

Synoptic Report for Sudden Unexpected Pediatric Death

Decedent's Last Name	Decedent's First Name	Decedent's Middle Name	Case Number
Cause of Death	<input type="radio"/> Unexplained Sudden Death <input type="radio"/> Other: _____		
Intrinsic Factors	<input type="radio"/> NO <input type="radio"/> YES, describe: _____		
Extrinsic Factors	<input type="radio"/> NO <input type="radio"/> YES, describe: _____		
Manner of Death	<input type="radio"/> Undetermined <input type="radio"/> Natural <input type="radio"/> Accident <input type="radio"/> Homicide <input type="radio"/> Suicide <input type="radio"/> Therapeutic Complications		
Investigation			
Investigation	<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: _____		
Medical History			
Medical History	<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		
Sleep Environment Concerns			
Sleep Environment Concerns	<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	
Other Environmental Concerns			
Other Environmental Concerns (mark all that apply)	<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: _____		

Synopsis Report for Sudden Unexpected Pediatric Death

Decedent's Last Name _____

Decedent's First Name _____

Decedent's Middle Name _____

Case Number _____

Synopsis Report for Sudden Unexpected Pediatric Death (Continued)

<p>Other Objective Concerns (mark all that apply)</p>	<p><input type="radio"/> Postmortem changes out-of-keeping with stated history</p> <p><input type="radio"/> Non-lethal injury or injuries</p> <p><input type="radio"/> Non-lethal illness or disease process</p> <p><input type="radio"/> Illness or injury of unknown significance</p> <p><input type="radio"/> Non-lethal toxicologic finding</p> <p><input type="radio"/> Toxicologic finding of unknown significance</p> <p><input type="radio"/> Evidence of possible neglect</p> <p><input type="radio"/> Other objective concern(s) not listed above, describe: _____</p>
<p>Autopsy</p>	<p><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)</p> <p><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: _____</p> <p><input type="radio"/> Incomplete autopsy; Explain: _____</p> <p><input type="radio"/> Autopsy not performed; Explain: _____</p>
<p>Toxicology</p>	<p><input type="radio"/> Toxicology performed included testing for (check off all that apply)</p> <p style="margin-left: 20px;"><input type="radio"/> Alcohol</p> <p style="margin-left: 20px;"><input type="radio"/> Illicit drugs</p> <p style="margin-left: 20px;"><input type="radio"/> Prescription Drugs</p> <p style="margin-left: 20px;"><input type="radio"/> Non-Prescription Drugs</p> <p><input type="radio"/> Toxicology testing not performed due to inadequate or absent specimens</p> <p><input type="radio"/> Toxicology testing not performed</p>
<p>Ancillary studies (mark all that apply)</p>	<p><input type="radio"/> Bacterial cultures done</p> <p><input type="radio"/> Viral cultures / studies done</p> <p><input type="radio"/> Vitreous electrolytes done</p> <p><input type="radio"/> Genetic cardiac studies done</p> <p><input type="radio"/> Metabolic screen done</p> <p><input type="radio"/> Other ancillary studies done; Describe: _____</p> <p><input type="radio"/> Ancillary studies not performed due to inadequate, inappropriate or absent specimens</p> <p><input type="radio"/> Ancillary studies not performed</p>

Form completed by:

Name: _____

Title: _____

Agency: _____

Date: _____

Printed Name: _____

Signature: _____