

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

Sudden Unexplained Infant Death Investigation

SUIDI

Reporting Form

INVESTIGATION DATA

Infant's Information: Last _____ First _____ M. _____ Case # _____

Sex: Male Female Date of Birth ____/____/____ Age ____ Months SS# _____
Month Day Year

Race: White Black/African Am. Asian/Pacific Islander Am. Indian/Alaskan Native Hispanic/Latino Other

Infant's Primary Residence Address:

Address _____ City _____ County _____ State _____ Zip _____

Incident Address:

Address _____ City _____ County _____ State _____ Zip _____

Contact Information for Witness:

Relationship to the deceased: Birth Mother Birth Father Grandmother Grandfather
 Adoptive or Foster Parent Physician Health Records Other: _____

Last _____ First _____ M. _____ SS # _____

Home Address _____ City _____ State _____ Zip _____

Place of Work _____ City _____ State _____ Zip _____

Phone (H) _____ Phone (W) _____ Date of Birth ____/____/____
Month Day Year

WITNESS INTERVIEW

1 Are you the usual caregiver? Yes No

2 Tell me what happened: _____

3 Did you notice anything unusual or different about the infant in the last 24 hrs? No Yes ⇒ Describe: _____

4 Did the infant experience any falls or injury within the last 72 hrs? No Yes ⇒ Describe: _____

5 When was the infant LAST PLACED? ____/____/____ : ____ : ____
Month Day Year Military Time Location (room)

6 When was the infant LAST KNOWN ALIVE(LKA)? ____/____/____ : ____ : ____
Month Day Year Military Time Location (room)

7 When was the infant FOUND? ____/____/____ : ____ : ____
Month Day Year Military Time Location (room)

8 Explain how you knew the infant was still alive. _____

9 Where was the infant - (P)laced, (L)ast known alive, (F)ound (circle P, L, or F in front of appropriate response)?

- | | | | |
|---------------------------|--------------------------|----------------|--------------------------|
| P L F Bassinet | P L F Bedside co-sleeper | P L F Car seat | P L F Chair |
| P L F Cradle | P L F Crib | P L F Floor | P L F In a person's arms |
| P L F Mattress/box spring | P L F Mattress on floor | P L F Playpen | P L F Portable crib |

WITNESS INTERVIEW (cont.)

- 10 In what position was the infant LAST PLACED?** Sitting On back On side On stomach Unknown
 Was this the infant's usual position? Yes No ⇒ What was the infant's usual position? _____
- 11 In what position was the infant LKA?** Sitting On back On side On stomach Unknown
 Was this the infant's usual position? Yes No ⇒ What was the infant's usual position? _____
- 12 In what position was the infant FOUND?** Sitting On back On side On stomach Unknown
 Was this the infant's usual position? Yes No ⇒ What was the infant's usual position? _____
- 13 FACE position when LAST PLACED?** Face down on surface Face up Face right Face left
- 14 NECK position when LAST PLACED?** Hyperextended (*head back*) Flexed (*chin to chest*) Neutral Turned
- 15 FACE position when LKA?** Face down on surface Face up Face right Face left
- 16 NECK position when LKA?** Hyperextended (*head back*) Flexed (*chin to chest*) Neutral Turned
- 17 FACE position when FOUND?** Face down on surface Face up Face right Face left
- 18 NECK position when FOUND?** Hyperextended (*head back*) Flexed (*chin to chest*) Neutral Turned
- 19 What was the infant wearing?** (*ex. t-shirt, disposable diaper*) _____
- 20 Was the infant tightly wrapped or swaddled?** No Yes ⇒ Describe: _____

21 Please indicate the types and numbers of layers of bedding both over and under infant (not including wrapping blanket):

Bedding UNDER Infant	None	Number	Bedding OVER Infant	None	Number
Receiving blankets.....	<input type="checkbox"/>	_____	Receiving blankets	<input type="checkbox"/>	_____
Infant/child blankets.....	<input type="checkbox"/>	_____	Infant/child blankets.....	<input type="checkbox"/>	_____
Infant/child comforters (<i>thick</i>).....	<input type="checkbox"/>	_____	Infant/child comforters (<i>thick</i>).....	<input type="checkbox"/>	_____
Adult comforters/duvets.....	<input type="checkbox"/>	_____	Adult comforters/duvets	<input type="checkbox"/>	_____
Adult blankets	<input type="checkbox"/>	_____	Adult blankets.....	<input type="checkbox"/>	_____
Sheets	<input type="checkbox"/>	_____	Sheets	<input type="checkbox"/>	_____
Sheepskin.....	<input type="checkbox"/>	_____	Pillows	<input type="checkbox"/>	_____
Pillows	<input type="checkbox"/>	_____	Other, specify: _____		
Rubber or plastic sheet.....	<input type="checkbox"/>	_____			
Other, specify: _____					

- 22 Which of the following devices were operating in the infant's room?**
 None Apnea monitor Humidifier Vaporizer Air purifier Other _____
- 23 What was the temperature of the infant's room?** Hot Cold Normal Other _____
- 24 Which of the following items were near the infant's face, nose, or mouth?**
 Bumper pads Infant pillows Positional supports Stuffed animals Toys Other _____
- 25 Which of the following items were within the infant's reach?** Blankets Toys Pillows
 Pacifier Nothing Other _____
- 26 Was anyone sleeping with the infant?** No Yes ⇒ Name these people.

