Hospital: _____

Deaths Register No: _____

Child Healthcare Problem Identification Programme

Child Death Data Capture Sheet

Child PIP v3.1

Ward: _____

Entered on computer: _____

Confidential document

Patient name:					Folder no:			Residential Subdistrict:	
DoB	yyyy-mm-dd	Age	pc auto	Gender	Ⓜ / Ⓕ / Ⓤ	Re-admission	Ⓨ / Ⓝ / Ⓤ	Dead on arrival	Ⓨ / Ⓝ / Ⓤ

Date of Admission	yyyy-mm-dd	Time of Admission	hh : mm	When death occurred	Weekend / Public holiday	
Date of Death	yyyy-mm-dd	Time of Death	hh : mm	Weekday (07:00-19:00)	Weeknight (19:00-07:00)	Unknown

Records (include RTHC assessment)

1. Folder not available	2. Folder present, records incomplete	3. Folder present, notes inadequate (quality of notes is poor)	4. Folder present, records incomplete AND notes inadequate	5. Folder available, records & notes OK

Referred

	Name of referring hospital/clinic:				
Ⓨ / Ⓝ / Ⓤ	If yes, from:	1. Another hospital	2. A clinic	3. Private practitioner	Unknown
	If yes, from:	1. Inside drainage area	2. Outside drainage area	Unknown	

Social

Mother	1. Alive and well	2. Dead	3. Sick	Unknown	Primary caregiver	1. Mother	2. Grandmother	3. Father
Father	1. Alive and well	2. Dead	3. Sick	Unknown		4. Other: _____		Unknown

Nutrition (tick one category box, then fill in actual weight)

1. OWFA	2. Normal	3. UWFA	4. Marasmus	5. Kwashiorkor	6. M-K	Unknown	Weight _____ kg

HIV & AIDS (enter status at time of admission, not at time of audit: this is NOT a post-mortem assessment)

Lab	1. Negative	2. Exposed	3. Infected	4. No result	5. Not tested (but indicated)	6. Not tested (not indicated)	Unknown
Clinical	1. Stage I	2. Stage II	3. Stage III	4. Stage IV	5. Not staged (but indicated)	6. Not staged (not indicated)	Unknown

Perinatal ARV	1. Prophylaxis given	2. Prophylaxis not given	3. Mother negative at delivery	Unknown
Feeding in first 6 months	1. Exclusive breast for 6/12	2. No breast, ever	3. Mixed, from birth	Unknown

Cotrimoxazole	1. Current	2. Ever	3. Never (but indicated)	4. Never (not indicated)	Unknown
ART (child)	1. Current	2. Ever	3. Never (but indicated)	4. Never (not indicated)	Unknown
ART (mother)	1. Current	2. Ever	3. Never (but indicated)	4. Never (not indicated)	Unknown

Cause of Death (insert codes)

Main cause of death:		Underlying condition (if any):	
Other important diagnoses (max 4):			

Modifiable Factors (insert codes)

Code	Ward: Hospital		Comments
	Probable	Possible	
	Probable	Possible	
	Probable	Possible	
	Probable	Possible	
	Probable	Possible	

Code	Admissions & Emergency: Hospital		Comments
	Probable	Possible	
	Probable	Possible	
	Probable	Possible	
	Probable	Possible	

Code	Referring Facility & Transit		Comments
	Probable	Possible	
	Probable	Possible	
	Probable	Possible	

Code	Clinic/Outpatients		Comments
	Probable	Possible	
	Probable	Possible	

Code	Home		Comments
	Probable	Possible	
	Probable	Possible	
	Probable	Possible	

In your opinion, had the process of caring been different, would this death have been avoidable?

1. Yes	2. Not sure	3. No	Unknown

Case Summary/Comments (write summary at time of death, if possible)

Child's Details (age, weight, where from, admission date/time)
History of Presenting Complaint
Relevant Background History (including details of HIV and TB)
Examination

Problem List

Problem	Investigations	Progress	Outcome
1.			
2.			
3.			
4.			
5.			

Comments