This form is used in the child death review process to gather detailed information about children who die as the result of diabetic ketoacidosis. 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:**

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

|  |  |
| --- | --- |
| What was the final mechanism of death? Please specify whether cerebral oedema was thought to be a major factor |  |
| At the time of ketoacidosis, was the diabetes new or previously diagnosed? |  |
| If previously diagnosed, what was the child’s age at diagnosis of diabetes? |  |

|  |  |  |
| --- | --- | --- |
| What was the severity of DKA at presentation? Please give values for: | Blood pH: |  |
| Partial pressure of carbon dioxide (kPa): |  |
| Blood ketones (beta-hydroxybutyrate) (mmol/L): |  |
| Estimated degree of dehydration (%): |  |
| Plasma urea: |  |
| Plasma creatinine: |  |
| Plasma sodium: |  |
| Plasma potassium: |  |
| Blood glucose (laboratory measurement): |  |
| Was IV fluid therapy administered? | ☐ Yes  ☐ No | |
| If **yes**, please specify: | Time between presentation and fluid therapy (minutes): |  |
| Amount of fluid bolus given and how many ml/kg: |  |
| Type of fluid administered: *(please specify)* |  |
| Amount of maintenance IV fluid given: |  |
| Was the 2015 BSPED DKA guideline calculator used? | ☐ Yes  ☐ No |
| The oral fluid volume given in first 4 hours: |  |
| What was the time between presentation and insulin delivery (minutes)? |  | |
| What was the insulin dose? | ☐ 0.05 units/kg/hour  ☐ 0.1 units/kg/hour  ☐ Other | |
| Did any of the following complications occur during admission? *(Tick* ***ALL*** *that apply)* | ☐ Hypoglycaemia: please specify lowest blood  glucose recorded:  ☐ Hyponatremia: please specify lowest blood sodium  recorded:  ☐ Hypokalemia: please specify lowest blood  potassium recorded:  ☐ Acute kidney failure: please specify the renal  profile:  ☐ Episode of blood glucose dropping more than  5 mmol/L  ☐ Other *(please specify)* | |
| Were any other therapies used in the final episode? | ☐ None  ☐ Use of bicarbonate  ☐ Other therapy *(please specify)* | |

|  |  |
| --- | --- |
| **Type of Diabetes Service Used *(see following questions re.******Paediatric Diabetes Best Practice Tariff Criteria)*** | |
| **Please answer the following questions if a NEW diagnosis:** | |
| On diagnosis, was the child’s diabetes discussed with a senior member of the paediatric diabetes team within 24 hours of presentation? | ☐ Yes  ☐ No  ☐ Unknown |
| As a new patient, was the child seen by a member of the specialist paediatric diabetes team on the next working day? | ☐ Yes  ☐ No  ☐ Unknown |
| **Please answer the following questions if an EXISTING diagnosis:** | |
| Was there evidence that the child had received a structured education programme, tailored to their needs and their family’s needs, both at initial diagnosis and at ongoing updates throughout their attendance at the paediatric diabetes clinic? | ☐ Yes  ☐ No |
| How many MDT clinic appointments had the child attended in the last 12 months? (Defined as including a paediatric diabetes specialist nurse, dietitian and doctor) |  |
| At how many of these visits was the child seen by a doctor who was a consultant or associate specialist/specialty doctor with training in paediatric diabetes or a specialist registrar training in paediatric diabetes, under the supervision of an appropriately trained consultant? |  |
| At how many of these visits was the child seen by a dietitian who was a paediatric dietitian with training in diabetes or equivalent appropriate experience? |  |
| How many times in the last 12 months did the child have additional contact by the diabetes specialist team for check-ups, telephone contacts, school visits, troubleshooting, advice, support, etc? (Eight contacts per year are recommended as a minimum) |  |
| How many additional appointments in the last 12 months did the child attend, with a paediatric dietitian with training in diabetes (or equivalent appropriate experience)? |  |
| How many haemoglobin HbA1C measurements were taken in the last 12 months? |  |
| What was the last haemoglobin HbA1C measurement recorded? |  |
| Were the results available and recorded at each MDT clinic appointment? | ☐ Yes  ☐ No |
| Was the child offered annual screening as recommended by current NICE guidance? | ☐ Yes  ☐ No |
| How many times did the child attend the annual screening? |  |
| Was the child annually assessed by their MDT for whether they need care from a clinical psychologist and access to psychological support? | ☐ Yes  ☐ No |
| Did the secondary or tertiary service unit that was providing routine oversight of the child’s diabetes care, give the child and family 24-hour access to advice and support? | ☐ Yes  ☐ No |