

Synopsis Report for Sudden Unexpected Pediatric Death

Cause of Death	Unexplained Sudden Death Other:	
Intrinsic Factors	NO YES, describe:	
Extrinsic Factors	NO YES, describe:	
Manner of Death		
Investigation	Medicolegal investigation with scene visit and doll reenactment Medicolegal investigation with scene visit, no doll reenactment Medicolegal investigation without scene visit Other, describe:	
Medical History	Decedent medical history reviewed with no causative, contributory, or risk factors identified Decedent medical history reviewed, minor findings. Describe: Decedent medical history reviewed with potential causative, contributory, or risk factors identified. Describe: Incomplete medical record review No medical record review Medical records unavailable or nonexistent	
Sleep Environment Concerns	<i>Sleeping Position</i>	Supine sleeping on safe surface (If INFANT: alone, on surface designed for infant sleep, with firm mattress and fitted sheet and absent soft bedding and objects) Prone sleeping on safe surface Supine sleeping on unsafe surface for age Prone sleeping on unsafe surface for age Other sleep position, describe:
	<i>Sharing Sleep Surface (mark all that applies)</i>	Sleep surface sharing with adult(s), how many? Sleep surface sharing with a child/children, how many? Sleep surface with animal(s), how many? N/A, not sharing sleep surface
	<i>Other Sleep Environment Concerns</i>	Complex sleep surface sharing (other circumstances not covered above, such as with intoxicated adult or obese individual), describe: Unknown/unconfirmed sleep environment N/A, not sleep-related death
Other Environmental Concerns (mark all that applies)	Markedly elevated temperature in home or excess bundling Markedly cold temperature in home Cigarette smoking in or outside home Illicit drug use in or outside home Other environmental concern(s) not listed above, describe:	

Synoptic Report for Sudden Unexpected Pediatric Death (Continued)

<p>Other Objective concerns (check off all that applies)</p>	<p>Postmortem changes out-of-keeping with stated history Non-lethal injury or injuries Non-lethal illness or disease process Illness or injury of unknown significance Non-lethal toxicologic finding Toxicologic finding of unknown significance Evidence of possible neglect</p>
<p>Autopsy</p>	<p>Complete autopsy (macro-/microscopic exam of thoracic, abdominal and pelvic organs, brain and spinal cord) <u>without</u> subspecialty pathologists consulted (pediatric, cardiac, and/or neuropathologists) Complete autopsy (macro-/microscopic exam of thoracic, abdominal and pelvic organs, brain and spinal cord) <u>with</u> subspecialty pathologists consulted (pediatric, cardiac, and/or neuropathologists); Specify consultations: Incomplete autopsy; Explain: Autopsy not performed</p>
<p>Toxicology</p>	<p>Toxicology performed (check off all that applies) Alcohol Illicit drugs Prescription Drugs Non-Prescription Drugs Toxicology testing not performed due to inadequate or absent specimens Toxicology testing not performed</p>
<p>Ancillary studies (check off all that applies)</p>	<p>Bacterial cultures done Viral cultures / studies done Vitreous electrolytes done Genetic cardiac studies done Metabolic screen done Other ancillary studies done; Describe: Ancillary studies not performed due to inadequate, inappropriate or absent specimens Ancillary studies not performed</p>

Form completed by:

Name:

Title:

Agency:

Date: