



What's New in Version 4.1 of the Child Death Review Case Reporting System?

Release Date: June 2016

Version 4.1 of the Child Death Review Case Reporting System will be released in June 2016 (exact date to be determined). Although this is a fairly minor software upgrade, we wanted to inform you of the anticipated changes.

Version 4.1 paper report tool forms can be ordered by contacting the National Center at info@childdeathreview.org or calling 1-800-656-2434.

What's New In Version 4.1 of the CDR-CRS

The biggest change is a vast simplification of question E4 (autopsy assessment).

Current E4

4. Were the following assessed either through the autopsy or through information collected prior to the autopsy:			
Y	N	U/K	Abnormal?
Imaging:			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> X-ray - single
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> X-ray - multiple views
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> X-ray - complete skeletal series
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> CT scan
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> MRI
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Photography of the brain
External Exam:			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Exam of general appearance
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Head circumference
Gross Examination of:			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Body cavities
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Brain
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Endocrine organs
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Gastrointestinal tract
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Heart
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Kidneys
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Liver
Gross Examination continued:			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Lungs
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Neck structures
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Pancreas
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Spleen
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Thymus
In situ exam with removal & dissection of:			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Brain
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Endocrine organs
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Gastrointestinal tract
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Heart
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Kidneys
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Liver
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Lungs
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Neck structures
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Pancreas
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Spleen
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Thymus
Weights of the:			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Brain
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Heart
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Kidneys
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Liver
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Lungs
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Neck structures
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Pancreas
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Spleen
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Thymus

4. Continued: Were the following assessed either through the autopsy or through information collected prior to the autopsy:			
Y	N	U/K	Abnormal?
Sampled tissue of:			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Airway
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Bone or costochondral tissue
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Brain or meninges
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Endocrine organs
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Gastrointestinal tract
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Heart
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Kidneys
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Liver
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Lungs
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Neck structures
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Pancreas
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Spleen
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Thymus
Microscopic/Histological exam of:			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Airway
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Bone or costochondral tissue
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Brain or meninges
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Endocrine organs
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Gastrointestinal tract
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Heart
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Kidneys
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Liver
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Lungs
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Neck structures
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Pancreas
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Spleen
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Thymus
Additional Testing:			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Cultures for infectious disease
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Microbiology
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Postmortem metabolic screen
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Vitreous testing as an adjunct to other investigation results
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Genetic testing
Toxicology:			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> Toxicology If yes, check all that apply:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Negative <input type="checkbox"/> Opiates
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Alcohol <input type="checkbox"/> Too high Rx drug, specify:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Cocaine <input type="checkbox"/> Too high OTC drug, specify:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Marijuana <input type="checkbox"/> Other, specify:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Methamphetamine <input type="checkbox"/> U/K

New E4

<p>4. Were the following assessed either through the autopsy or through information collected prior to the autopsy? Please list any abnormalities/significant findings in E8.</p> <p><u>Y</u> <u>N</u> <u>U/K</u></p> <p>Imaging:</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> X-ray - single</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> X-ray - multiple views</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> X-ray - complete skeletal series</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Other imaging, specify (includes MRI, CT scan, photos of the brain, etc):</p>	<p><u>Y</u> <u>N</u> <u>U/K</u></p> <p>External Exam:</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Exam of general appearance</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Head circumference</p> <p>Other Autopsy Procedures:</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Was a gross examination of organs done?</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Were weights of any organs taken?</p>
<p>5. Were any of these additional tests performed at or prior to the autopsy? Please list any abnormalities/significant findings in E8.</p> <p><u>Y</u> <u>N</u> <u>U/K</u></p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Cultures for infectious disease</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Microscopic/histologic exam</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Postmortem metabolic screen</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Vitreous testing</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/> Genetic testing</p>	

<p>6. Was any toxicology testing performed? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> U/K If yes, check all that apply:</p>			
<input type="checkbox"/> Negative	<input type="checkbox"/> Opiates	<input type="checkbox"/> Too high Rx drug, specify:	
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Too high OTC drug, specify:	
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Other, specify:	
<input type="checkbox"/> U/K			

Summary of E4 Changes

- Removed abnormal organ checkboxes BUT please use E8 to note any abnormalities

8. Describe any abnormalities checked in E4 or E5 or other significant findings noted in the autopsy:

- Removed listing of organs in Gross exam, Weights, and Microscopic/histological exam
- Removed In situ exam with removal and dissection of, Sampled tissue, and Microbiology
- Combined CT scan, MRI, and photos of brain into NEW response option, Other imaging, specify

Other Changes

- A19, Child's insurance – Added new response option Indian Health Service
- D4, Place of incident – Revised existing response option Farm to Farm/ranch. Revised existing response option Indian reservation to Indian reservation/trust lands
- E7, Agreement between COD on pathology report and death certificate – Added new response option Not Applicable
- H2m, Child's neck when found – Added new response option Turned
- Section M (SUID and SDY Case Registry) – for use by funded SUID and SDY grantees
 - M4, Autopsy comprehensive – Added a new question to determine if Advanced Review team believed the autopsy was comprehensive
 - M5, SDY Autopsy Guidance or Summary – Added new response option Not Applicable
 - M7, Family consent – Added new follow up question to report why consent was not obtained
 - M8, SDY categorization – Removed response option No Autopsy or death scene investigation
 - M10, SUID complete – Added new question to determine if SUID case is ready for inclusion in data analyses

Any questions or concerns? Please contact info@childdeathreview.org.