

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention Division of Reproductive Health Maternal and Infant Health Branch Atlanta, Georgia 30333





Infant's Last							6 N I
	Name	In	fant's First Name	Mic	ldle Name		Case Number
ex: Male	Female D	Date of Birth		Age:		SS#:	
ace: White	Black/Africa	an Am.	Asian/Pacific Isl.	 Am. Indian/Alaska	an Native	Hispanic/	Latino Other
ant's Primary Re	sidence:						
ddress:			City:	County:		State:	Zip:
ncident ddress:			City:	County:		State:	Zip:
ntact Information	n for Witnes	s:					
elationship to dec	eased:	Birth Mo	other Birth Fathe	er Grand	mother	Grand	lfather
Adoptive or Fo	ster Parent	Phy	rsician Health	Records	Other Descri	be:	
st:		Firs	t:	M.:	S	SS#:	
ldress:			City:		State:		Zip:
ork Address:			City:		State	e:	Zip:
ome Phone:			Work Phone:			Date of Bi	
onio i nono.			vvolk i none.		WITNESS		
Did you notic	e anything u	inusual or	different about the in	ofant in the las	t 24 hrs?		
Did you notic No	e anything u Yes		different about the incity:	nfant in the las	t 24 hrs?		
No	Yes	Spec	cify:		t 24 hrs?		
No	Yes	Spec	or injury within the la		t 24 hrs?		
No Did the infant	Yes experience Yes	Speciany falls of Special	cify: or injury within the last		t 24 hrs?		
No Did the infant No	Yes experience Yes	Speciany falls of Special	or injury within the lassify:	st 72 hrs?	t 24 hrs?		
No Did the infant No When was the	Yes experience Yes infant LAS	Spectany falls of Spectany fal	or injury within the lastify: O? Time:	st 72 hrs?			
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No Did the infant No When was the Date: When was the Date: Explain how y Where was the Bassined Cradle	Yes experience Yes infant LAST infant LAST infant FOUN ou knew the e infant - (P)	Spectany falls of Spectany falls of Spectany falls of Spectany Military MD? Military Militar	cify: or injury within the last cify: O? Time: Time: Time: as still alive. Bedside co-sleeper Crib	Location Location Location Location Location Location Car so Floor	n (room): n (room): n (room): or F in front o	C In	hair a person's arms

				WITN	IESS INTER	VIEW (C	ont.)	
0	In what position was the infant LAS Was this the infant's usual position?	T PLACED	? Sitting Yes	On back No	On side What was the		omach	Unknown
	·				1	•		
1	In what position was the infant LKA	.?	Sitting	On back	On side		omach	Unknown
	Was this the infant's usual position?		Yes	No	What was the	•		
2	In what position was the infant FOU	IND?	Sitting	On back	On side		omach	Unknown
	Was this the infant's usual position?		Yes	No	What was the	•		
3	Face position when LAST PLACED	? Fac	e down on surf	face F	ace up	Face right	t F	ace left
4	Neck position when LAST PLACED	? Hype	rextended (hea	ad back)	Flexed (chin to	chest)	Neutral	Turne
5	Face position when LKA?	ace down or	n surface	Face up	Face right	Fac	e left	
6	Neck position when LKA?	lyperextende	ed (head back)	Flexe	d (chin to chest)) N	leutral	Turne
7	Face position when FOUND?	ace down or	n surface	Face up	Face right	Fac	e left	
8	Neck position when FOUND?	lyperextende	ed (head back)	Flexe	d (chin to chest)	N	leutral	Turne
9	What was the infant wearing? (ex. t	-shirt, dispos	sable diaper)	1 1				1
0	Was the infant tightly wrapped or s			es - describe:				
1	Please indicate the types and number					ot includi	na wrann	ing blanket
	Bedding UNDER Infant	None	Number	Bedding OVE	-	ot includi	None	Number
	Receiving blankets	1.0	1	Receiving bla				
	Infant/child blankets		+	Infant/child bla				
	Infant/child comforters (thick)				mforters (thick)			
	Adult comforters/duvets		-	Adult comforte	• • • •			
	Adult blankets			Adult blankets				
	Sheets			Sheets	,			
				Pillows				
	Sheepskin Pillows			Other specify				
	Pillows			Other, specify	:			
				Other, specify	:			
	Pillows Rubber or plastic sheet Other, specify: Which of the following devices were None Apnea monitor H What was the temperature in the infe	lumidifier ant's room? ear the infa	in the infant's Vaporizer Hot nt's face, nose	s room? Air purifie Cold e, or mouth?	er Other - Normal	Other -		
	Pillows Rubber or plastic sheet Other, specify: Which of the following devices were None Apnea monitor H What was the temperature in the infe Which of the following items were n Bumper pads Infant pillows	dumidifier ant's room? ear the infa Position	in the infant's Vaporizer Hot nt's face, nose	s room? Air purifie Cold	er Other - Normal	Other -	ır -	
	Pillows Rubber or plastic sheet Other, specify: Which of the following devices were None Apnea monitor H What was the temperature in the info Which of the following items were no Bumper pads Infant pillows Which of the following items were were well as the following items were wel	dumidifier ant's room? ear the infa Position vithin the in	in the infant's Vaporizer Hot nt's face, nose hal supports ufant's reach?	Air purified Cold e, or mouth? Stuffed anim	er Other - Normal mals Toys		ır -	
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5	Pillows Rubber or plastic sheet Other, specify: Which of the following devices were None Apnea monitor H What was the temperature in the info Which of the following items were no Bumper pads Infant pillows Which of the following items were were well as the following items were wel	dumidifier ant's room? ear the infa Position vithin the in	in the infant's Vaporizer Hot nt's face, nose hal supports ufant's reach?	Air purified Cold e, or mouth? Stuffed animothing O	or Other - Normal mals Toys ther -		ır - [
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5	Pillows Rubber or plastic sheet Other, specify: Which of the following devices were None Apnea monitor H What was the temperature in the info the following items were non Bumper pads Infant pillows Which of the following items were were selected by the selected has been been been been been been been bee	Humidifier ant's room? ear the infa Position vithin the in /s Pa t? No	in the infant's Vaporizer Hot nt's face, nos nal supports ifant's reach? cifier No	Air purified Cold e, or mouth? Stuffed animothing O Locatio	er Other - Normal mals Toys ther -	Othe		cation, tired
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5	Pillows Rubber or plastic sheet Other, specify: Which of the following devices were None Apnea monitor H What was the temperature in the info the following items were not a Bumper pads Infant pillows Which of the following items were were blankets Toys Pillow Was anyone sleeping with the infant Name of individual sleeping with infant	ant's room? ear the infa Position vithin the in vs Pa t? No t Age	in the infant's Vaporizer Hot nt's face, nose hal supports ifant's reach? cifier No Yes Height Weigh	Air purified Cold e, or mouth? Stuffed animothing O Location to	er Other - Normal mals Toys ther -	Othe		cation, tired)
3 4 5	Pillows Rubber or plastic sheet Other, specify: Which of the following devices were None Apnea monitor H What was the temperature in the info the following items were non Bumper pads Infant pillows Which of the following items were were selected by the selected has been been been been been been been bee	Humidifier ant's room? ear the infa Position vithin the in /s Pa t? No	in the infant's Vaporizer Hot nt's face, nos nal supports ifant's reach? cifier No	Air purified Cold e, or mouth? Stuffed animothing O Location to	er Other - Normal mals Toys ther -	Othe		cation, tired)

