

Mortality Review

Badger ID	PD	Gestation: 33+2 triplet	Hospital acquired infection
Birth weight: 2066g		Sex: M	No
Child P			
Date of birth: PD June 2016		Time of Birth: 1423	
Date of Admission: PD June 2016		Time of admission: 1445	
Date of death: 24th June 2016		Time of death: 1600	
Cause of death (as noted on death 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.			
Date and time:	Continuing care:		
22nd June			
Day PD			
1145			
1400			
2000			
2200	Normal blood gas		
23rd June			
Day PD			
0200			
1000			
1800			
2000	One self-correcting desat and bradycardia. 14ml part digested milk aspirated from NGT.		