NEONATAL DEATH SUMMARY

KWAZULU-NATAL PROVINCE
HEALTH
REPUBLIC OF SOUTH AFRICA

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.
3. The form must be returned immediately to the unit to complete the audit process.
4. Send a duplicate copy to Nursing Management.
5. Each death must be audited within 7 days. To be overseen by head of unit/Clinical Manager and ANM

Demographics:	Completed within 24hrs by the MO & RN present at death.				
Name:		IP Number:		Gender:	
Date of Birth:		Inborn/Outborn?		Apgar:	
Birth weight:		Gestation:		Date of admission:	
Liquor: (clear/meconium.)		Steroid doses:		Fetal Growth: (AGA/SGA/LGA)	
Date of death:		**Time of Death:**		Age:	
Death occurred:	Week day	Week night	Weekend	Public holiday	Unknown
Provisional Cause of death					

Death Notification and Debrief- Within 24hrs:	Completed by the MO & RN present at death.

Record/Review immediate facts of the death & any adverse events.
To be sent to and reviewed by Head of unit/Clinical manager for any required response and returned.

Asses nature of the death:	Y	N
1. Expected/Anticipated-No escalation of care available or warranted		
2. Progressive deterioration with poor response to care		
3. Unexpected- Some element of systems failure present		
4. Unexpected-No systems failures		

Systems failures:		Y	N			Y	N
1. Nursing-	Inexperienced			2. Medical-	Inexperienced		
	Inadequate numbers				Inadequate numbers		
3. Observations-	Not done				Not informed of deterioration		
	Inadequate response				Unable to be contacted		
4. Alarms-	Turned off				Did not come when called		
	Incorrectly set			5. Support-	Unavailable secondary/tert. bed		
	Missed-Not attended to				Delay in transfer		
6. Equipment -	Failure				Specialist not contacted		
	Unavailability				Specialist unavailable		

If any above systems failures/adverse events present-provide details:

Events at Death- Course and management:

Information given to mother/Caregiver:	Record details and mother's signature on Counselling Form
Cause of death:	
Circumstances around death:	
Implications for other Pregnancies:	
Process from here: (Notification, post mortem, collecting body, funeral)	

MO-Sign:		Print:		Date:	
Nurse-Sign:		Print:		Time:	

Reviewed by Head of unit/Clinical manager:	List any immediate action/response required and who is responsible for such action.

Date:		Time:	
Sign:		Print:	Desig:

Problem List and Management: -Within 7 days. Completed by MO caring for baby/neonatal unit full time.		
Problem:	**Management:**	**ICD 10 Code**
Underlying cause of death:		
Final cause of death:		

Investigation findings:

X-Ray:	
Ultrasound:	
FBC:	
U&E:	
CMP:	
Cultures:	
LP (If indicated):	

Cord Blood Gas /ABG:	PH:		HCO_3:		BE:		PCO_2:		Lact:	

Sarnat & Thompson:	
Other:	

PPIP Analysis-Within 7 days: Completed by multidisciplinary team with senior support-Obstetrics and Neonatal.

Avoidable factors identified: **NB.** Attach completed PPIP form.

Patient:

Admin:

Medical Personnel:

Was the death avoidable/unavoidable?		**Date:**		**Time:**	
Obstetric Sign:		**Print:**		**Desig:**	
Neonatal Sign:		**Print:**		**Desig:**	

Administration: Sign (Initial) and record **dates** completed as indicated below.

Death notification form (DHA 1663 A) completed:		PPIP analysis entered on computer:	
To be presented at Monthly Perinatal Meeting**?**		Entered in Neonatal data report:	