Name	Age	Height	Weight	Location in Relation to Infant	Impaired (<i>intoxicated, tired</i>)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
- 27 Was there evidence of wedging?** No Yes ⇒ Describe: _____
- 28 When the infant was found, was s/he:** Breathing Not breathing
 If not breathing, did you witness the infant stop breathing? No Yes

WITNESS INTERVIEW (cont.)

29 What had led you to check on the infant? _____

30 Describe infant's appearance when found.

	Unknown	No	Yes	
a) Discoloration around face/nose/mouth.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Describe and specify location: _____
b) Secretions (<i>foam, froth</i>).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c) Skin discoloration (<i>livor mortis</i>).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
d) Pressure marks (<i>pale areas, blanching</i>).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
e) Rash or petechiae (<i>small, red blood spots on skin, membranes, or eyes</i>).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
f) Marks on body (<i>scratches or bruises</i>).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
g) Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

31 What did the infant feel like when found? (Check all that apply.)

<input type="checkbox"/> Sweaty	<input type="checkbox"/> Warm to touch	<input type="checkbox"/> Cool to touch
<input type="checkbox"/> Limp, flexible	<input type="checkbox"/> Rigid, stiff	<input type="checkbox"/> Unknown
<input type="checkbox"/> Other ⇨ Specify: _____		

32 Did anyone else other than EMS try to resuscitate the infant? No Yes ⇨ Who and when?

Who _____ / _____ / _____ : _____
Month Day Year Military Time

33 Please describe what was done as part of resuscitation:

34 Has the parent/caregiver ever had a child die suddenly and unexpectedly? No Yes ⇨ Explain

INFANT MEDICAL HISTORY

1 Source of medical information: Doctor Other healthcare provider Medical record
 Mother/primary caregiver Family Other: _____

2 In the 72 hours prior to death, did the infant have:

	Unknown	No	Yes		Unknown	No	Yes
a) Fever.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h) Diarrhea.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Excessive sweating.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i) Stool changes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Lethargy or sleeping more than usual.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j) Difficulty breathing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Fussiness or excessive crying.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k) Apnea (<i>stopped breathing</i>).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Decrease in appetite.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l) Cyanosis (<i>turned blue/gray</i>).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Vomiting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m) Seizures or convulsions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Choking.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n) Other, specify _____			

3 In the 72 hours prior to death, was the infant injured or did s/he have any other condition(s) not mentioned?

No Yes ⇨ Describe: _____

4 In the 72 hours prior to the infants death, was the infant given any vaccinations or medications?
 (Please include any home remedies, herbal medications, prescription medicines, over-the-counter medications.)

No Yes ⇨ List below:

Name of vaccination or medication	Dose last given	Date given			Approx. time Military Time	Reasons given/ comments:		
		Month	Day	Year				
1. _____	_____	____	/	____	/	____	: _____	_____
2. _____	_____	____	/	____	/	____	: _____	_____
3. _____	_____	____	/	____	/	____	: _____	_____
4. _____	_____	____	/	____	/	____	: _____	_____

INFANT MEDICAL HISTORY (cont.)

5 At any time in the infant's life, did s/he have a history of?

	Unknown	No	Yes	Describe:
a) Allergies (food, medication, or other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____
b) Abnormal growth or weight gain/loss....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____
c) Apnea (stopped breathing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____
d) Cyanosis (turned blue/gray)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____
e) Seizures or convulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____
f) Cardiac (heart) abnormalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____
g) Metabolic disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____
h) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____

6 Did the infant have any birth defects(s)? No Yes

Describe: _____

7 Describe the two most recent times that the infant was seen by a physician or health care provider:

(Include emergency department visits, clinic visits, hospital admissions, observational stays, and telephone calls)

	First most recent visit	Second most recent visit
a) Date	____/____/____ Month Day Year	____/____/____ Month Day Year
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: _____

Street _____

City _____ State _____ Zip _____

Date of discharge ____/____/____
Month Day Year

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 early? ____ Late—How many weeks late? ____

12 Was the infant a singleton, twin, triplet, or higher gestation?
 Singleton Twin Triplet Quadruplet or higher gestation

13 Were there any complications during delivery or at birth? (emergency c-section, child needed oxygen)
 No Yes ⇒ Describe the complications: _____

14 Are there any alerts to pathologist? (previous infant deaths in family, newborn screen results)
 No Yes ⇒ Specify: _____

INFANT DIETARY HISTORY

1 On what day and at what approximate time was the infant last fed?

____/____/____ :____
 Month Day Year 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)?

	Unknown	No	Yes	Quantity	Specify: (type and brand if applicable)
a) Breast milk (one/both sides, length of time).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____ ounces	_____
b) Formula (brand, water source - ex. Similac, tap water) ..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____ ounces	_____
c) Cow's milk.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____ ounces	_____
d) Water (brand, bottled, tap, well).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____ ounces	_____
e) Other liquids (teas, juices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____ ounces	_____
f) Solids.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____	_____
g) Other.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇒ _____	_____

5 Was a new food introduced in the 24 hours prior to his/her death?

No Yes ⇒ Describe (ex. content, amount, change in formula, introduction of solids)

