

## Mortality Review

Child I

PD

DOB: PD Aug 2015; DOD 23<sup>rd</sup> Oct 2015

### Antenatal history

Mother is Mother I 34 year old I&S children fit and well. Spontaneous preterm labour. SROM at 26 weeks. Received antenatal steroids.

### Delivery and Resuscitation

Born in LWH at 27 weeks, 960g, vaginal delivery. Intubated at 3min and given surfactant.

### Initial stabilisation and care (LWH)

Ventilated for 10 hrs. CPAP. 5 days ABx for raised CRP. Repeat screen for raised WCC and received another 5 day course of ABx.

### 18<sup>th</sup> Aug - 6<sup>th</sup> Sep CoCH:

Transferred on PD in CPAP 26-29% and receiving PN.

22<sup>nd</sup> Aug, dPD full enteral feeds, still on CPAP. Abdo "large but soft". Small amount of blood in nappy. Bilat vent dilatation discussed with parents.

23<sup>rd</sup> Aug – Abdomen more distended. NGT re-positioned and abdomen seemed less distended. AXR reported as suggestive of NEC. FBC and CRP normal.

24<sup>th</sup> Aug – no concerns re abdo – soft and full

26<sup>th</sup> Aug – feeds increased to 180ml/kg. Optiflow.

2<sup>nd</sup> Sep, PD Plts 840, WCC17.7, Na 128, CRP 1. Tolerating 3 hourly NGT feeds of EBM. Abdo soft non-distended. Sodium supplements.

5<sup>th</sup> Sep – frequent desats and slight bradycardia. Screened and started on Cefotaxime. CRP<1, WCC30.5, neuts 21.5, Plt 906.

Profound desat and bradycardia in evening – intubated, ventilated, iv fluids and NBM. AXR – abnormal gas pattern ?septic ileus ?NEC. iv metronidazole added. Some desaturations on vent overnight. Blood transfusion for Hb 100.

6<sup>th</sup> Sep – Discussed with surgeons and LWH – for transfer. Transferred to LWH pm.

6<sup>th</sup> Sep – 13<sup>th</sup> Sep – LWH: