Field Covid-19 Child Death Investigation Report

Ministry of Health

MOH Area :	RDHS Area:	Pregnancy / Birth& Immunization Registration No:

A	Basic Information				
1	Name of Child		8	Date of death	DD /MM / YYYY
2	Sex of Child	*Male / Female / Ambiguous*	9	Date of Birth	DD /MM / YYYY
3	Ethnicity	*Sinhalese / Tamil / Muslim / Other*	10	Age at death	_____ *Days / Months / Years*
4	Residential Address		11	Place of death	*Home / Field / On admission / Hospital*
5	PHM Area		12	BHT No:*(if hospital)*	
6	GS Division		13	Name of Mother	
7	Eligible Family Registration No:		14	Name of School *(If schooling)*	

	Approximate date of contracting the disease	DD / MM / YYYY	**12.** Approximate date of onset of the disease	DD / MM / YYYY
	Possible modes of contracting the disease	☐ Family members ☐ Visitors to house ☐ Friends or peers	☐ Others (……) ☐ Not known / traceable	
	SARS CoV-2 Tests performed & dates	PCR DD / MM / YYYY	Rapid Antigen DD / MM / YYYY	Antibody DD / MM / YYYY
	Places where the child was managed for Covid19 illness			

B Short History *(from the onset of the illness up to death)**

**Please indicate chronology of events with details about onset of illness, Symptoms, consultations, investigations done, treatment / management done both at outpatient & inward levels*

C Post mortem / Necropsy Findings

Record No:_____ Name of JMO:	Full Autopsy: *Done* ☐ *Not done* ☐ *Please give details:*

D Cause/s of Death

1. Underlying Cause of Death	**2.** Contributory / Other causes of death	**3.** Immediate Cause of Death

E Death Registration Information	***Death Certificate No:*** *If not registered, please give reasons* ***Please attach a copy of the Death Certificate.***

F	Socio-Demographic details				
1	Marital status of parents	Unmarried / Married / Living together / Widowed / Divorced	**7**	Father's educational level	*None / Primary Gr 1-5 / Secondary Gr 6 – 11 / Secondary Gr 12 - 13 / Tertiary*
2	Age of Mother	_____ *Years*	**8**	Father's occupation	
3	Mother's Religion		**9**	Father's Religion	
4	Mother's educational level	*None / Primary Gr 1-5 / Secondary Gr 6 – 11 / Secondary Gr 12 - 13 / Tertiary*	**10**	Father's substance abuse	
5	Mother's occupation		**11**	Average Monthly Family Income	*Rs.*
6	No of living children in the family		**12**	Availabile mode of transport	
13	Comments on the living conditions:				
14	Social risk factors. Please list relevant 'Z' codes.				
15	Any congenital abnormalities / Child with Special Healthcare Needs ? **Yes** ☐ **No** ☐ *(If 'Yes' , please give details)*				
	Significant Past Medical Conditions, Family History & details:				

G	Details related to the onset of illness & care received prior to death
1	Was there any delay in seeking medical care by the parents / guardian ? **Yes** ☐ **No** ☐ If yes, please give the details & contributory factors;
2	Had the index child have first contact level (Hospital OPD / General practitioners / Other medical practitioners) or home treatment prior to death ? **Yes** ☐ **No** ☐ *(If 'Yes', please give details. For hospital management please go to **H**)*
3	If the child <u>died outside hospital / health facility</u>, please give a detailed description: Was an inquest held ? *If **'Yes'**, please give details:*

H	Details of Hospital Inward Management												
1	Reason for admission												
2	Referred to hospital by: *(Please tick ✓)*												
	Self referral by parents		MOH		PHM / PHI		GP		MO-OPD / MO Clinic		Paediatrician		
3	Give details of transport mechanism used to take the child to the hospital:												
4	Date of admission to hospital: DD / MM / YYYY Time: ___:____ *am/pm* Ward:_____ BHT No: _____												
5	Summary of clinical findings / investigations / diagnoses & management at hospital: ***Please attach copies of clinical records / diagnosis cards available with parents.***												
6	Parent's view on the care received by the deceased child:												

I	Provision of Field Care	
1	Date of child registered in the Birth & Immunization Register	DD / MM / YYYY*If not registered, please give reasons*
2	Status of the PHM area	*Active / Vacant / On leave(If not 'Active' , please give details)*
3	Was there any reason for special care ? Please give details.	
4	Details of health encounters / findings with field healthcare teams:	
5	Give your opinion on the care given by the family members to the child and the home environment including safety:	
6	How do you rate the care given by the area field healthcare teams to this child	*Excellent / Very Good / Good / Average / Poor*

J	View of the investigation team on factors contributing to child death
1	Any avoidable factors relating to seeking medical care or mother's /guardian's compliance :
2	Difficulties in reaching the health facility: *(Communication / Transport / Ambulances):*

3	Any avoidable factors identified at field health care (MOH / PHM / PHI):
4	Any avoidable factors identified at the first health encounter by GP/MO-OPD:
5	Any avoidable factors in the clinical management or deficiencies in attitude / negligence / judgment
6	Lack of /non availability of health personnel/ facilities and other logistics:
7	Deficiencies in healthcare administration (National / Provincial / Regional / Divisional) contributing to the death:
8	Any issues / problems of outside health sector contributing to this death:

K	**Overall view of the investigation team**
1	Can you think of any steps/actions, which if taken earlier, might have prevented this death?
2	If your field team were providing care to this child and/or mother again what changes would you make that will help to avoid such deaths ?
3	What else would you recommend for avoiding child deaths in similar circumstances at first contact level/clinicians/field staff/administrators?

L Lessons learnt & actions taken

1. Date of this death discussed at monthly conference	DD / MM / YYYY	**2.** Who presented the case ?	

3. *Describe the lessons learnt out of the index death & actions already taken or proposed to rectify the issues / deficiencies.*

4. Date child death notification sent	DD / MM / YYYY	**5.** Date of field death review conducted	DD / MM / YYYY

M Names & Designations of the investigation team:

Name	*Designation*	*Name*	*Designation*

Name of MOH: Dr. _____ **Signature:** _____ **Date:** DD / MM/ YYYY

Official Stamp: