

**Synoptic Report for Sudden Unexpected Pediatric Death**

Decedent's Last Name		Decedent's First Name		Decedent's Middle Name		Case Number	
<b>Cause of Death</b>	<input type="radio"/> Unexplained Sudden Death <input type="radio"/> Other: _____						
<b>Intrinsic Factors</b>	<input type="radio"/> NO <input type="radio"/> YES, describe: _____						
<b>Extrinsic Factors</b>	<input type="radio"/> NO <input type="radio"/> YES, describe: _____						
<b>Manner of Death</b>	<input type="radio"/> Undetermined <input type="radio"/> Homicide		<input type="radio"/> Natural <input type="radio"/> Suicide		<input type="radio"/> Accident <input type="radio"/> Therapeutic Complications		
<b>Investigation</b>	<input type="radio"/> Medicolegal investigation with scene visit and doll reenactment <input type="radio"/> Medicolegal investigation with scene visit, no doll reenactment <input type="radio"/> Medicolegal investigation without scene visit <input type="radio"/> Other, describe: _____						
<b>Medical History</b>	<input type="radio"/> Decedent medical history reviewed with no causative, contributory, or risk factors identified <input type="radio"/> Decedent medical history reviewed, minor findings. Describe: _____ <input type="radio"/> Decedent medical history reviewed with potential causative, contributory, or risk factors identified. Describe: _____ <input type="radio"/> Incomplete medical record review <input type="radio"/> No medical record review <input type="radio"/> Medical records unavailable or nonexistent						
<b>Sleep Environment Concerns</b>	<i>Sleeping Position</i>	<input type="radio"/> 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) <input type="radio"/> Prone sleeping on safe surface <input type="radio"/> Supine sleeping on unsafe surface for age <input type="radio"/> Prone sleeping on unsafe surface for age <input type="radio"/> Other sleep position, describe: _____					
	<i>Sharing Sleep Surface (mark all that apply)</i>	<input type="radio"/> Sleep surface sharing with adult(s), how many? _____ <input type="radio"/> Sleep surface sharing with a child/children, how many? _____ <input type="radio"/> Sleep surface with animal(s), how many? _____ <input type="radio"/> N/A, not sharing sleep surface					
	<i>Other Sleep Environment Concerns</i>	<input type="radio"/> Complex sleep surface sharing (other circumstances not covered above, such as with intoxicated adult or obese individual), describe: _____ <input type="radio"/> Unknown/unconfirmed sleep environment <input type="radio"/> N/A, not sleep-related death					
<b>Other Environmental Concerns (mark all that apply)</b>	<input type="radio"/> Markedly elevated temperature in home or excess bundling <input type="radio"/> Markedly cold temperature in home <input type="radio"/> Cigarette smoking in or outside home <input type="radio"/> Illicit drug use in or outside home <input type="radio"/> Other environmental concern(s) not listed above, describe: _____						

Excerpt from UNEXPLAINED PEDIATRIC DEATHS: INVESTIGATION, CERTIFICATION AND FAMILY NEEDS  
 Available for download at sudped.com. For additional inquiries contact the SUDC Foundation (800-620-SUDC)

Synoptic Report for Sudden Unexpected Pediatric Death (Continued)	
<p><b>Other Objective Concerns</b> (mark all that apply)</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Postmortem changes out-of-keeping with stated history</li> <li><input type="radio"/> Non-lethal injury or injuries</li> <li><input type="radio"/> Non-lethal illness or disease process</li> <li><input type="radio"/> Illness or injury of unknown significance</li> <li><input type="radio"/> Non-lethal toxicologic finding</li> <li><input type="radio"/> Toxicologic finding of unknown significance</li> <li><input type="radio"/> Evidence of possible neglect</li> <li><input type="radio"/> Other objective concern(s) not listed above, describe: _____</li> </ul>
<p><b>Autopsy</b></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Complete autopsy (macro-/microscopic exam of thoracic, abdominal and pelvic organs, brain and spinal cord) without subspecialty pathologists consulted (pediatric, cardiac, and/or neuro-pathologists)</li> <li><input type="radio"/> Complete autopsy (macro-/microscopic exam of thoracic, abdominal and pelvic organs, brain and spinal cord) with subspecialty pathologists consulted (pediatric, cardiac, and/or neuro-pathologists); Specify consultations: _____</li> <li><input type="radio"/> Incomplete autopsy; Explain: _____</li> <li><input type="radio"/> Autopsy not performed</li> </ul>
<p><b>Toxicology</b></p>	<ul style="list-style-type: none"> <li><input type="radio"/> Toxicology performed (check off all that apply)                             <ul style="list-style-type: none"> <li><input type="radio"/> Alcohol</li> <li><input type="radio"/> Illicit drugs</li> <li><input type="radio"/> Prescription Drugs</li> <li><input type="radio"/> Non-Prescription Drugs</li> </ul> </li> <li><input type="radio"/> Toxicology testing not performed due to inadequate or absent specimens</li> <li><input type="radio"/> Toxicology testing not performed</li> </ul>
<p><b>Ancillary studies</b> (mark all that apply)</p>	<ul style="list-style-type: none"> <li><input type="radio"/> Bacterial cultures done</li> <li><input type="radio"/> Viral cultures / studies done</li> <li><input type="radio"/> Vitreous electrolytes done</li> <li><input type="radio"/> Genetic cardiac studies done</li> <li><input type="radio"/> Metabolic screen done</li> <li><input type="radio"/> Other ancillary studies done; Describe:</li> <li><input type="radio"/> Ancillary studies not performed due to inadequate, inappropriate or absent specimens</li> <li><input type="radio"/> Ancillary studies not performed</li> </ul>

Form completed by:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_