UNINTENTIONAL ASPHYXIA

1. ☐ **Suffocation-Sleep related: a. sleeping place** (crib, adult bed, etc) __________________ if adult bed size**:** ______________
   b. Position found: ☐Back ☐Stomach ☐Side ☐UNK **c. Face position when found:** ☐Up ☐Down ☐Left/Right ☐UNK
   d. Airway: ☐Unobstructed ☐Fully obstructed ☐Partially obstructed **What obstructed airway**? _________________________
   e. Time between last known alive and found __________ ☐mins ☐hrs **(Send a copy of completed SUIDI-RF for <1 to the LHD)**
2. ☐ **Suffocation- Not Sleep related**: ☐Confined in tight space ☐Asphyxia by gas ☐Other: ________________________________
3. ☐ **Strangulation:** list the object that caused event (cord, belt, person, etc): ____
4. ☐ **Choking**: list object that caused choking (food, toy, liquid, etc): ____
5. ☐ **Other Asphyxia:** Describe ____
6. **Was asphyxia an autoerotic event?** ☐No ☐Yes ☐UNK **7. Was the child playing the pass out/choking game?** ☐No ☐Yes ☐UNK
8. **Did child have a hx of seizures?** ☐No ☐Yes ☐UNK **9. Did child have a hx of apnea?** ☐No ☐Yes ☐UNK
10. **Was the Heimlich Maneuver attempted?** ☐No ☐Yes ☐UNK

POISONING/OVERDOSE a. Death due to: ☐Poisoning ☐Overdose (self-administered) ☐Overdose (administered by another) ☐Adverse effect, but not overdose **b. Type of substance:** ☐Rx ☐Over counter ☐Illegal ☐Other: _________________________
c. Where was the substance stored? ______________________________

MEDICAL CONDITION a. Diagnosis: ____
b. Was the death expected? No Yes ☐Yes, but at a later date **c. Was child receiving health care for condition?**☐ No ☐Yes
d. Were there access/compliance issues? ☐UNK ☐No ☐Yes: Describe:____

OTHER INJURY ☐Burn (liquid/chemical) ☐Electrocution ☐Assault type of weapon _______________ ☐Abusive Head Trauma
☐Inflicted Injury to Head/Torso ☐Child Sexual Abuse ☐Fall ☐Crush ☐Exposure to Hazards
☐Other injury Describe:

CONSUMER PRODUCT a. Was product used properly? ☐No ☐Yes ☐UNK **b. Is a recall in place?** ☐No ☐Yes ☐UNK
c. Did product have safety label: ☐No ☐Yes ☐UNK **d. Was Consumer Product Safety Commission notified?** ☐No ☐Yes ☐UNK

LHD complete Section III & IV during the CFR meeting. LHD CFR fax EACH update of form to State CFR (502) 564-5766.

Section III. Case Details

1. **Was anyone involved under the influence of:** ☐alcohol or ☐drugs Describe:____
2. **Was mental health a factor in the death?** ☐No ☐Yes Describe: ____
3. **Was poverty or lack of resources a factor in the death?** ☐No ☐Yes: Describe: ____
4. **At time of incident, was child supervised?** ☐No ☐Yes ☐UNK ☐Not needed **5. Was supervisor impaired?** ☐No ☐Yes ☐UNK
6. **Relationship of the person Supervising the child:** ☐Mother ☐Father ☐ Other: _____________________
7. **Relationship of the Primary Caregiver (PC) of the child:** ☐Mother ☐Father ☐ Other: _____________________
8. **Mother's Age:** _____ **Criminal hx** ☐No ☐Yes ☐UNK **Substance Abuse** ☐No ☐Yes ☐UNK **Prior Child Deaths** ☐No ☐Yes ☐UNK
9. **Father's Age:** _____ **Criminal hx** ☐No ☐Yes ☐UNK **Substance Abuse** ☐No ☐Yes ☐UNK **Prior Child Deaths** ☐No ☐Yes ☐UNK
10. **Supervisor's Age:** _____**Criminal hx** ☐No ☐Yes ☐UNK **Substance Abuse** ☐No ☐Yes ☐UNK **Prior Child Deaths** ☐No ☐Yes ☐UNK
11. **PC's Age:** _____ **Criminal hx** ☐No ☐Yes ☐UNK **Substance Abuse** ☐No ☐Yes ☐UNK **Prior Child Deaths** ☐No ☐Yes ☐UNK
12. **a. Did a person do something/fail to do something contributing to the death?** ☐No ☐Yes ☐UNK **b. Relationship:** ____________
    c. Age of person: _____ **d. Was person impaired:** ☐No ☐Yes ☐UNK **e. Was person asleep:** ☐No ☐Yes ☐UNK
    f. Did person have Criminal hx ☐No ☐Yes ☐UNK **Substance Abuse** ☐No ☐Yes ☐UNK **Prior Child Deaths** ☐No ☐Yes ☐UNK
    g. Hx of maltreatment: ☐Perpetrator ☐ Victim
13. **Did child have a Disability or Chronic Illness?** ☐UNK ☐No ☐Yes: ☐Physical ☐Mental ☐Intellectual ☐Sensory
14. **Were there any medical/behavioral changes in the 72 hours prior to death?** ☐No ☐Yes ☐UNK **Describe:**__________________
15. **What was the Child's Health Insurance:** ☐Medicaid ☐Private ☐Other ___________
16. **Child had: a. mental health hx?** ☐UNK ☐No ☐Yes **b. substance abuse hx?** ☐UNK ☐No ☐Yes **c. criminal hx?** ☐UNK ☐No ☐Yes
17. **Did the family have: a. CPS hx?** ☐UNK ☐No ☐Yes **b. Open CPS or APS case/investigation at time of death?** ☐No ☐Yes ☐UNK
    c. other children living in home? ☐No ☐Yes ☐NK **How many?**____ **d. Hx Child or a sibling placed outside of home?** ☐No ☐Yes
18. **Is there evidence of prior child abuse?** ☐No ☐Yes: ☐physical ☐sexual ☐emotional injury ☐neglect ☐UNK
19. **Was the death reported to CPS?** ☐UNK ☐No ☐Yes **CPS Action:** ☐Not Investigated ☐Unsubstantiated ☐Substantiated
20. **Was an autopsy completed?** ☐No ☐Yes ☐UNK
21. **Was Toxicology completed?** ☐No ☐UNK ☐ Yes: Findings: ☐Negative Positive for: ☐Cocaine ☐Methamphetamine ☐Alcohol
    ☐Marijuana ☐Opiates ☐Over Counter Drug ☐Other ______________________________________
22. **Describe any abnormalities or significant findings in autopsy:** ____
23. **For Infants: a. Born Drug Exposed** ☐No ☐Yes ☐UNK **b. Had Neonatal Abstinence Syndrome (NAS)** ☐No ☐Yes ☐UNK
    c. Exposed to 2nd hand smoke ☐No ☐Yes ☐UNK **d. Had Abnormal Newborn Screen** ☐No ☐Yes ☐UNK