6 Was the infant last placed to sleep with a bottle?

Yes No ⇒ Skip to question **9** below

7 Was the bottle propped? (i.e., object used to hold bottle while infant feeds)

No Yes ⇒ What object was used to prop the bottle? _____

8 What was the quantity of liquid (in ounces) in the bottle? _____

9 Did death occur during? Breast-feeding 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 ⇒ Describe concerns: _____

PREGNANCY HISTORY

1 Information about the infant's birth mother:

First name _____ Middle name _____

Last name _____ Maiden name _____

Date of Birth: ____/____/____ SS # ____-____-____
 Month Day Year

Current Address: _____ City _____ State _____ Zip _____

How long has the birth mother been a resident at this address? ____ and ____ Months Previous Address _____ City _____ State _____
 Years

2 At how many weeks or months did the birth mother begin prenatal care?

____ Weeks ____ Months No prenatal care Unknown

3 Where did the birth mother receive prenatal care? (Please specify physician or other health care provider name and address.)

Physician/provider _____ Hospital/clinic _____ Phone (____) _____

Street _____ City _____ State _____ Zip _____

PREGNANCY HISTORY (cont.)

4 During her pregnancy with the infant, did the birth mother have any complications?

(ex. high blood pressure, bleeding, gestational diabetes)

No Yes ⇒ Specify: _____

5 Was the birth mother injured during her pregnancy with the infant? (ex. auto accident, falls)

No Yes ⇒ Specify: _____

6 During her pregnancy, did she use any of the following?

	Unknown	No	Yes	Daily consumption		Unknown	No	Yes	Daily consumption
a) Over the counter medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	d) Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) Prescription medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	e) Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c) Herbal remedies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	f) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

7 Currently, does any caregiver use any of the following?

	Unknown	No	Yes	Daily consumption		Unknown	No	Yes	Daily consumption
a) Over the counter medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	d) Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
b) Prescription medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	e) Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
c) Herbal remedies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	f) Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

INCIDENT SCENE INVESTIGATION

1 Where did the incident or death occur? _____

2 Was this the primary residence? Yes No

3 Is the site of the incident or death scene a daycare or other childcare setting?

Yes No ⇒ Skip to question **8** below.

4 How many children were under the care of the provider at the time of the incident or death? _____ (under 18 years old)

5 How many adults were supervising the child(ren)? _____ (18 years or older)

6 What is the license number and licensing agency for the daycare?

License number: _____ Agency: _____

7 How long has the daycare been open for business? _____

8 How many people live at the site of the incident or death scene?

_____ Number of adults (18 years or older) _____ Number of children (under 18 years old)

9 Which of the following heating or cooling sources were being used? (Check all that apply.)

<input type="checkbox"/> Central air	<input type="checkbox"/> Gas furnace or boiler	<input type="checkbox"/> Wood burning fireplace	<input type="checkbox"/> Open window(s)
<input type="checkbox"/> A/C window unit	<input type="checkbox"/> Electric furnace or boiler	<input type="checkbox"/> Coal burning furnace	<input type="checkbox"/> Wood burning stove
<input type="checkbox"/> Ceiling fan	<input type="checkbox"/> Electric space heater	<input type="checkbox"/> Kerosene space heater	
<input type="checkbox"/> Floor/table fan	<input type="checkbox"/> Electric baseboard heat	<input type="checkbox"/> Other ⇒ Specify: _____	
<input type="checkbox"/> Window fan	<input type="checkbox"/> Electric (radiant) ceiling heat	<input type="checkbox"/> Unknown	

10 Indicate the temperature of the room where the infant was found unresponsive:

_____ Thermostat setting _____ Thermostat reading _____ Actual room temp. _____ Outside temp.

11 What was the source of drinking water at the site of the incident or death scene? (Check all that apply.)

Public/municipal water source Bottled water Other ⇒ Specify: _____
 Well Unknown

12 The site of the incident or death scene has: (check all that apply)

<input type="checkbox"/> Insects	<input type="checkbox"/> Mold growth	<input type="checkbox"/> Odors or fumes ⇒ Describe: _____
<input type="checkbox"/> Smoky smell (like cigarettes)	<input type="checkbox"/> Pets	<input type="checkbox"/> Presence of alcohol containers
<input type="checkbox"/> Dampness	<input type="checkbox"/> Peeling paint	<input type="checkbox"/> Presence of drug paraphernalia
<input type="checkbox"/> Visible standing water	<input type="checkbox"/> Rodents or vermin	<input type="checkbox"/> Other ⇒ Specify: _____

13 Describe the general appearance of incident scene: (ex. cleanliness, hazards, overcrowding, etc.)

INVESTIGATION SUMMARY

1 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: Law enforcement at scene: _____ : _____ Military Time DSI at scene: _____ : _____ Military Time Infant at hospital: _____ : _____ Military Time

Investigator's Notes

Indicate the task(s) performed.

