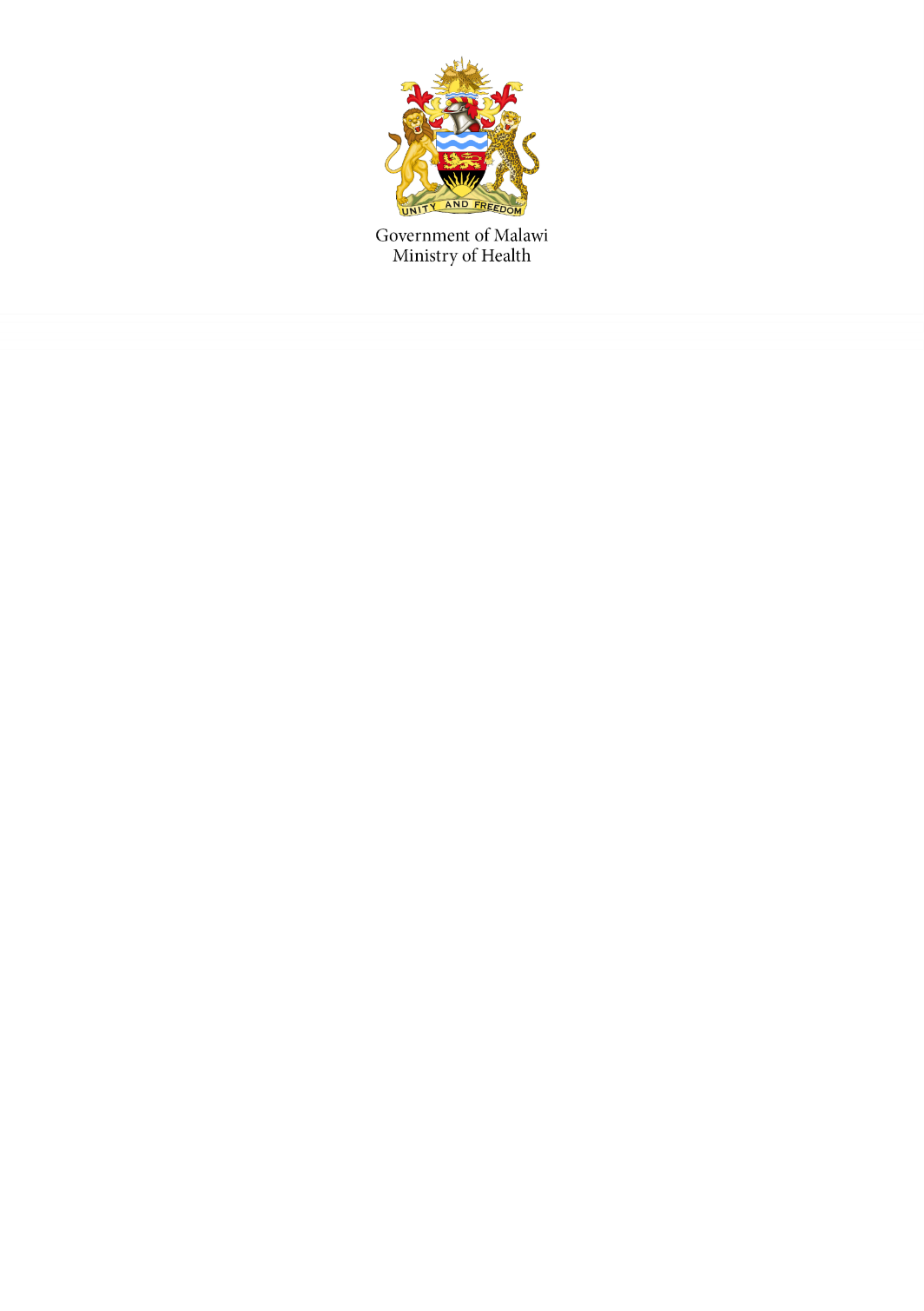


Nutrition Rehabilitation Unit

Death Audit Form

## 2nd Edition – December 2016

****NRU Death Audit Form

Death Audits should be conducted within 72 hours of death of a child admitted to inpatient management of severe acute malnutrition (SAM).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name / Barcode |  | | | | Child’s Registration Number |  | | |
| NRU Name  District |  | | | | | | | |
| DOB (dd/mm/yyyy) |  | Age (months): | | | Gender: M F | | | |
| Date of Admission |  | Time (24 hr clock) |  | | | Dead on arrival? | | Yes No |
| Date of Death |  | Time (24 hr clock) |  | | |
| REFERRAL? |  | | | | | | | |
| Y N Unknown  If yes, circle & name | OTP | Medical Transfer | | Another Hospital | | | Unknown | |
| Name of Referral Facility |  |  | |  | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NUTRITION STATUS (on admission)** | | | | | | | | | | | |
| Marasmus / wasting | Bilateral pitting oedema (Kwashiorkor) | | | Marasmic-Kwashiokor | | | Oedema grade:  0 + ++ +++ | MUAC (cm)  \_\_\_\_\_\_\_\_\_ | Wt (kg)  \_\_\_\_\_\_\_\_\_ | Ht (cm)  \_\_\_\_\_\_\_ | Z-scores  \_\_\_\_\_\_ |
| List the medical complications the child had on admission: | | | | | | | | | | | |
| **HIV STATUS** | | | | | | | | | | | |
| HIV Exposure Status | | Not exposed | Exposed mum  not on ARV’s | | | Exposed, mum on ARV’s | | Other | | Unknown | |
| HIV < 12 months results | | DNA PCR not done | DNA PCR pending | | | DNA PCR negative | | DNA PCR  Positive, not on ART | DNA PCR  Positive & on ART | Poor ART compliance | Unknown |
| HIV > 12 months results | | Known positive on ART | Known positive pre ART | | | Not exposed | | Exposed negative by rapid test | Exposed positive by rapid test | Poor ART compliance | Unknown |
| **TREATMENT PHASE** (Feed the child was on):  Stabilisation (F-75), transition (F-75 & RUTF or F-100) or rehabilitation (F-100 or RUTF) | | | | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MAIN CAUSE OF DEATH** | |  | | | | | | |
| Underlying conditions or other important diagnoses | |  | | | | | | |
| **MODIFIABLE FACTORS THAT CONTRIBUTED TO THE DEATH** | | | | | | | | |
