness in the last 12 months: |  |
| Did the child receive appropriate monitoring using an early warning risk score (PEWS etc.) to guide escalation of care? | ☐ Yes  ☐ No  ☐ Not known  ☐ Not applicable |
| If this child had previously been under the care of a tertiary hospital, did the secondary care provider have a recent and clear summary of the child’s condition from the tertiary care team? | ☐ Yes  ☐ No  ☐ Not known |
| Were there any delays in obtaining specialist advice from the tertiary centre at any time? | ☐ Yes, from the parents’ perspective  ☐ Yes, from the health professionals’ perspective  ☐ No  ☐ Not known |
| Was there a delay in referral between secondary and tertiary care? | ☐ Yes, from the parents’ perspective  ☐ Yes, from the health professionals’ perspective  ☐ No  ☐ Not known |
| Were there any delays in obtaining a bed for the child at the tertiary centre? | ☐ Yes  ☐ No  ☐ Not known |

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| **Stage 4: Transfer Between Hospitals** | |
| Did this child undergo a secondary transfer to a tertiary children’s hospital? | ☐ Yes  ☐ No |
| If **yes**, was the transfer: | ☐ Routine local hospital ambulance  ☐ “Time sensitive” local hospital ambulance  ☐ Specialist regional retrieval service *(specify name*  *of team)*  ☐ Other *(please specify)* |
| Please give the reason for the transfer? | ☐ Higher level of care required  ☐ No bed capacity at secondary / delivery unit  ☐ Other *(please specify)*  ☐ Not known |
| Was there any delay in the transfer? | ☐ Yes *(please specify)*  ☐ No  ☐ Not known |
| If **yes**, was this delay due to: *(tick* ***ALL*** *that apply)* | ☐ Delay in obtaining a bed  ☐ Delay in accessing retrieval team  ☐ Other *(please specify)* |
| Were there any logistical issues during the journey with transferring this child? | ☐ Yes *(please specify)*  ☐ No  ☐ Not known |

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| **Stage 5: Tertiary Hospital Care** | |
| Was the child treated in the right place for their condition? | ☐ Yes  ☐ No *(please specify)*  ☐ Not known |
| Did the child receive appropriate monitoring using an early warning risk score (PEWS etc.) to guide escalation of care? | ☐ Yes  ☐ No  ☐ Not known  ☐ Not applicable |
| Did this child’s treatment follow current national guidance for their condition (where available)? | ☐ Yes  ☐ No *(please give details)*  ☐ Not known |
| Please give the number of PICU admissions, with the condition relating to their final illness, for this child in the last 12 months: |  |
| How many MDT clinic appointments, with the condition relating to their final illness, had the child attended in the last 12 months? |  |
| Was the child awaiting intervention at the time of death? | ☐ Yes  ☐ No  ☐ Not known |
| If **yes**, was the child on a formal list? | ☐ Yes  ☐ No  ☐ Not known |
| If **yes**, did the child have a date for intervention? | ☐ Yes  ☐ No  ☐ Not known |
| If the child was awaiting an intervention at the time of death: *(tick* ***ALL*** *that apply)* | ☐ The child had an inter-current illness leading to  delay of intervention *(if* ***yes****, state name of illness)*  ☐ Date for intervention cancelled by the family  ☐ Date for intervention cancelled by the tertiary  centre |
| Did the child undergo a third transfer to a specialist tertiary children’s hospital? | ☐ Yes  ☐ No |
| If **yes**, was the transfer: | ☐ Regional retrieval service  ☐ ECMO transport team  ☐ Other |

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| **Stage 6: End of Life Care** | |
| Did the child follow an expected clinical pathway for the nature of their disease/trauma? | ☐ Yes  ☐ No  ☐ Not known |
| For this child, was a decision made to move to end of life care / withdrawal of active treatment? | ☐ Yes  ☐ No  ☐ Not known |
| Was there evidence of appropriate referrals and care delivered at the end of life? | ☐ Yes  ☐ No *(see next question)*  ☐ Not known |
| If **no**, please specify the pathway stage(s) or element where referrals/ care was suboptimal or records incomplete to make a judgment? |  |
| Was a palliative care team involved in the child’s care? | ☐ Yes  ☐ No |
| Did the family express a preferred location for death/end of life care? | ☐ Yes  ☐ No  ☐ Not known |
| If **yes**, what was the family’s preferred location? *(Tick* ***ALL*** *that apply)* | ☐ Home  ☐ Hospital: PICU  ☐ Hospital: Ward  ☐ Hospital: Other *(please specify)*  ☐ Hospice  ☐ Other *(please specify)* |
| Did this choice change during the child’s final illness? If **yes**, please specify the reason for the change: | ☐ Yes *(please give reason)*  ☐ No  ☐ Not known |
| Did the child die in the family’s preferred location? If not, please specify the reasons for this: |  |
| Were the parents offered access to a hospice? | ☐ Yes  ☐ No *(please specify the reason)*  ☐ Not known |
| Was the family offered tissue harvesting / organ donation? | ☐ Yes: Both tissue harvesting and organ donation  ☐ Yes: Tissue harvesting only  ☐ Yes: Organ donation only  ☐ No services offered  ☐ Not known  ☐ Not applicable: Coroners decision  ☐ Not applicable: NHSBT (SNOD) decision |
| Were the parents/family offered the opportunity to meet with one or more of the professionals after death? | ☐ Yes  ☐ No  ☐ Not known |
| If the family took up this offer, how long after the death did this occur? | ☐ <1 month  ☐ 1-2 months  ☐ 3-4 months  ☐ 5-6 months  ☐ >6 months |

1. In this context primary care refers to General Practice, School Nurse or Health Visitor [↑](#footnote-ref-1)
2. A cardiac arrest that is seen or heard by another person or is monitored. EMS personnel respond to a medical emergency in an official capacity as part of an organized medical response team. Bystanders are all other groups. By this definition, physicians, nurses, or paramedics who witness a cardiac arrest and initiate CPR but are not part of the organized rescue team are characterized as

   bystanders, and the arrest is not described as EMS witnessed. [↑](#footnote-ref-2)
3. Bystander CPR is CPR performed by a person who is not responding as part of an organized emergency response system to a cardiac arrest. Physicians, nurses, and paramedics may be described as performing bystander CPR if they are not part of the emergency response system involved in the victim’s resuscitation. [↑](#footnote-ref-3)