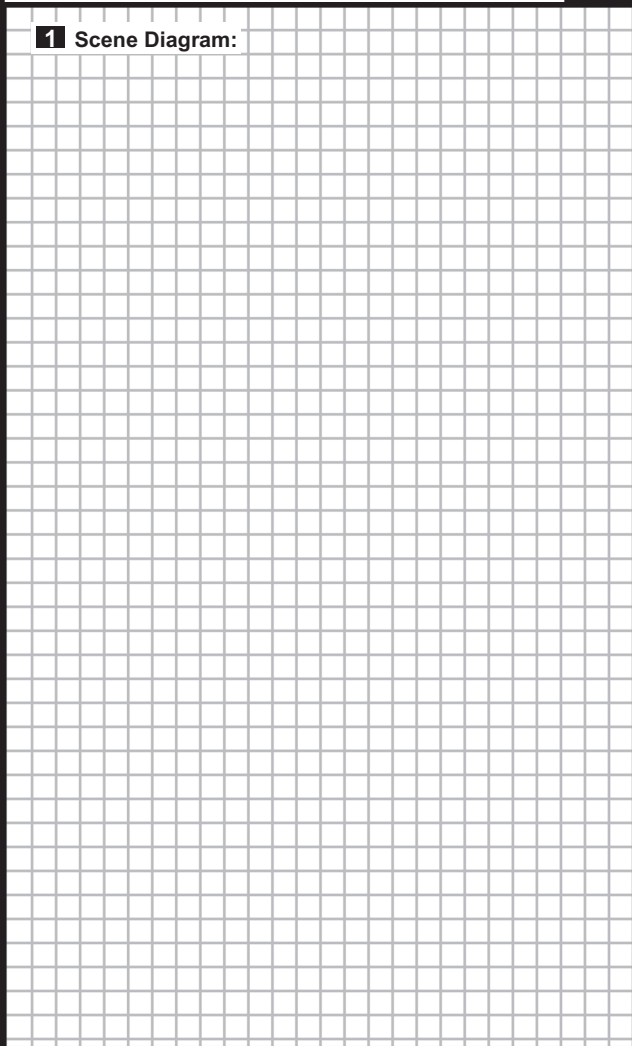
- | | | |
|--|---|--|
| <input type="checkbox"/> Additional scene(s)? (forms attached) | <input type="checkbox"/> Doll reenactment/scene re-creation | <input type="checkbox"/> Photos or video taken and noted |
| <input type="checkbox"/> Materials collected/evidence logged | <input type="checkbox"/> Referral for counseling | <input type="checkbox"/> EMS run sheet/report |
| <input type="checkbox"/> Notify next of kin or verify notification | <input type="checkbox"/> 911 tape | |

If more than one person was interviewed, does the information differ?

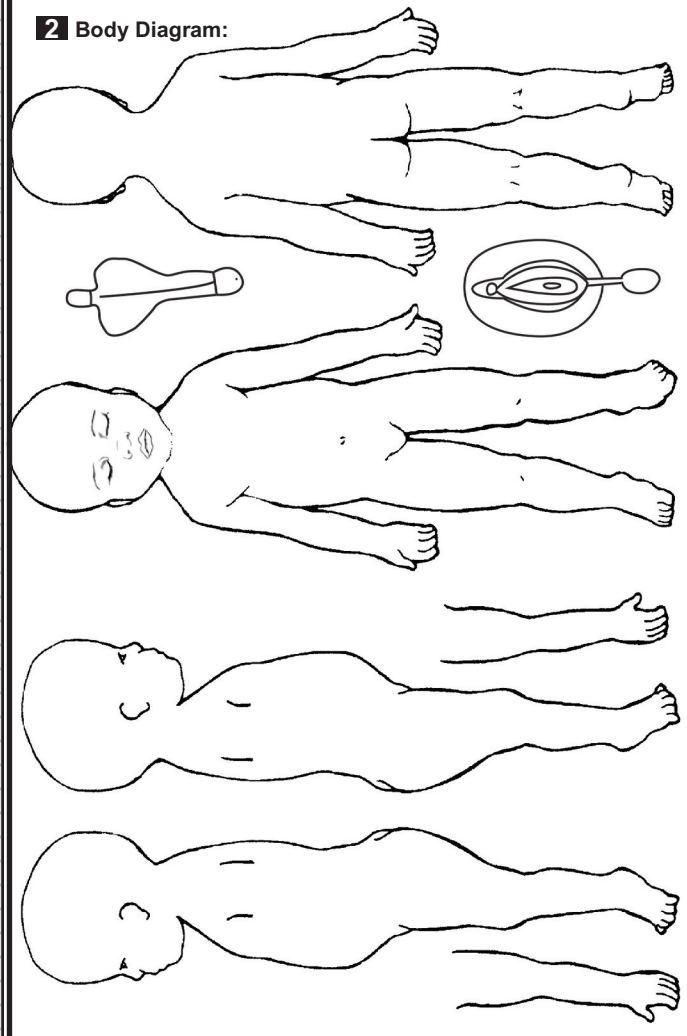
- No Yes ⇨ Detail any differences, inconsistencies of relevant information: *(ex. placed on sofa, last known alive on chair.)*
- _____
- _____
- _____

INVESTIGATION DIAGRAMS

1 Scene Diagram:



2 Body Diagram:



SUMMARY FOR PATHOLOGIST

Case Information

Investigator Information: Name _____ Agency _____ Phone _____

Investigated: ____/____/____ : ____ Pronounced Dead: ____/____/____ : ____
Month Day Year Military Time Month Day Year Military Time

Infant's Information: Last _____ First _____ M. _____ Case # _____

Sex: Male Female Date of Birth ____/____/____ Age ____
Month Day Year MonthsRace: White Black/African Am. Asian/Pacific Islander Am. Indian/Alaskan Native Hispanic/Latino Other _____

