

Demographics:

Date of Birth:

Name:

Sign:

NEONATAL DEATH SUMMARY

Gender:

Apgar:

- 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.

IP Number:

Inborn/Outborn?

- 3. The form must be returned immediately to the unit to complete the audit process.
- 4. Send a duplicate copy to Nursing Management.
- Each death must be audited within 7 days. To be overseen by head of unit/Clinical Manager and ANM Completed within 24hrs by the MO & RN present at death.

Birth weight:	eight:			Gestation:			Date of admission:				ion:			
Liquor: (clear/me	: (clear/meconium.)			Steroid doses:				Fetal Growth: (AGA/SGA/LGA)				LGA)		
Date of death:				Time	of Deat	th:				Age:				
Death occurred:	Week day	Week nig	ht		Wee	ekend		Public holiday L					known	
Provisional Cause	of death													
Death Notification	n and Debrie	f- Within 24hrs:	Cor	nplet	ed by tl	he MO	& RN	prese	ent at dea	th.				
Record/Review in	nmediate fac	ts of the death & a	ny adv	verse	events									
To be sent to and	I reviewed by	Head of unit/Clini	cal ma	nage	r for an	ıy requi	ired r	espor	nse and re	turned.				
Asses nature of t	he death:												Υ	N
1. Expected/An	ticipated-No	escalation of care a	availab	le or	warrar	ited								
		with poor response												
		nt of systems failur	e pres	ent										
4. Unexpected-		ilures				_								
Systems failures:				Υ	N								Υ	N
1. Nursing-		Inexperience	_			2. N	ledica	al-			perience			
	Ir	nadequate number	_							nadequat				
3. Observations-		Not don							Not inforr					
	Inadequate response					Unable to be contacted								
4. Alarms- Turned off							Did not come when called 5. Support- Unavailable secondary/tert. bed							
		Incorrectly se	_			5.Su	ppor	t- Un	available :					
Missed-Not attended to											in trans			
6. Equipment -	6. Equipment - Failure									cialist not				
If any above such	ome foiluses	Unavailabilit adverse events p	<u>- </u>	h muo.	امام ماما	toile:			3	pecialist ı	unavalla	ые		
ii aliy above syst	ems ranures/	auverse events p	resem	ı-prov	viue ue	talis.								
Events at Death-	Course and r	nanagement:												
Events at Beath	Course una i	inanagement.												
Information give	n to mother/	Caregiver: Rec	ord de	etails	and mo	other's	signa	ture o	on Counse	lling Forn	n			
Cause of death:	<u> </u>													
Circumstances ar	ound death:													
Implications for o														
Process from her post mortem, collecti	•	'												
MO-Sign:	ilg bouy, lulleral	<i>,</i>	Print:								Date:			
Nurse-Sign:			Print:								Time:			
Reviewed by Hea	nd of unit/Cli	nical manager:			nediate a	action/r	espor	ise rea	uired and v			for such	action.	
21121124 27 7100		- 3		,	,	, , , , , , ,								
Date:		-				Time:								
Sign:				Pr	int:						D	esig:		

Problem List and Manageme	nt: -Within 7 days. Com	pleted by MC			unit full tir	ne.			
Problem:			Manage	ement:				ICD 10 Code	
								1	
								1	
								1	
								1	
								.	
								.	
Underlying cause of death:									
Final cause of death:									
Investigation findings:									
X-Ray:									
Ultrasound:									
FBC:									
U&E:								_	
CMP:									
Cultures:									
LP (If indicated):	DII.	20 .	DE.		DCO :		1+-		
Cord Blood Gas /ABG:	PH: HC	CO ₃ :	BE:		PCO ₂ :		Lact:		
Sarnat & Thompson:									
Other:									
DDID A. I. L. MINTER	0 1 1 1 1 1 1 1	. 1.							
PPIP Analysis-Within 7 days:					stetrics and	Neonatal.			
Avoidable factors identified:	NB.	Attach compl	eted PPIP	torm.					
Patient:									
Admin:									
Medical Personnel:									
					1				
Was the death avoidable/una	voidable?	1	Date:			Time:			
Obstetric Sign:		Print:				D	esig:	1	
Neonatal Sign:		Print:					esig:	<u>, </u>	
	and man 1 -1 - 1						-Jig.		
Administration: Sign (Initial)		ieted as indica	ated belov						
Death notification form (DHA 1663 A) completed: PPIP analysis entered on computer:									
To be presented at Monthly Perinatal Meeting? Entered in Neonatal data report:									