Hospital Record Number:

CHILD DEATH REVIEW FORM

Please complete both sides of this form whenever a child or newborn dies in the community, a health centre or hospital. Also complete an official death certificate.

Name of child who died: _____		**Date of birth:** / /	**Age:** __ __yrs __ __mths __ __days
☐1 **Male** ☐2 **Female**	**Weight:** __ __ .__Kg	**Date of death:** / /	**Time of death:**__ __.__ __ am/pm
Province: _____	**District:** _____		**Village / town:** _____
Name of health facility reporting the death: _____			
1. Place of death: ☐1 Hospital ☐2 Health center ☐3 Home / village ☐4 In-transit to health facility		**2. No of days the child was sick before presentation:** __ __ days **3. Date of Hospital Admission:** / /	
4. Describe the story of what happened to the child			
5. Distance and time traveled to reach the health facility: __ __ km __ __ hrs **6. Mode of transport**_____			
7. Was child referred from another health facility ☐0 No ☐1 Yes (which one)_____		**8. Delay in transport or referral** ☐0 No ☐1 Yes (why)_____	
9. Had the child recently been an inpatient? ☐0 No ☐1 Yes (how many days ago was the child discharged)_____			
10. Neonatal death ☐0 No ***(go to Question 17)*** ☐1 Yes		**11. Mother attended antenatal care:** __ __ times	
12. Premature onset of labour ☐0 No ☐1 Yes ☐9 Unknown		**13. How long were the membranes ruptured before the baby was born:** __ __ hrs **14. Duration of labour:** __ __ hrs	

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15. Place of birth: ☐$_1$ Hospital ☐$_2$ Health center ☐$_3$ Home / village ☐$_9$ Unknown	**16. Apgar score** **at 1 minute** __ __ **at 5 minutes** __ __
17. Vaccine Status ☐ Vaccines up to date for age ☐ Some vaccines received but not complete for age ☐ No vaccines ever received	**18. Nutritional status** ☐ Normal nutrition (>-2 Z-scores weight for age or weight for length) ☐ Moderate malnutrition (-2 to -3 Z-scores) ☐ Severe malnutrition (<-3 Z-scores or Kwashiorkor)
19. Investigations done and results	
20. List the DIAGNOSES that were made (use the standardized diagnoses on the PHR, or add another diagnosis if not included):	
Primary diagnosis leading to death_____ **Underlying diagnosis (e.g. a chronic illness)**_____	Other diagnoses_____ Other diagnoses_____
21. What environmental or social factors were involved?	
22. What TREATMENTS did the child receive? (list all the treatments that were given)	
23. Were there any complications of treatment? (specify)	
24. Were any treatments you wanted to give *not* available at the time the child presented? ☐$_0$ No ☐$_1$ Yes (please specify)_____	
25. WAS THIS CHILD'S DEATH POSSIBLY AVOIDABLE? ☐$_0$ No ☐$_1$ Yes (If yes, **please write full details** of *where* improvements should occur, and what should be done) **Home or community:** **Primary care or referral system:** **Hospital:**	

Name and address of person reporting death (for purposes of providing feedback)

Name: **Position (e.g. Doctor / Nurse etc):**

Address:

Date of child mortality review meeting in which this case discussed:

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