Sleeping Environment

1 Indicate whether preliminary investigation suggests any of the following:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Asphyxia (ex. overlying, wedging, choking, nose/mouth obstruction, re-breathing, neck compression, immersion in water) |
| <input type="checkbox"/> | <input type="checkbox"/> | Sharing of sleep surface with adults, children, or pets |
| <input type="checkbox"/> | <input type="checkbox"/> | Change in sleep condition (ex. unaccustomed stomach sleep position, location, or sleep surface) |
| <input type="checkbox"/> | <input type="checkbox"/> | Hyperthermia/Hypothermia (ex. excessive wrapping, blankets, clothing, or hot or cold environments) |
| <input type="checkbox"/> | <input type="checkbox"/> | Environmental hazards (ex. carbon monoxide, noxious gases, chemicals, drugs, devices) |
| <input type="checkbox"/> | <input type="checkbox"/> | Unsafe sleep condition (ex. couch/sofa, waterbed, stuffed toys, pillows, soft bedding) |

Infant History

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Diet (e.g., solids introduced, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent hospitalization |
| <input type="checkbox"/> | <input type="checkbox"/> | Previous medical diagnosis |
| <input type="checkbox"/> | <input type="checkbox"/> | History of acute life-threatening events (ex. apnea, seizures, difficulty breathing) |
| <input type="checkbox"/> | <input type="checkbox"/> | History of medical care without diagnosis |
| <input type="checkbox"/> | <input type="checkbox"/> | Recent fall or other injury |
| <input type="checkbox"/> | <input type="checkbox"/> | History of religious, cultural, or ethnic remedies |
| <input type="checkbox"/> | <input type="checkbox"/> | Cause of death due to natural causes other than SIDS (ex. birth defects, complications of preterm birth) |
| <input type="checkbox"/> | <input type="checkbox"/> | Prior sibling deaths |
| <input type="checkbox"/> | <input type="checkbox"/> | Previous encounters with police or social service agencies |
| <input type="checkbox"/> | <input type="checkbox"/> | Request for tissue or organ donation |
| <input type="checkbox"/> | <input type="checkbox"/> | Objection to autopsy |

Family Info

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Pre-terminal resuscitative treatment |
| <input type="checkbox"/> | <input type="checkbox"/> | Death due to trauma (injury), poisoning, or intoxication |

Exam

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Suspicious circumstances |
| <input type="checkbox"/> | <input type="checkbox"/> | Other alerts for pathologist's attention |

Any "Yes" answers should be explained and detailed.

Investigator Insight

Brief description of circumstances: _____

Pathologist

2 Pathologist Information:

Name _____ Agency _____

Phone (____) _____ - _____ Fax (____) _____ - _____

Appendix B

Sudden, Unexplained Infant Death Investigation SUIDI Top 25

Forensic pathologists nationally consider the following information critical to the determination of the cause and manner of death with regard to infant death investigation. This scene/case information should be collected and provided to the forensic pathologist BEFORE the conduction of the forensic autopsy.

1. Case information
2. Asphyxia.
3. Sharing sleep surfaces.
4. Change in sleep conditions.
5. Hyperthermia/hypothermia.
6. Environmental hazards (carbon monoxide, chemicals, etc.).
7. Unsafe sleeping condition.
8. Diet.
9. Recent hospitalizations.
10. Previous medical diagnosis.
11. History of acute life-threatening events.
12. History of medical care without diagnosis.
13. Recent fall or other injury.
14. History of religious, cultural, or ethnic remedies.
15. Cause of death due to natural causes other than SIDS.
16. Prior sibling deaths.
17. Previous encounters with police or social service agencies.
18. Request for tissue or organ donation.
19. Objection to autopsy.
20. Pre-terminal resuscitative treatment.
21. Death due to trauma (injury), poisoning, or intoxication.
22. Suspicious circumstances.
23. Other alerts for pathologist's attention.
24. Description of circumstances (what happened?).
25. Pathologist Information (name/agency/phone).

Glossary

Accidental strangulation: A type of suffocation resulting from a constricted airway or the windpipe often caused by strings, ties, and cords on toys, clothing, and household appliances.

Active listening: Listening attentively to what a person is saying by providing undivided attention and giving feedback by repeating or paraphrasing what the speaker has said.

Algor mortis: The gradual cooling of the body following death.

Apnea: Temporary absence or cessation of breathing.

Asphyxia: A condition in which an extreme decrease in the amount of oxygen in the body accompanied by an increase of carbon dioxide leads to loss of consciousness or death.

Aspiration: 1. The sucking of fluid or a foreign body into the airway when drawing breath. 2. The taking of foreign matter into the lungs with the respiratory current.

Autopsy: A medicolegal (forensic) autopsy is ordered by the coroner or medical examiner as authorized by law with the statutory purpose of establishing the cause and manner of death and answering other medicolegal questions. (See Postmortem.)

Birth mother: The individual who actually gave birth to the infant. Also referred to as the biological mother.

Blue sclerae: When the tough whites of the eyes (the fibrous outer envelope of tissue covering all of the eyeball except the cornea) have a bluish tint.

Bradycardia: Slowing of the heart rate.

CAD: Computer-aided dispatch.

Cardiopulmonary resuscitation (CPR): A procedure whereby a victim who is not breathing or has no pulse receives mouth-to-mouth breaths and chest compressions so that blood flow and oxygen exchange are maintained.