						SS INTERVI	_		
What had led you to check on the in	nfant?								
Describe the infant's appearance w	hen found.								
Appearance		nknown	No	Yes		Describe and	d speci	fy location	
a) Discoloration around face/nose/me	outh								
b) Secretions (foam, froth)									
c) Skin discoloration (livor mortis)									
d) Pressure marks (pale areas, bland									
e) Rash or petechiae (small, red bloc on skin, membranes, or eyes)									
f) Marks on body (scratches or bruis	ses)								
g) Other									
What did the infant feel like when fo	ound? (Che	ck all that	t apply.)						
Sweaty Warm to touch	Cool to to	uch	Lim	p, flex	ible	Rigid, stiff	Unkno	wn	
Other - specify:			<u> </u>						
	to recues	tata tha	infont	2	No.	Vos			
Did anyone else other than EMS try	to resusci	iate the	iniant	·	No	Yes	_		
Who?			Date:			Military t	ime:		:
Please describe what was done as	part of resu	uscitatio	n:						
Explain:									
Explain:									
Explain:					INFAN	NT MEDICAL	HIST	ORY	
Explain:					INFAN	NT MEDICAL	HIST	ORY	
	Doctor	Otl	her hea	althcar	INFA e provider			ORY Family	
Source of medical information:	Doctor	Ott	her hea	althcar					
Source of medical information: Mother/primary caregiver	Other:		her hea	althcar					
Source of medical information:	Other:				e provider				
Source of medical information: Mother/primary caregiver In the 72 hours prior to death, did the Condition	Other:	ave:		es Co	e provider	Medical re	cord	Family	
Source of medical information: Mother/primary caregiver In the 72 hours prior to death, did the	Other:	ave:		es Co	e provider ondition Apnea (s		cord	Family	
Source of medical information: Mother/primary caregiver In the 72 hours prior to death, did the Condition a) Fever	Other:	ave:		es Co	e provider ondition Apnea (so	Medical re	cord	Family	
Source of medical information: Mother/primary caregiver In the 72 hours prior to death, did the Condition a) Fever b) Diarrhea	Other:	ave:		es Co	e provider ondition Apnea (so	Medical re topped breathing	cord	Family	
Source of medical information: Mother/primary caregiver In the 72 hours prior to death, did the Condition a) Fever b) Diarrhea c) Excessive sweating	Other: he infant ha Unki	ave:		es Co	e provider ondition Apnea (si Decrease Cyanosis Vomiting	Medical re topped breathing	cord	Family	
Source of medical information: Mother/primary caregiver In the 72 hours prior to death, did the Condition a) Fever b) Diarrhea c) Excessive sweating d) Stool changes	Other: he infant ha Unki	ave:		es Co	e provider ondition Apnea (si Decrease Cyanosis Vomiting	Medical re topped breathing in appetite (turned blue/gra	cord	Family	
Source of medical information: Mother/primary caregiver In the 72 hours prior to death, did the Condition a) Fever b) Diarrhea c) Excessive sweating d) Stool changes e) Lethargy or sleeping more than us	Other: he infant ha Unki	ave:		es Co	e provider ondition Apnea (si Decrease Cyanosis Vomiting Seizures	Medical re topped breathing in appetite (turned blue/gra or convulsions	cord	Family	
Source of medical information: Mother/primary caregiver In the 72 hours prior to death, did the Condition a) Fever b) Diarrhea c) Excessive sweating d) Stool changes e) Lethargy or sleeping more than usef) Difficulty breathing g) Fussiness or excessive crying	Other: Unkr	ave: nown N	lo Ye	es Cc h) i) j) k) l) m) n)	e provider ondition Apnea (si Decrease Cyanosis Vomiting Seizures Choking Other, sp	Medical re topped breathing in appetite (turned blue/gra or convulsions ecify:	cord) y)	Unknown	No
Source of medical information: Mother/primary caregiver In the 72 hours prior to death, did the Condition a) Fever b) Diarrhea c) Excessive sweating d) Stool changes e) Lethargy or sleeping more than use f) Difficulty breathing g) Fussiness or excessive crying In the 72 hours prior to death, was the second content of the seco	Other: Unkr	ave: nown N	lo Ye	es Cc h) i) j) k) l) m) n)	e provider ondition Apnea (si Decrease Cyanosis Vomiting Seizures Choking Other, sp	Medical re topped breathing in appetite (turned blue/gra or convulsions ecify:	cord) y)	Unknown	No
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INFANT MEDICAL HISTORY (cont.) 5 At any time in the infant's life, did s/he have a history of? Medical history Unknown No Describe a) Allergies (food, medication, or other) b) Abnormal growth or weight gain/loss c) Apnea (stopped breathing) d) Cyanosis (turned blue/gray) e) Seizures or convulsions f) Cardiac (heart) abnormalities 6 Did the infant have any birth defects(s)? No Describe: Describe the two most recent times that the infant was seen by a physician or healthcare provider: (Include emergency department visits, clinic visits, hospital admissions, observational stays, and telephone calls) First most recent visit Second most recent visit a) Date b) Reason for visit c) Action taken d) Physician's name e) Hospital/clinic f) Address g) City h) State, ZIP i) Phone number 8 Birth hospital name: Discharge date: Street address: City: State: Zip: 9 What was the infant's length at birth? inches or centimeters 10 What was the infant's weight at birth? pounds ounces or grams 11 Compared to the delivery date, was the infant born on time, early, or late? On time Early - how many weeks? Late - how many weeks? 12 Was the infant a singleton, twin, triplet, or higher gestation? Singleton Twin Triplet Quadrupelet or higher gestation Were there any complications during delivery or at birth? (emergency c-section, child needed oxygen) No Describe: Are there any alerts to the pathologist? (previous infant deaths in family, newborn screen results) No Specify:

