

**Sentinel Event Review form for NI**

<b>Demographics:</b>						
<b>CNN Case ID:</b>		<b>Date of Review:</b>		<b>Date of Birth:</b>		<b>Time of Birth:</b>
<b>Gestational Age:</b>		<b>Birth Weight:</b>		<b>Inborn/Outborn:</b>		
<b>Dave of event</b> (blood culture drawn):		<b>Organism isolated:</b>		<b>Same organism from other site?</b>		<b>If yes, what site?</b> _____

REVIEW ELEMENTS				Comments (e.g. Time if applicable)		
<b>Peri-event management practices</b>						
• Intravascular device(s) in place 48 hr before event?	Yes	No	Unknown/NA			
• If yes, what device(s)? Circle all that apply:	UAC		UVC	PICC	Surgical CVL	PIV
• If yes, was an insertion checklist used?	Yes	No	Unknown/NA			
• If yes, was a copy available for review?	Yes	No	Unknown/NA			
• Were there >2 insertion attempts?	Yes	No	Unknown/NA			
• Number of catheter entries in 48 hr before event?						
• Any catheter related complications in 48 hr before event?	Yes	No	Unknown/NA			
• If yes, what complication(s)?	Leakage		Infiltration	Blockage	Dressing change	
• Was the device removed?	Yes	No	Unknown/NA			
• Was there a chest tube in situ 48 hrs before event?	Yes	No	Unknown/NA			
• Was baby on respiratory support 48 hrs before event?	Yes	No	Unknown/NA			
• If yes, was it invasive ventilation (with ETT)?	Yes	No	Unknown/NA			
• Was there NEC > Stage 2 within a week before event?	Yes	No	Unknown/NA			
• Was there any surgical procedure within a week?	Yes	No	Unknown/NA			
• Has baby received antibiotic >2d for culture negative sepsis?	Yes	No	Unknown/NA			
• Did baby receive colostrum or OIT within 24 hrs of birth?	Yes	No	Unknown/NA			
• Has baby received exclusive human milk feeding?	Yes	No	Unknown/NA			
• Has baby received probiotics?	Yes	No	Unknown/NA			
• Has baby received antacids in last week?	Yes	No	Unknown/NA			
<b>Unit Issues (2 weeks prior to event):</b>						
• Was there any Infectious outbreak? If yes, details	Yes	No	Unknown/NA			

• Was there declining hand-hygiene compliance rate?	Yes	No	Unknown/NA	
• Were there any staffing issues (ie. high occupancy/acuity) If yes, details	Yes	No	Unknown/NA	
• Were there any equipment/supply issues re:vascular devices? If yes, details	Yes	No	Unknown/NA	
• Were the records reviewed adequate for proper evaluation?	Yes	No	Unknown/NA	

**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:**

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Reviewer (s): \_\_\_\_\_

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