CONFIDENTIAL

Hospital Covid-19 Child Death Investigation Report

Ministry of Health

Hospital and Unit:				Clinical Record /BHT No/s:	
A	**Basic Information**				
1	Name of Child		**6**	Date of death	DD /MM / YYYY
2	Sex of Child	*Male / Female / Ambiguous*	**7**	Date of Birth	DD /MM / YYYY
3	Ethnicity	*Sinhalese / Tamil / Muslim / Other*	**8**	Age at death	_____ *Days / Months / Years*
4	Residential Address		**9**	Place of death	*On admission / Ward / SCBU / ICU*
5	MOH Area		**10**	RDHS / District	
11	Approximate date of contracting the disease	DD / MM / YYYY	**12.**	Approximate date of onset of the disease	DD / MM / YYYY
13	Possible modes of contracting the disease	☐ Family members ☐ Visitors to house ☐ Friends or peers		☐ Others (……) ☐ Not known / traceable	
14	SARS CoV-2 Tests performed & dates	PCR DD / MM / YYYY		Rapid Antigen DD / MM / YYYY	Antibody DD / MM / YYYY
15	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 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	1. Declaration of Death (B 33) filled ? Yes / No **2.** Declaration of Death (B 33) No:			
F	**Details related to onset of illness & care received prior to the Admission**				
1	Was there any delay in seeking medical care by the parents / guardian ? **Yes** ☐ **No** ☐ If yes, please give the details & contributory factors;				
2	Are there any identified or obvious deficiencies in the provision of care for the child by the primary health care givers at General Practitioner or field level (MOH / Public Health Midwife ? **Yes** ☐ **No** ☐ *(If 'Yes' , please give details)*				

3	Had the index Child have clinical management at other Hospitals/ Institutions /Private sector/ prior to your hospital ? **Yes** ☐ **No** ☐ *(If 'Yes' , please give details)*
4	Any identified delays/deficiencies in receiving healthcare for this child prior to the admission;

G Details of Pre-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	If transferred to hospital by another health institution, Name of the previous hospital the patient was managed:		
4	Reason for transfer:		
5	Date of admission to hospital: DD / MM / YYYY Time: OPD/PCU/Admission desk: ___:____ *am/pm* Ward:___:____ *am/pm*		
6	Stamped "HO to see Stat" ?	**Yes** ☐ **No** ☐ *(If 'Yes', please give details)*	
7	**Presenting complaints and condition at the time of admission:** *(Please indicate brief examination findings)*		
8	**Past Medical Conditions & details:**	**9. Family History:**	
9	Any congenital abnormalities / Child with Special Healthcare Needs ? **Yes** ☐ **No** ☐ *(If 'Yes' , please give details)*		
10	Weight: _____ Kg	**11.** Length /Height: _____ cms	**12.** BMI:
13	Comment on Nutritional Status		
14	**Investigation** findings available at the time of admission:		
15	If there was undue delay in attending or receiving treatment, please describe why:		
16	Categories of senior clinicians saw/attended to the sick Child:	Senior House Officer (SHO) / DMO ☐ Registrar / Senior Registrar ☐ Paediatrician ☐ Other ☐ (Please specify)……..	
17	**Investigation findings throughout the management**		
	(Please use a separate sheet if necessary)		
18	**Problems / Complications detected and the details of management**		
	(Summarize the key modalities of management. List the essential medications administered)		

	Please use a separate sheet if necessary)
19	Was the child managed in ICU ? Did he/she developed MIS-C ? *If so please give details.*
20	Please describe the involvement of any **other specialists** (eg Chest Physician / Cardiologist / Nephrologist / Aanaesthetist etc). *If their involvement was significant, please provide details of their actions:*
H	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):
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:
7	Lack of /non availability of facilities and other logistics: *(eg. PBU /ICU/ Ventilators /OT /laboratory services/ Blood /Medications)*
8	Deficiencies in hospital administration:
I	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 you were treating this case 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 ?

J Lessons learnt & actions taken

Describe the lessons learnt out of the index death & actions already taken to rectify the identified deficiencies.

L Hospital death review

Date Child death notification sent	DD / MM / YYYY	Date of hospital death review conducted	DD / MM / YYYY
Names & Designations of the death review team:			
Name	*Designation*	*Name*	*Designation*

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

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

Official Stamp:

Please prepare this report in triplicate and send one copy each to: ***Director / Family Health Bureau*** *and* ***Regional Director of Health Services (of mother's residence)****. Keep the remaining copy for official purposes at your institution.*