INFANT DIETARY HISTORY On what day and at what approximate time was the infant last fed? 1 Date: Military Time: 2 What is the name of the person who last fed the infant? 3 What is his/her relationship to the infant? 4 What foods and liquids was the infant fed in the last 24 hours (include last fed)? Food Unknown No Yes Quantity (ounces) Specify: (type and brand) a) Breastmilk (one/both sides, length of time) b) Formula (brand, water source - ex. Similac, tap water) c) Cow's milk d) Water (brand, bottled, tap, well) e) Other liquids (teas, juices) f) Solids g) Other 5 Was a new food introduced in the 24 hours prior to his/her death? Yes If yes, describe (ex. content, amount, change in formula, introduction of solids) 6 Was the infant last placed to sleep with a bottle? Yes No - if no, skip to question 9 below Was the bottle propped? (i.e., object used to hold bottle while infant feeds) 7 Nο Yes If yes, what object was used to prop the bottle? 8 What was the quantity of liquid (in ounces) in the bottle? 9 Did the death occur during? Breastfeeding Bottle-feeding Eating solid foods Not during feeding 10 Are there any factors, circumstances, or environmental concerns that may have impacted the infant that have not yet been identified? (ex. exposed to cigarette smoke or fumes at someone else's home, infant unusually heavy, placed with positional supports or wedges) No Yes If yes, - describe: **PREGNANCY HISTORY** 1 Information about the infant's birth mother: First name: Last name: Middle name: Maiden name: Birth date: SS#: City: Street address: State: Zip: How long has the birth mother been at this address? Years: Months: Previous Address: 2 At how many weeks or months did the birth mother begin prenatal care? Unknown No prenatal care Weeks: Months: 3 Where did the birth mother receive prenatal care? (Please specify physician or other healthcare provider name and addresses.) Physician/ Provider: Hospital/clinic: Phone: Street address: City: State: Zip:

Was the birth mother injured	during her pro	egnancy v	vith the in	fant? (ex. auto accide	ent, falls)	No	Yes	
Specify:								
During her pregnancy, did sh	-		•				.,	
a) Over the counter medication	Unknown	No Yes	Daily	d) Cigarettes	Unknow	n No	Yes	Dail
b) Prescription medications	15			e) Alcohol				
c) Herbal remedies				f) Other				
Currently, does any caregiver	use any of th	ne followin	na?					
our only dood any duragiver	-	No Yes	•		Unknow	n No	Yes	Dail
a) Over the counter medication	ns			d) Cigarettes				
b) Prescription medications				e) Alcohol				
c) Herbal remedies				f) Other				
				INCIDENT SC	=NF_INVES	TIGA	TION	
				INCIDENT SCI	-INC IIIVC		IION	
Where did the incident or dea	th occur?							
Was this the primary residence	ce? No	Yes						
Is the site of the incident or d	eath scene a	davcare o	r other ch	ildcare setting?	Yes No	- If no	, skip to	auestio
		_						100000
How many children (under ag	e 18) were un	ider the ca	are of the	provider at the time	e of the incid	ent or	death?	
How many adults (age 18 and								
, , , , , , , , , , , , , , , , , , , ,	over) were s	upervising	g the child	l(ren)?				
What is the license number a	•			. ,				
	•	agency for		. ,				
What is the license number at License number:	nd licensing a	agency for	the dayc	. ,				
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INVESTIGATION SUMMARY Are there any factors, circumstances, or environmental concerns about the incident scene investigation that may have impacted the infant that have not yet been identified? 2 **Arrival times** Military time Law enforcement at scene: DSI at scene: Infant at hospital: **Investigator's Notes** 1 Indicate the task(s) performed Additional scene(s)? (forms attached) Photos or video taken and noted Doll reenactment/scene re-creation Materials collected/evidence logged Referral for counseling EMS run sheet/report Notify next of kin or verify notification 911 tape 2 If more than one person was interviewed, does the information differ? No Yes If yes, detail any differences, inconsistencies of relevant information: (ex. placed on sofa, last known alive on chair.) **INVESTIGATION DIAGRAMS** 1 Scene Diagram: 2 **Body Diagram:**

								SU	MMA	RY FO	R PATH	OLOGI	ST	
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lr	nfant's	in	formation	: Last:			First:			M:		Case #:		
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	i dica t Yes N		netner pre	aliminary	/ investiga	tion sug	gests any	of the follo	wing:					
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		-			rface with a	_						,		,
			Change in	sleep co	ndition (ex.	unaccusto	omed stoma	ch sleep posi	tion, loca	ation, or s	sleep surfac	ce)		
		-						blankets, clo	_			nents)		
		-			•			s gases, che						
Ļ			Unsafe sie	ep condi	ition (ex. cou	ich/sofa, w	vaterbed, sti	ıffed toys, pill	ows, sol	t bedding	1)			
		\dashv			oduced, etc.)									
		-	Recent ho	-										
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Ļ			Cause of o	death due	e to natural	causes o	other than	SIDS (ex. bir	th defec	ts, compl	ications of _l	oreterm bir	rth)	
			Prior siblin	ig deaths	3									
			Previous 6	encounte	rs with polic	e or soci	al service	agencies						
			Request for	or tissue	or organ do	nation								
			Objection	to autops	sy									
			Pre-termin	nal resuso	citative trea	tment								
			Death due	to traum	na (injury), p	oisoning	, or intoxic	ation						
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