

Brought in dead cases to a tertiary referral pediatric Emergency Department in India: a prospective qualitative study

Date: /..... /..... Time: ... : ... hours

Interviewer:

Main respondent's relationship to the child:

Language of the interview:

Educational status of the respondent:

Are there other people present at the interview? If yes, their relationship:

Enrol No.

CR No.

Address: _____

Mobile No. _____

- Age: years month days hours
- Date of birth- ___/___/___ Time of birth: : hrs
- Sex: Male Female
- Order of birth:

1	2	3	4	5
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- Religion:

Hindu /Muslim / Sikh / Christian/Others
- Socioeconomic status: (modified Kuppuswamy scale)

Education of head of family: (score) Highest education of parents:

Occupation of head of family: (score)

Monthly income of family: (score)
- Does the family have a BPL (Below Poverty Line) card: Yes / No
- Immunization status: (as per National Immunization Schedule)

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Fully immunized / Partial / Unimmunized
- Weight: Kg Grams

Birth details (Neonates)

Born to G.....P.....

Gestation..... Weeks (on time / early / late / don't know)

Place of delivery: Home Hospital

Type of Hospital

Nursing home / PHC - Pediatrician availability District hospital/Multispecialty hospital State medical college / PGIMER

Delivery attended by

Untrained Dai / Trained Dai / Nurse / Obstetrician / Others

Mode of Delivery

Vaginal Delivery: Normal
Instrumental deliveryLSCS: Elective
Emergency

How much time did the labour and delivery take?.....

Were you informed about drugs to induce labour?.....

Cried immediately after birth: Yes/Weak /No/Don't Know

Able to suckle after birth: Normal/Weak/No/Don't Know

Apgar score (from referral note): 1 minute..... 5 minute..... 10 minute.....

Any Resuscitation: Yes/No Description /details if available.....

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- **Description of illness** (open ended, unprompted)

Prompt: was there anything else?

What was the length of time the child was ill?

- **Disease related Symptoms during illness**

During the illness, did she/he have

Refusal to feed	Yes/No/Don't Know	duration
Fever	Yes/No/Don't Know	duration
Loose stools	Yes/No/Don't Know	duration
Vomiting	Yes/No/Don't Know	duration
Fast breathing	Yes/No/Don't Know	duration
Cough	Yes/No/Don't Know	duration
Chest indrawing	Yes/No/Don't Know	duration
Noisy breathing	Yes/No/Don't Know	duration
Seizures	Yes/No/Don't Know	duration
Bulging fontanelle	Yes/No/Don't Know	duration
Altered consciousness	Yes/No/Don't Know	duration
Malformation	Yes/No/Don't Know	
Complicated delivery	Yes/No/Don't Know	
Born early	Yes/No/Don't Know	
Very small at birth	Yes/No/Don't Know	
any other symptoms		
Specify		duration

Referred case : Discontinued care at other hospital: Came from home

Total number of contacts with health care systems /health care providers since the onset of illness and details:

Names and addresses of the referring hospitals:

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Date & time of admission: Date & time of referral: Duration of stay:

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Date & time of admission: Date & time of referral: Duration of stay:

.....

Date & time of admission: Date & time of referral: Duration of stay:

Treatment received at the referring facility: (Narrative)

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Pre-referral communication: Yes /No Referral note: Yes / No

Referral diagnosis: *Information from parents:* *From Referral note:*

Referral information: Complete / Incomplete – Details mentioned:

(Referral document checklist)

- HR: /min Not Mentioned
- RR: /min Not Mentioned
- BP: /..... mmHg Not Mentioned
- If hypotensive whether fluid bolus: Yes / No Inotropes Yes / No
- If in respiratory distress/failure whether on: Supplemental O₂ / CPAP / PPV_ BMV/IMV
- SpO₂ %
- Consciousness / GCS E V M Not Mentioned
- Pupil: size reaction Not Mentioned
- Blood glucose Not Mentioned
- Any other important finding
- Treatment given: Not Mentioned
- Drugs: Blood components:

- Reason for referral to PGIMER?

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Severity of illness

Need for critical care expertise

Failure of treatment

Nonavailability of doctors

Financial constraints

Others (specify).....

- Duration between first communication on decision of referral and actual referral time:

Immediately (within 2 hrs)

Some delay (within 2-4 hrs)

Great delay (within 4-6 hrs)

Severe delay (>6 hrs)

Reason for delay.....

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- Mode of transport used to reach PGIMER (Tick the appropriate)

Hospital referral services / Ambulance

Own Vehicle

Car / Scooter / Bike / Others

Private hire

Taxi / Auto rickshaw

Public transport system

Bus / Train

- If by ambulance whether it was equipped with

a. Oxygen Y/N

b. Multiparameter monitor Y/N

c. Resuscitation equipment / drugs Y/N

d. Accompanied by a doctor or para-medical staff: Y/N

- Any deterioration noted during transport: Y/N

If yes, describe.....

- Worsening of sensorium/loss of consciousness
- Seizure
- Gasping/Worsening of breathing
- Fall in blood pressure / loss of pulse
- Fall in oxygen saturation
- Tachycardia / Bradycardia

If yes what was done to treat? Describe the intervention

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(Oxygen, Fluids, Drugs, Bag ventilation, Chest compression)

- Travel distance: (From the point of referral to PGIMER) in Kms

- Time taken to reach PGIMER from the point of referral (Time of start to arrival time in ED)
- Perceived delay in transport?
- If yes, reasons

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Triage details at PGIMER

Date & Time of admission:

Physiological Categorization:

Cardiorespiratory failure

Cardiorespiratory arrest

CPR

ROSC

Final diagnosis