Section IV. Child Fatality Review & Prevention

Services Offered to the Family **(check all that apply)**

☐ Grief Counseling ☐ Economic Support ☐Emergency Shelter ☐Mental Health Services ☐Health Care ☐Foster Care
☐Child/Adult Protective Services ☐Substance Abuse treatment ☐Funeral Arrangements ☐ Other__________________

Identify the risk factors that the team feels need to be addressed: ☐ Overwhelmed Parent ☐ Child Care Issues

☐ Child Substance Abuse ☐ Caregiver Substance Abuse ☐ Child Abuse/Neglect ☐ Access to Water
☐ Child Mental Health Issues ☐ Caregiver Mental Health Issues ☐ Family Violence ☐ Access to Firearms
☐ Child Disability ☐ Caregiver Disability ☐ Financial/Housing Instability ☐ Inadequate Restraint
☐ Unsafe Sleep Practices ☐ Language/Cultural Issues ☐ Lack of Support Systems ☐ Poor Supervision

2. Describe any protective factors in the case that will promote resilience:

____

3. Describe any relevant challenges/missed opportunities with the death investigation:

☐ **Coroner -** describe: ____
☐ **DCBS -** describe: ____
☐ **Judicial –** describe: ____
☐ **Law Enforcement -** describe: ____
☐ **First Responders -** describe: ____
☐ **By Stander -** describe: ____
☐ **Other -** describe: ____

4. Were all the following elements of Death Scene Investigation completed? ☐No ☐Yes

a. Mandated agencies were notified timely
b. Information was shared between agencies during investigation
c. Investigation was conducted *at the place of incident* with the following:
- Narrative description of the circumstances
- Scene photographs
- Witness interviews
- Doll re-enactment for SUID cases and suspected abuse/neglect

If no, explain:

5. List any recommendations and/or initiatives to prevent deaths from similar causes in the future:

____
____
____

6. Were new or revised agency policies/practices recommended or implemented as a result of this review? ☐No ☐Yes ☐UNK

If yes, which agencies: ☐CPS ☐ Law Enforcement ☐Public Health ☐Court ☐Education ☐EMS ☐Coroner ☐Other
Describe: ____

7. This review led to: ☐Additional investigation ☐Changes in agency policies or practice ☐Prevention initiatives:
Describe:____

8. This death could have been prevented: ☐ No, probably not ☐ Yes, potentially ☐ Team could not determine

9. The Team prefers this case be reviewed by the State External Child Fatality and Near Fatality Review Panel. ☐No Yes
Explain Comments Concerns:

10. Did any of the following factors reduce review meeting effectiveness? (Check any that apply)

☐ Confidentially prevented full exchange of information ☐ HIPAA regulations prevented access to/exchange of information
☐ Pertinent information not presented at the meeting (check all that apply) ☐ Records from another state ☐Records from another locality in-state ☐ Other agency records ____________________________________
☐ Investigation did not provide enough information for the review ☐ Necessary team members were absent
☐ Meeting was held too long after death ☐ Meeting was held too soon after death ☐ Team disagreed on circumstances

Agencies Represented (check all that apply) **ACTUAL Review Date:** _________________ **COUNTY of Review:** ________________

☐Coroner ☐DCBS ☐Fire Department ☐Mental Health
☐Law Enforcement ☐Attorney ☐EMS ☐Physician
☐Health Department ☐School ☐ Medical Examiner ☐Other _______________

☐ CFR Report sent to State CFR date: ____/____/______ ☐ CFR Update sent to State CFR Date: ____/_____/_____