Caregiver: Any person who is responsible for the care of the infant (e.g., a babysitter, a child care custodian, or the mother).

Cause (of SIDS): A condition or event directly responsible for the death of an individual infant.

Cause of death: The underlying disease or injury responsible for setting in motion a series of physiological events culminating in death.

Child: A child (plural: children) is a young human. Depending on context, it may mean someone who is not yet an adult or someone who has not yet reached puberty.

Choking: The interruption of breathing due to something stuck in an infant's airway passages. Food, toys, and other small objects that are easily lodged in a child's small airway can cause choking.

Congenital anomalies: An abnormality that is present at birth (i.e., a birth defect).

Coroner: A coroner may be a public official, appointed or elected, serving the population of a particular geographic jurisdiction. His or her official duty is to make inquiry into deaths in certain categories as dictated by state statute. About 25 percent of the U.S. population is served by elected coroners.

CPR (cardiopulmonary resuscitation): A procedure whereby a victim who is not breathing or has no pulse receives mouth-to-mouth breaths and chest compressions so that blood flow and oxygen exchange are maintained.

CPS: Child Protective Services.

Creptance: This is the crackling or grating sound heard when broken bones are moved over each other.

Crib/cot death: Synonyms for SIDS.

Cutaneous petechiae: Small pinpoint hemorrhages on body surfaces or in the conjunctivae (linings) of the eyes.

Cyanosis: A bluish discoloration of the skin and mucous membranes resulting from inadequate oxygenation of the blood.

DC: Death certificate.

Decedent: A person that has died (i.e., the deceased person).

Developmental milestone: A set of functional skills or age-specific tasks that most children can do within a certain age range.

Diagnosis of exclusion: SIDS is known as a diagnosis of exclusion because it is reported as the cause of death only as a last resort, when all other causes have been eliminated from consideration.

DOA: Dead on arrival.

DOB: Date of birth.

Drowning: Immersion in water that prevents the breathing in of oxygenated air because the lungs and airway passages are engulfed in water or other fluids.

Electrocution: Deaths caused by electrical shock.

EMS: Emergency medical services.

EMS caller: The person who first called for emergency medical services, including an ambulance service, the police, or the fire department rescue team.

EMS responder: The person who first responded on behalf of the emergency medical service agency.

Entry phase: The portion of an interview when you establish rapport by making the informant comfortable and building his or her trust.

Enzyme(s): Any of numerous complex proteins that are produced by living cells and catalyze specific biochemical reactions.

Escape phase (or exit phase): Termination point of the interview; usually includes a final question that sends a clear message that the interview is officially over. Important to end on a positive note and to thank the interviewee during this phase.

Etiology: 1. Assignment of a cause, an origin, or a reason for something. 2. The science and study of the causes or origins of disease.

Event phase: The portion of an interview which is intended to gather more detailed information; typically using 3 key investigative techniques (1. active and passive listening, 2. using open-ended questions, 3. using nonjudgmental questions).

Failure-to-thrive (FTT): A sign of unexplained weight loss or poor weight gain in an infant or child.

Father: The person serving as the father at the time of the incident.

Finder: The person who discovered the infant dead, unresponsive, or in distress.

Fine motor skills: The ability to move and control small muscles of the body (e.g., muscles in the hands, fingers, and eyes).

First responder(s): The initial responding law enforcement officer(s) and/or other public safety official(s) or service provider(s) arriving at the scene prior to the arrival of the investigator(s) in charge. The first professional(s) who attempted to render aid when the unresponsive infant was found dead, unresponsive, or in distress.

Florid retinal hemorrhages: Bleeding on the surface of the retina (visual receptor of the eye), which usually results from extremely violent force to the head.

Forensic autopsy: An autopsy performed pursuant to statute, by or under the order of a medical examiner or coroner.

Forensic pathologist: A physician who is certified in forensic pathology by the American Board of Pathology (ABP), or who, prior to 2006, has completed a training program in forensic pathology that is accredited by the Accreditation Council on Graduate Medical Education or its international equivalent or has been officially "qualified for examination" in forensic pathology by the ABP.

Four-Domain Model: A model of detecting deception by describing domains or clusters of behaviors rather than attaching a specific meaning to a single nonverbal or verbal display. The four categories are: 1. comfort/discomfort, 2. emphasis, 3. synchrony, 4. perception management.

Galactosemia: An inherited metabolic disorder characterized by the deficiency of an enzyme that is necessary for the metabolism of galactose. The disorder results in elevated levels of galactose in the blood and, if untreated, can lead to mental retardation and eye and liver abnormalities.

Gestation: The period of fetal development from conception until birth (i.e., pregnancy).

G6PD deficiency (glucose-6-phosphate dehydrogenase deficiency):

A hereditary metabolic disorder affecting red blood cells, characterized by a deficiency of glucose-6-phosphate dehydrogenase conferring marked susceptibility to hemolytic anemia, which may be chronic, episodic, or induced by certain foods (as broad beans) or drugs (as primaquine), and that occurs especially in individuals of Mediterranean or African descent.

Gross motor skills: The ability to move and control large muscles or groups of muscles (e.g., muscles in the arms, legs, torso, neck and head).

Growth monitoring: Documenting and tracking an infant's weight, length, and head circumference over time.

Height: A measurement taken in children older than 12 months with the child standing upright.

