1. **Print out …**
   ... the three forms:
   1) Monthly Deaths Register
   2) Monthly Tally Sheet
   3) Child Death Data Capture Sheet (DCS)

   ... and the two code lists:
   1) Causes of Death
   2) Modifiable Factors

   ... and the Growth Charts
   (if you do not have these available, there are 4: boys and girls, 0-36 months and 2-18 yrs)

2. **Photocopy sufficient …**
   - Monthly Deaths Registers - you require one per *month*
   - Monthly Tally Sheets - you require one per *month*
   - Child Death Data Capture Sheets - you require one per *death*
   - Code Lists and Growth Charts, as needed by users - one set per *user*

3. **Complete the Monthly Deaths Register for each month …**
   - including all deaths from the 1st onwards
   - give each child a Deaths Register No. (usually chronological per month e.g 1/03 would be the first death in March)
   - complete as much information as possible from the ward’s registers, as the information may be needed when completing the DCS for any child where the folder has been lost
   - this register is very useful for tracking deaths, folders and data entry

4. **Complete a Child Death Data Capture Sheet (DCS) for each death …**
   Preferably, within 24 hours of child’s death and in discussion with all care givers involved. Include a summary on the reverse side of the DCS, as this is most useful should a file go missing.
   Or, collect the folders of all children who have died in the preceding month (perhaps a Death Box in your ward could be instituted where folders are put after a death to make this process easier)
   Complete a DCS for each child either at a Mortality Meeting held for this purpose or on your own after carefully perusing each folder.

   Whichever method you use to fill in the DCS, involve as many doctors and nurses as possible

5. **Complete the Monthly Tally Sheet …**
   - Use your ward’s Admissions Register
   - For this process, it is very helpful if the headings in the ward’s Admissions Register include the age (or date of birth), the weight category and discharge diagnosis for each admission
   - Also, care needs to be taken to exclude “Transfers In” to the ward if they have already been counted as an “Admission” earlier in their hospital stay

6. **Enter data onto computer**

   If you have any problems/queries please contact: Angelika Krug or Mark Patrick (details on Contact List)

   Remember that taking care in this process leads to ‘Saving lives through death auditing’