

Mortality Review

Badger ID	PD	Gestation: 33+2 triplet	Hospital acquired infection
Birth weight: 2066g		Sex: M	
Child P			
Date of birth PD June 2016		Time of Birth: 1423	No
Date of Admission: PD June 2016		16 Time of admission: 1445	
Date of death: 24th June 2016		Time of death: 1600	
Cause of death	n (as noted on dea	th certificate): Awaiting Coroner's PM	·
1a			
1b. 2		Other	
After 28 days:			

Summary: 33+2 triplet 1, generally well and stable on optiflow and enteral feeds until day PD when he suddenly deteriorated with apnoea, bradycardia and abdominal distension. Did not respond to resuscitation.

Antenatal history: Normal triplet pregnancy. AN scans normal, no risk factors for infection. Antenatal steroids given. Regular reviews in pregnancy. Elective CS booked for maternal discomfort. Baby was not breech.

Delivery and Resuscitation: Born in good condition. Cried immediately, HR>100, good respiratory effort, poor tone, good colour. 5 inflation breaths given – sats upto 80% at 6min. Required 40% FiO2 for transfer to NNU.

Initial stabilisation and care: Admission temp 36.7. HR 134, FiO2 21%, sats 98%, Mild recession. One apnoea requiring tactile stimulation to 70s. Fingers on left hand bruised.

Venous gas pH 7.26, pCO2 7.85, BE-2.7

Plan for nCPAP, iv fluids, CRP (1), FBC (normal) and BC, iv antibiotics, caffeine, Vit K,

CXR: NG tube in situ with its tip in satisfactory position in the gastric body. Normal cardiac size and cardiothymic contour, allowing for rotation to the right. The lungs are well inflated with no evidence of a pneumothorax and no current signs of RDS.

current signs of RDS		
Date and time:	Continuing care:	
22 nd June Day PD 1145 1400	WR: nCPAP in air, examination normal. Plan for TPN, continue caffeine, U and E, gas and trial of optiflow. Optiflow started	
2000	Swollen left arm. New iv cannula inserted by reg, fluids restarted.	
2200	Normal blood gas	
23 rd June Day PD 0200	Full feeds, TPN stopped. 2 nd CRP <1, antibiotics stopped.	
1000	WR: No nursing concerns, SVIA, 75ml/kg/d DEBM, trace aspirates, Bili below treatment line. Plan for NIPE exam, Cranial USS.	
1800	Consultant review after death of sibling. Normal observations. Abdomen full and mildly distended, no tenderness, no masses, normal bowel sounds. Mild erythema around umbilicus. Plan for repeat bloods, BC, AXR and start cefotaxime and flucloxacillin. Difficulties with iv cannulation, antibiotics given at 2015. CRP<1 normal FBC AXR: NG tube in satisfactory position with its tip in the gastric body. Gas filled bowel loops throughout the abdomen, through to the lower rectum, with no evidence of obstruction and no plain film signs of perforation. No intramural or portal vein gas demonstrated.	
2000	One self-correcting desat and bradycardia. 14ml part digested milk aspirated from NGT.	