

## Pan-Cheshire CDOP Form C Analysis Pro-forma

<b>CDOP Ref:</b> Child A	<b>Age at Death:</b> PD Day
<b>Date of Birth:</b> PD 06/2016	<b>Gender:</b> Male
<b>Date of Death:</b> 08/06/2016	

**Cause of Death:**

1a) Unascertained  
Inquest: Narrative

**Case Summary:**

The child weighed 1660g at birth there was good tone, no heart rate and only minimal respiratory efforts. He was given inflation breaths but there was minimal or no chest wall movements but heart beat were audible soon after. He was transferred to the Neonatal unit and put in an incubator on CPAP. Peripheral IV access was gained. At 2-3 hours after birth his condition was fairly stable on CPAP. An umbilical catheter was inserted under sterile condition. X-ray review showed that UVC was not ideally placed. UC was re-sited. Review again showed it to be not ideal. The plan was to remove the UVC and a long line to be inserted however apparently UVC was left in situ and a long line was inserted. Xray review showed that the long has crossed the midline and possibly the tip to be in Rt subclavian/and superior vena cava. The line was supposed to be pulled back later the patient went into apnoea bagging was started immediately.. There was good chest movement seen but saturations were poor. It was thought to be related to long line, so long line was removed and help was called. Intubation was attempted blood clots were noted in the tube. The heart rate dropped chest compressions were started, full resuscitation was attempted with no significant response and was discontinued when the child sadly died.

**Chronology of any previous CDOP discussions:**

Date	Note:

**List of anonymised documents available for discussion:**

- Combined Form B
- PM report

<b>Death Expected:</b>	<b>NO</b>
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Parenting Capacity			
Please enter relevant information:			
1			
	Yes - specify	No/NK	Relevance
Poor parenting/supervision:			
Child Abuse/Neglect:			

Service Provision			
Please enter relevant information:			
1			
	Yes - specify	No/NK	Relevance
Access to health care:			
Prior medical intervention:			
Prior surgical intervention:			

CDOP members are asked to categorisation of the 'preventability' of each death reviewed against the options given below - tick one box:

<b>Modifiable Factors Identified</b>	The Panel have identified one or more factors in any domain which may have contributed to the death of the child and which by means of locally or nationally achievable interventions, could be modified to reduce the risk of future child deaths	<input type="checkbox"/>
<b>No modifiable factors identified</b>	The panel have not identified any potentially modifiable factors in relation to this death	<input checked="" type="checkbox"/>
	<b>Inadequate Information to make a judgement</b>	<input type="checkbox"/>

<p><b>Issues Identified</b>  <i>This may include absence of certain key persons from the discussion or the lack of key documents</i></p> <p>Panel Discussion: This case had been delayed coming to panel as it was part of the neo natal review of COSH however the outcome of the review did not find any issues with the death. The coroner has given a verdict of unascertained therefore the panel agreed that the case could be closed.</p>
<p><b>Learning Points</b>  <i>These may well overlap with the issues and with recommendations</i></p>

CDOP should categorise the **likely/cause of death** using the following schema. *The classification is hierarchical: where more than one category could reasonably be applied, the highest up the list should be marked.*

Cat	Name & description of category
1	<p><b>Deliberately inflicted injury, abuse or neglect</b>            This includes suffocation, shaking injury, knifing, shooting, poisoning &amp; other means of probable or definite homicide; also deaths from war, terrorism or other mass violence; includes severe neglect leading to death.</p>
2	<p><b>Suicide or deliberate self-inflicted harm</b>            This includes hanging, shooting, self-poisoning with paracetamol, death by self-asphyxia, from solvent inhalation, alcohol or drug abuse, or other form of self-harm. It will usually apply to adolescents rather than younger children.</p>
3	<p><b>Trauma and other external factors</b>            This includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis &amp; other extrinsic factors. <b>Excludes</b> Deliberately inflicted injury (category 1).</p>
4	<p><b>Malignancy</b>            Solid tumours, leukaemias &amp; lymphomas, and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, haemorrhage etc.</p>
5	<p><b>Acute medical or surgical condition</b>            For example, Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths with epilepsy.</p>
6	<p><b>Chronic medical condition</b>            For example, Crohn's disease, liver disease, neurodegenerative disease, immune deficiencies, cystic fibrosis, even if the final event leading to death was infection, haemorrhage etc. <b>Includes</b> cerebral palsy with clear post-perinatal cause.</p>
7	<p><b>Chromosomal, genetic and congenital anomalies</b>            Trisomies, other chromosomal disorders, single gene defects, and other congenital anomalies including cardiac.</p>
8	<p><b>Perinatal/neonatal event</b>            Death ultimately related to perinatal events, eg sequelae of prematurity, antepartum and intrapartum anoxia, bronchopulmonary dysplasia, post-haemorrhagic hydrocephalus, irrespective of age at death. It <b>includes</b> cerebral palsy without evidence of cause, and <b>includes</b> congenital or early-onset bacterial infection (onset in the first postnatal week).</p>
9	<p><b>Infection</b>            Any primary infection (ie, not a complication of one of the above categories), arising after the first postnatal week, or after discharge of a preterm baby. This would include septicaemia, pneumonia, meningitis, HIV infection etc.</p>
10	<p><b>Sudden unexpected, unexplained death</b>            Where the pathological diagnosis is either 'SIDS' or 'unascertained', at any age. <b>Excludes</b> Sudden Unexpected Death in Epilepsy (category 5).</p>