



Pan-Cheshire CDOP Form C Analysis Pro-forma

CDOP Ref: Child I	Age at Death: PD: Months
Date of Birth: PD: 08/2015	Gender: Female
Date of Death: 23/10/2015	

Cause of Death:
1a. Hypoxic ischemic damage of brain & chronic lung disease of prematurity, extreme prematurity at 27 weeks

Case Summary:
Sudden cardiorespiratory arrest following a bout of crying. Unsuccessful resuscitation. Previous episode an hour earlier from which had been successfully resuscitated. Similar episodes a week earlier requiring resuscitation on several occasions and eventually ventilation for 24 hours (no infection identified at that time). Had suffered from intermittent abdominal distension since around a PD of age and this was being investigated but the abdomen was not distended at the time of the collapse leading to death. Born prematurely at 27 weeks gestation and required ventilation during the first day of life, then oxygen and CPAP support over the next month.

Chronology of any previous CDOP discussions:	
Date	Note:

List of anonymised documents available for discussion:
➤ Combined Form B

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

Service Provision			
Please enter relevant information:			
	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:

Modifiable Factors Identified	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 checked="" type="checkbox"/>
No modifiable factors identified	The panel have not identified any potentially modifiable factors in relation to this death	<input type="checkbox"/>
	Inadequate Information to make a judgement	<input type="checkbox"/>

<p>Issues Identified <i>This may include absence of certain key persons from the discussion or the lack of key documents</i></p> <p>This child's death is subject to a review at COCH by the Royal College and therefore should be referred to when the report from the Royal College is received. I&S</p> <p>There was some discussion by the panel on whether a RRM should be carried out when there is an unexpected death in hospital. The officer for the coroner will review the report on our behalf. After the discussion the panel felt that the case could be closed</p>
<p>Learning Points <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>Deliberately inflicted injury, abuse or neglect This includes suffocation, shaking injury, knifing, shooting, poisoning & 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>Suicide or deliberate self-inflicted harm 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>Trauma and other external factors This includes isolated head injury, other or multiple trauma, burn injury, drowning, unintentional self-poisoning in pre-school children, anaphylaxis & other extrinsic factors. Excludes Deliberately inflicted injury (category 1).</p>
4	<p>Malignancy Solid tumours, leukaemias & lymphomas, and malignant proliferative conditions such as histiocytosis, even if the final event leading to death was infection, haemorrhage etc.</p>
5	<p>Acute medical or surgical condition For example, Kawasaki disease, acute nephritis, intestinal volvulus, diabetic ketoacidosis, acute asthma, intussusception, appendicitis; sudden unexpected deaths with epilepsy.</p>
6	<p>Chronic medical condition 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. Includes cerebral palsy with clear post-perinatal cause.</p>
7	<p>Chromosomal, genetic and congenital anomalies Trisomies, other chromosomal disorders, single gene defects, and other congenital anomalies including cardiac.</p>
8	<p>Perinatal/neonatal event 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 includes cerebral palsy without evidence of cause, and includes congenital or early-onset bacterial infection (onset in the first postnatal week).</p>
9	<p>Infection 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>Sudden unexpected, unexplained death Where the pathological diagnosis is either 'SIDS' or 'unascertained', at any age. Excludes Sudden Unexpected Death in Epilepsy (category 5).</p>