Hepatobiliary disease: Disease pertaining to the liver, bile, or bile ducts.

HIPAA (Health Insurance Portability and Accountability Act): Federal law passed in 1996 to protect the privacy of personal health information and improve the efficiency of the healthcare system.

Homeostatic control mechanisms: Innate behaviors of an infant to automatically regulate body conditions, such as temperature, oxygen and carbon dioxide levels in the blood, or heart rate.

Hyperthermia: Unusually high body temperature.

Hypostasis: The settling of blood in the lower part of an organ or the body as a result of decreased blood flow.

Hypothermia: Abnormally low body temperature.

Hypoxia: A deficiency of oxygen reaching the tissues of the body.

Iatrogenic: Induced in a patient by a physician's activity, manner, or therapy.

Infant: A child who is 0 to 12 months of age.

Initial responding officer(s): The first law enforcement officer(s) to arrive at the scene.

International Classification of Diseases, 9th Revision (ICD-9) and 10th Revision (ICD10): This is a guide for the classification of morbidity and mortality information for statistical purposes published by the World Health Organization.

Interrogation: A "controlled conversation" designed to elicit information from individuals who may have an interest in being untruthful. The purpose is to obtain information from an individual to determine whether he or she was responsible for, or involved in, the matter under investigation.

Interview: A "planned conversation" with a specific goal in mind, where information is gathered from a person who generally has no interest or motive in providing inaccurate information.

Intraosseous: Situated within, occurring within, or administered by entering a bone.

Investigator(s) in charge: The official(s) responsible for the crime scene investigation.

IV: Intravenous.

Jaundice: Yellowish discoloration of the whites of the eyes, skin, and mucous membranes.

Jurisdiction: The limits or territory within which authority may be exercised.

Kinesic: The study of nonlinguistic bodily movements, such as gestures and facial expressions, as a systematic mode of communication.

Language skills: The ability to understand language and to vocalize, babble, and ultimately say words.

Last caregiver: The person who was last responsible for the care of the infant when he or she was discovered dead, unresponsive, or in distress (e.g., a babysitter, a child care custodian, or the mother).

Last witness: The person who last observed the infant alive or presumably alive in or near the area where he or she was discovered dead, unresponsive, or in distress.

Length: A measurement taken with the infant lying down from the top of the head to the bottom of the heel of the foot.

LKA (last known alive): The person who last observed the infant alive or presumably alive in or near the area where he or she was discovered dead, unresponsive, or in distress.

Lividity: Following death, a large pooling of blood in parts of the body resulting in discoloration.

Livor mortis: Hypostasis of the blood following death, which causes a purplish-red discoloration of the skin.

Long QT Syndrome: Abnormality of the heart that can cause the heart to race and can lead to sudden death.

Manner of death: A simple system for classifying deaths based in large part on the presence or absence of intent to harm or violence, the purpose of which is to guide vital statistics nosologists to the correct external causation code in the International Classification of Diseases. The choices are natural, accident, homicide, suicide, undetermined, and, in some registration districts for vital statistics, unclassified.

Malnutrition: Poor nutrition, which can result from an insufficient, excessive, or unbalanced diet or from inability to absorb foods.

Maple syrup urine disease (MSUD): An inherited disorder of metabolism in which the urine has an odor characteristic of maple syrup; if untreated, it can lead to mental retardation and death in early childhood.

ME/C: Medical examiner or coroner.

Medical examiner: A medical examiner is typically a physician; hence the title. When acting in an official duty, the medical examiner is charged, within a particular jurisdiction (typically at the county level), with the investigation and examination of persons dying a sudden, unexplained, or violent death. The role of a medical examiner differs from that of nonphysician coroners in that the medical examiner is expected to bring medical expertise to the evaluation of the medical history and physical examination of the deceased.

Medicolegal death investigator: An individual who is employed by a medicolegal death investigation system to conduct investigations into the circumstances of deaths in a jurisdiction.

Medium chain acyl-CoA dehydrogenase deficiency (MCADD): A rare hereditary disease that is caused by the lack of an enzyme required to convert fat to energy.

Metaphyseal fractures: Fractures of the metaphysis (the growing part of a long bone).

Motor skill: An action that involves the movement and control of muscles in a person's body.

NCIC (National Crime Information Center): A computerized index of criminal justice information.

Neck compression: Compression of the neck can be brought about by any object or can result from an unusual position such as may occur when a premature baby is placed in a car seat with poor neck support.

Nonjudgmental questions: Questions that do not infer judgment in their tone or wording.

NOK: Next of kin.

Nonorganic FTT: Growth failure due to environmental neglect (e.g., lack of food) or other psychosocial factors.

Normal birth weight: An infant's weight at birth is five pounds, eight ounces or more, or greater or equal to 2,500 grams.

Occlude: 1. To cause to become closed; obstruct. 2. To prevent the passage of.

Open-ended questions: Questions that encourage people to tell a story in their own words; the opposite of close-ended (i.e., yes/no) questions.

Organic FTT: Growth failure that is due to an acute or chronic disorder known to interfere with normal nutrient intake, absorption, metabolism, or excretion.

Osteogenesis imperfecta: A hereditary disease marked by extreme brittleness of the long bones and a bluish color of the whites of the eyes.

OTC: Over-the-counter medication.

