

Child Death Data Capture Sheet

Child PIP v3.0



Confidential document

Patient name:				Folder no:				Subdistrict:			
DoB	yyyy-mm-dd	Age	pc auto	Gender	/ /	Re-admission	/ /	Dead on arrival	/ /		
Date of Admission	yyyy-mm-dd	Time of Admission		hh : mm	When death occurred		Weekend / Public holiday				
Date of Death	yyyy-mm-dd	Time of Death		hh : mm	Weekday (07:00-19:00)		Weeknight (19:00-07:00)		Unknown		

Records (include RTHC assessment)

1. Folder not available	2. Folder present, records <u>incomplete</u>	3. Folder present, notes <u>inadequate</u> (quality of notes is poor)	4. Folder present, records <u>incomplete</u> AND notes <u>inadequate</u>	5. Folder available, records & notes OK
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Referred

Name of hospital/clinic:				
If yes, from:	1. Another hospital	2. A clinic	3. Private sector	Unknown
If yes, from:	1. Inside drainage area	2. Outside drainage area	Unknown	

Social

Mother	1. Alive and well	2. Dead	3. Sick	Unknown	Primary caregiver	1. Mother	2. Grandmother	3. Father
Father	1. Alive and well	2. Dead	3. Sick	Unknown		4. Other: _____	Unknown	

Nutrition (tick one category box, then fill in actual weight)

1. OWFA	2. Normal	3. UWFA	4. Marasmus	5. Kwashiorkor	6. M-K	Unknown	Weight _____ kg
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HIV & AIDS (enter status at time of admission, not at time of audit: this is NOT a post-mortem assessment)

Lab	1. Negative	2. Exposed	3. Infected	4. No result	5. Not tested (but indicated)	6. Not tested (not indicated)	Unknown		
Clinical	1. Stage I	2. Stage II	3. Stage III	4. Stage IV	5. Not staged (but indicated)	6. Not staged (not indicated)	Unknown		
Perinatal ARV	1. Prophylaxis given		2. Prophylaxis not given		3. Mother negative at delivery		Unknown		
Feeding in first 6 months	1. Exclusive breast for 6/12		2. No breast, ever		3. Mixed, from birth		Unknown		
Cotrimoxazole	1. Current		2. Ever		3. Never (but indicated)		4. Never (not indicated)		Unknown
ART (child)	1. Current		2. Ever		3. Never (but indicated)		4. Never (not indicated)		Unknown
ART (mother)	1. Current		2. Ever		3. Never (but indicated)		4. Never (not indicated)		Unknown

Cause of Death (insert codes)

Main cause of death:				Underlying condition (if any):			
Other important diagnoses (max 4):							

Modifiable Factors (insert codes)

Code	Home		Comments	Code	Admissions & Emergency: Hospital		Comments
	Probable	Possible			Probable	Possible	
	Probable	Possible			Probable	Possible	
	Probable	Possible			Probable	Possible	
Code	Clinic/Outpatients		Comments		Probable	Possible	
	Probable	Possible		Ward: Hospital		Comments	
	Probable	Possible			Probable	Possible	
Code	Referring Facility & Transit		Comments		Probable	Possible	
	Probable	Possible			Probable	Possible	
	Probable	Possible			Probable	Possible	
	Probable	Possible			Probable	Possible	

In your opinion, had the process of caring been different, would this death have been avoidable?

1. Yes	2. Not sure	3. No	Unknown
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Case Summary/Comments (write summary at time of death, if possible)

Child's Details (age, weight, where from, admission date/time)

History of Presenting Complaint

Relevant Background History (including details of HIV and TB)

Examination

Problem List

Problem	Investigations	Progress	Outcome
1.			
2.			
3.			
4.			
5.			

Comments