

# NEONATAL DEATH SUMMARY

1. Please complete this form for every death of a newborn baby that occurs in your facility. Complete the **first page** in duplicate.
2. Immediately following the death (or by 0800 if after hours) submit this form to the Head of Unit or Clinical Manager in order to determine what action may be required and ensure that the death is fully audited.
3. The form must be returned immediately to the unit to complete the audit process.
4. Send a duplicate copy to Nursing Management.
5. Each death must be audited within 7 days. To be overseen by head of unit/Clinical Manager and ANM

Demographics: Completed within 24hrs by the MO & RN present at death.										
Name:				IP Number:				Gender:		
Date of Birth:				Inborn/Outborn?				Apgar:		
Birth weight:				Gestation:				Date of admission:		
Liquor: (clear/meconium.)				Steroid doses:				Fetal Growth: (AGA/SGA/LGA)		
<b>Date of death:</b>				<b>Time of Death:</b>				Age:		
Death occurred:	Week day		Week night		Weekend		Public holiday		Unknown	
Provisional Cause of death										

## Death Notification and Debrief- Within 24hrs: Completed by the MO & RN present at death.

Record/Review immediate facts of the death & any adverse events.  
To be sent to and reviewed by Head of unit/Clinical manager for any required response and returned.

Asses nature of the death:	Y	N
1. Expected/Anticipated-No escalation of care available or warranted		
2. Progressive deterioration with poor response to care		
3. Unexpected- Some element of systems failure present		
4. Unexpected-No systems failures		

Systems failures:	Y	N	Y	N
1. Nursing- Inexperienced			2. Medical- Inexperienced	
Inadequate numbers			Inadequate numbers	
3. Observations- Not done			Not informed of deterioration	
Inadequate response			Unable to be contacted	
4. Alarms- Turned off			Did not come when called	
Incorrectly set			5. Support- Unavailable secondary/tert. bed	
Missed-Not attended to			Delay in transfer	
6. Equipment - Failure			Specialist not contacted	
Unavailability			Specialist unavailable	

If any above systems failures/adverse events present-provide details:

Events at Death- Course and management:

## Information given to mother/Caregiver: Record details and mother's signature on Counselling Form

Cause of death:			
Circumstances around death:			
Implications for other Pregnancies:			
Process from here: (Notification, post mortem, collecting body, funeral)			
MO-Sign:		Print:	
Nurse-Sign:		Print:	
Date:		Time:	

## Reviewed by Head of unit/Clinical manager: List any immediate action/response required and who is responsible for such action.

Date:		Time:	
Sign:		Print:	
Desig:			

