

Infant's Information

Last _____ First _____ M. _____ Case Number _____

1 On what day and at what approximate time did the infant arrive at the hospital?

_____/_____/_____ :_____
Month Day Year Military Time

2 Hospital Information:

Name _____ Address _____

3 Name of physician responsible for treatment at hospital.

Name _____ Phone _____

4 Name physician who signed the death certificate.

Name _____ Phone _____

5 What was the level of consciousness upon arrival at the hospital?

Breathing Not breathing Responsive Unresponsive Dead

What did the infant look like upon arrival at the hospital? (Check all that apply)

	No	Yes	Describe and specify location:
a) Discolorations.....	<input type="checkbox"/>	<input type="checkbox"/> ⇨	_____
b) Secretions.....	<input type="checkbox"/>	<input type="checkbox"/> ⇨	_____
c) Livor mortis.....	<input type="checkbox"/>	<input type="checkbox"/> ⇨	_____
d) Pale areas around nose or mouth...	<input type="checkbox"/>	<input type="checkbox"/> ⇨	_____
e) Retinal hemorrhages.....	<input type="checkbox"/>	<input type="checkbox"/> ⇨	_____
f) Cutaneous petechiae.....	<input type="checkbox"/>	<input type="checkbox"/> ⇨	_____
g) Bruising or other injury.....	<input type="checkbox"/>	<input type="checkbox"/> ⇨	_____
h) Suspicion of inflicted trauma.....	<input type="checkbox"/>	<input type="checkbox"/> ⇨	_____
i) Malnourished.....	<input type="checkbox"/>	<input type="checkbox"/> ⇨	_____
j) Other.....	<input type="checkbox"/>	<input type="checkbox"/> ⇨	_____

6 How did the infant feel upon arrival at the hospital?

Sweaty Warm to touch Cool to touch Rigid, stiff Limp, flexible
 Unknown Other ⇨ Specify _____

7 List all treatments and procedures (T&P) administered to the infant at the hospital:

	Approx. Time	Outcome
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

8 Hospital staff's comments regarding family's reaction to infant's death.

Investigator's Notes

Indicate the task(s) performed.

Obtain medical records or code sheet
 Secure evidence and release infant's property

Section completed on ____/____/____ at ____:____ by _____

How conducted: In person Telephone Other _____