| FAMILY FACTORS | Y | | N | Comment | REFERRAL FACILITY FACTORS | Y | N | Comment |
| Delay in seeking care |  | |  |  | Case assessment / management |  |  |  |
| Did not come when referred |  | |  |  | Lack of personnel |  |  |  |
| Transport problems |  | |  |  | Drugs, equipment, blood, lab |  |  |  |
| Not Immunised |  | |  |  | Delay in referral |  |  |  |
| Other |  | | | | Lack of transport / communication |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INTERVENTIONS** | | Y | N | Comment |
| Was initial clinical and nutrition assessment done? | |  |  |  |
| Were interventions provided to prevent and treat hypoglycaemia? | |  |  |  |
| Were interventions provided to prevent and treat hypothermia? | |  |  |  |
| Were interventions provided to prevent dehydration? | |  |  |  |
| Did the child have dehydration? | |  |  |  |
| Was the dehydration correctly diagnosed and treated according to protocol | |  |  |  |
| Was the child monitored during administration of ReSoMal? | |  |  |  |
| Were interventions to treat for infections given according to the standard treatment protocol | |  |  |  |
| Was the child tested for HIV? | |  |  |  |
| If HIV positive was s/he linked to HIV treatment and care? | |  |  |  |
| Were interventions for micronutrient deficiencies provided according to the protocol? | |  |  |  |
| Did the child receive initial feeding according to protocol? | |  |  |  |
| Was the child in NRU transitioned to RUTF/F-100 at the appropriate time? | |  |  |  |
| Were catch up feeds given according to the protocol? | |  |  |  |
| Was the child monitored during feeding (vital signs, weight, appetite, diarrhoea, etc.). | |  |  |  |
| Was the child provided with stimulation, play, and loving care? | |  |  |  |
| Was the child a relapse? If yes, previous date of discharge? | |  |  |  |
| Other (specify) |  | | | |
| In your opinion could this death have been avoided?  (circle) yes no not sure | | Comment | | |

|  |  |  |
| --- | --- | --- |
| **ACTION POINTS TO IMPROVE FUTURE CARE** | **RESPONSIBLE PERSON** | **BY WHEN** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date of audit | (dd/mm/yyyy) | |
| **AUDIT TEAM** | | |
| Name | | Position |
|  | |  |
|  | |  |
|  | |  |
|  | |  |
|  | |  |