Other responders: Individuals who are involved in an aspect of the crime scene, such as perimeter security, traffic control, media management, scene processing, and technical support, as well as prosecutors, medical personnel, medical examiners, coroners, forensic examiners, evidence technicians, and fire and rescue officers.

Overlaying: Accidental suffocation in bed typically caused when the mother (or some other caregiver or sibling) sleeps in the same bed as the infant and accidentally suffocates the infant by turning over onto the baby while sleeping. The infant suffocates because he or she is unable to breathe through his or her nose and/or mouth.

Passive listening: Listening that is mechanical or effortless and does not provide feedback (e.g., listening to the radio).

Pathologist: A specialist in pathology; a physician who interprets and diagnoses the changes caused by disease in tissues and body fluids.

Percentiles: Percent of the reference population the infant's weight or length would be less than, equal to, or exceed. For example, an infant whose weight is at the 5th percentile for age weighs the same or more than 5% of infants his or her age and weighs less than 95% of infants his or her age.

Petechiae: Pinpoint hemorrhages or bruises. Petechiae are a frequent finding in autopsies of SIDS victims.

Placer: The person who last placed the infant in or near the area where he or she was found dead.

Poisoning: Poisoning or intoxication is the inhalation or ingestion of poison or toxic substances or gases such as carbon monoxide, noxious gases, chemicals, sprays, medications, and illicit drugs, which can cause a blockage of the respiratory tract resulting in death.

Postmortem examination: An examination of the body after death, usually with such dissection as will expose the vital organs for determining the cause of death or the character and extent of changes produced by disease; an autopsy.

Preterm: Infants born before the end of the 37th week of pregnancy.

Primitive reflexes: Movements that we are born with and that we cannot control (e.g., startle reflex). These reflexes go away in time and are replaced by movements that we can control.

Prone (sleep position): Sleeping on stomach. Evidence suggests that prone sleeping increases the risk of SIDS.

Proxemics: Refers to intimate, personal, social, and public distances at which people stand or sit in relation to another person(s).

Pyloric stenosis: Pyloric stenosis is a narrowing of the pylorus, the lower part of the stomach through which food and other stomach contents pass to enter the small intestine. When an infant has pyloric stenosis, the muscles in the pylorus have become enlarged to the point where food is prevented from emptying out of the stomach.

Rebreathing: The partial or complete inhalation of previously exhaled gases. The rebreathing of exhaled gases is thought to occur when infants lay face down or prone (on stomach). A popular theory is that stomach sleeping can increase an infant's risk of "rebreathing" his or her own exhaled air, particularly if the infant is sleeping on a soft mattress or with bedding, stuffed toys, or a pillow near his or her face.

Respiratory arrest: A condition in which breathing has stopped.

Respiratory distress: A condition in which breathing is difficult.

Resuscitative efforts: Any actions performed in an effort to resuscitate an infant.

Rigor mortis: Temporary rigidity of muscles occurring after death.

Rx: Prescription medication.

Sharing sleep surface: This practice involves a baby sleeping with others on the same sleep surface, such as in the adult bed or on a couch. The term *bedsharing* should not be used interchangeably with the term *co-sleeping*; the latter term should be avoided.

SIDS: Sudden infant death syndrome.

Social skills: The ability to interact with your environment and people around you.

SS#: Social security number.

Subdural hemorrhage (Synonymous with subdural hematoma): A collection of blood on the surface of the brain that lies beneath the outer covering (the dura) of the brain and the brain's surface.

Sudden infant death syndrome (SIDS): The death of an infant less than one year of age that remains unexplained after a thorough investigation of the death scene(s), complete forensic autopsy, and review of the clinical history (i.e., a diagnosis of exclusion).

Supine (sleep position): Sleeping on back. Evidence suggests that supine sleeping reduces the risk of SIDS.

Tachycardia: Heart rate that is more rapid than normal.

Term: Infants born at or after the end of the 37th week of pregnancy.

Thorax: The part of the human body between the neck and the diaphragm, partially encased by the ribs and containing the heart and lungs; the chest.

Undernutrition: What happens when a person's body does not get the nutrients it needs for good health or cannot use the nutrients it gets.

Unk: Unknown.

Usual caregiver: The person responsible for providing the usual, ongoing care for the infant (e.g., changing diapers and feeding).

Very low birth weight: An infant's weight at birth is less than three pounds, five ounces or 1,500 grams.

Voluntary motor control: Movement that we can control.

Wedging: A form of asphyxia that occurs when the face or thorax is compressed, preventing respiration, typically because of entrapment between two objects.

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Answers to Sample Questions

Chapter 1

1. D
2. A
3. A
4. A
5. D

Chapter 2

1. A
2. B
3. D
4. D
5. D
6. A
7. B
8. A
9. C
10. B

Chapter 3

1. B
2. C
3. B
4. A
5. D
6. C

Chapter 4

1. B
2. D
3. C
4. D
5. A

Chapter 5

1. C
2. B
3. D
4. C
5. A
6. D
7. D
8. B
9. D
10. C

Chapter 6

1. A
2. D
3. B
4. C
5. D
6. A
7. B
8. D
9. C

Chapter 7

1. D
2. B
3. C
4. C
5. B

Chapter 8

1. B
2. D
3. A
4. A
5. C

Chapter 9

1. C
2. B
3. C
4. B
5. A
6. C
7. D

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