

Sentinel Event Review form for Severe Neurological Injury

Outcomes of concern: IVH G3, IVH G4, PVL

Demographics:						
CNN Case ID:		Date of Review:		Date of Birth:		Time of Birth:
Gestational Age:		Birth Weight:		Inborn/Outborn:		
Date of the diagnosis:						

REVIEW ELEMENTS				Comments (e.g. Time if applicable)
Antenatal				
• Did mother receive 2 doses of antenatal steroids?	Yes	No	Unknown/NA	
• Was there clinical or histological chorioamnionitis?	Yes	No	Unknown/NA	
• If yes, did mother receive antibiotics?	Yes	No	Unknown/NA	
• Was there placental abruption?	Yes	No	Unknown/NA	
• Was there cord prolapse?	Yes	No	Unknown/NA	
• Was there any documented fetal bradycardia	Yes	No	Unknown/NA	
Intrapartum				
• Did mother receive intrapartum MgSO4?	Yes	No	Unknown/NA	
• Was there delayed cord clamping for ≥ 45 secs?	Yes	No	Unknown/NA	
• Was there milking of the cord?	Yes	No	Unknown/NA	
• What was the mode of delivery?				Vaginal _____ CS _____
• Did mother receive general anaesthesia?	Yes	No	Unknown/NA	
Resuscitation (delivery room)				
• Was there a trial of CPAP during resuscitation?	Yes	No	Unknown/NA	
• Did baby receive chest compression/ or epinephrine?	Yes	No	Unknown/NA	
• Was Apgar score < 5 at 5 minutes?	Yes	No	Unknown/NA	
• Was the baby intubated?	Yes	No	Unknown/NA	
• If yes, number of attempts? Any recorded bradycardia?	Yes	No	Unknown/NA	
• Did baby receive surfactant within 60 minutes of intubation?	Yes	No	Unknown/NA	
• Did baby receive fluid boluses? If yes, volume _____ ml/kg	Yes	No	Unknown/NA	
• Was the cord pH below 7.0?	Yes	No	Unknown/NA	
Post-resuscitation (in first 72h)				
Ventilation				

• Was baby intubated in first 72h?	Yes	No	Unknown/NA	
• If yes, was premedications used?	Yes	No	Unknown/NA	
• If intubated, number of attempts? ____ Any recorded bradycardia?	Yes	No	Unknown/NA	
• Was baby re-intubated in first 72h?	Yes	No	Unknown/NA	
• Did baby develop an air leak requiring drainage?	Yes	No	Unknown/NA	
• Were there PCO ₂ below 35 ?	Yes	No	Unknown/NA	
• Were there PCO ₂ higher than 55 ?	Yes	No	Unknown/NA	
• Was there documented pH greater 7.40 ?	Yes	No	Unknown/NA	
• Was there documented PH less than 7.20 ?	Yes	No	Unknown/NA	
• What was the highest MAP in the first 72h: ____ cm H ₂ O	Yes	No	Unknown/NA	
Attempts to minimize hemodynamic fluctuations				
• Did baby receive inotropes?	Yes	No	Unknown/NA	
• If yes, did baby receive cardiac functional evaluation?	Yes	No	Unknown/NA	
• Did baby receive bicarbonate infusion?	Yes	No	Unknown/NA	
• Did baby receive prophylactic indomethacin?	Yes	No	Unknown/NA	
• Did baby receive fluid boluses? If yes, volume ____ ml/kg	Yes	No	Unknown/NA	
Other				
• Did baby have sugar <2.6 mmol/l? (Lowest sugar level ____)	Yes	No	Unknown/NA	
• If Yes, Please specify				
• Was there documented hypothermia (<36 ⁰ C)?	Yes	No	Unknown/NA	
• Was pain & agitation addressed as per unit guidelines?	Yes	No	Unknown/NA	
• Lowest platelet count in the first 72h: ____	Yes	No	Unknown/NA	
At any time prior to severe neurological injury:				
• Did baby receive CPR after delivery room resus?	Yes	No	Unknown/NA	
• After 72 h did baby receive inotropes for hypotension?	Yes	No	Unknown/NA	
• Did baby have nosocomial infection?	Yes	No	Unknown/NA	
• Did baby develop significant PDA requiring treatment	Yes	No	Unknown/NA	
<u>Adequacy of record documentation for proper evaluation</u>	Yes	No		

Root Cause Analyses:

Proposed Explanations for Sentinel Event:

Explanation:	Comments:

Action Plan:

Action:	Responsible Individual:	Target Change:	Timeline for Target Change:	Strategy to Measure Compliance/Achievement:

Comments:

Reviewer (s): _____
