Neonatal Encephalopathy

Appendix A. Case Summary with Action Plan

Name of mother:	Case number							
Age:	Parity:	Booked:	Yes No	HIV:	Yes 1	No	Syphilis: Yes	s No
Name of baby:			Ca	se numl	ber: _			
DOB:	Birth	າ weight:						
Singleton or twin	?	_ If a twin, wha	t type of	twin pr	egnan	ıcy _		
Place of birth:		Mo	ode of de	livery: _				
Best estimate of	gestational ag	e at birth:		Ac	cordir	ng to	o:	
Apgar score 1mir	5min_	10min	15min		20mir	ո		
Outcome of neor	ate: ENND/	LNND/ Discharg	ged/Trans	sferred	out			
List the Features	of Neonatal E	ncephalopathy	demonst	rated b	y this	bab	oy:	

List Avoidable factors that could have contributed to the encephalopathy (See Appendix A)	_
	_
<u>Likely Cause of NNE</u> (circle the appropriate option and provide details)	
This should be determined after joint assessment and discussion of the case by the obstetric and neonatal teams, taking into account obstetric factors and neonatal findings	
HIE (labour-related):	
• Infections:	
CNS anomalies/ genetic syndrome:	
Vascular:	
Metabolic:	
Neonatal abstinence syndrome	

Availability (this assessment should only be done after the joint discussion between obstetric and neonatal teams). This refers to the care the health service provided, not to patient-behaviour related factors. Choose one of the options below

- 1. There was no substandard care. The neonatal encephalopathy could not have been avoided.
- **2.** There was substandard care but this did not impact on the neonatal outcome. The neonatal encephalopathy could not have been avoided.
- 3. There was substandard care which might have impacted on the neonatal outcome. The neonatal encephalopathy could possibly have been avoided, or its severity reduced
- 4. There was substandard care which definitely impacted on the neonatal outcome. The neonatal encephalopathy could definitely have been avoided, or its severity reduced.

Action Plan

Action plan follow-up to be done by:	
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Action	Responsible	Time	Follow up
	person	frame	
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