# Appendix 4. Example of a Case Review or Exception Reporting Tool

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| **Exception identified from BadgerNet:** | | **Infant <27/40 born in an LNU** | |
| Provider/Unit |  | Date of Report |  |
| Maternal Badger ID |  | Baby Badger ID |  |
| Date of birth |  | Time of birth |  |

EXAMPLE

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| Part A: Antenatal Care to be completed by the Obstetric Team  Name of person completing Part A: | | | | | |
| Date and time of final antenatal admission |  | Mode of birth | |  | |
| Detail nature of signs of PTL in previous 24h and the duration of these |  | | | | |
| Detail antenatal admissions within the 2 weeks prior to birth and any discharges/transfers |  | | | | |
| Please comment on the use of PTL prediction tools eg fFN, QUiPP, cervical length etc |  | | | | |
| Please provide further details of antenatal management in this case where relevant: |  | | | | |
| Did the mother receive magnesium?  If no, please give detail  If yes, give date and time of all doses |  | | Did the mother receive steroids?  If no, please give detail  If yes, give date and time of all doses | |  |
| Did the mother receive tocolysis? Give details |  | | Did the mother receive antibiotics? Give details | |  |
| For the final admission was a transfer request made via Cot Bureau?  Date and time: |  | | Was the network policy for in utero transfer utilised during the final admission? | |  |
| Why did transfer not take place?   * Lack of maternal bed * Lack of neonatal cot * Lack of transport capacity * Labour too rapid * Consider time arrival to time assessed * Staff concern of birth during transfer * Mother too unwell | | |  | | |
| Was an Obstetric Consultant involved in this decision? |  | | Was a Neonatologist involved in this decision? | |  |

EXAMPLE

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| Part B: Neonatal Care- To be completed by Neonatal/Paediatric Team  Name of person completing Part B: | | | | | |
| Gestation |  | | Weight | |  |
| Apgar scores |  | | Admission Temperature | |  |
| Cord gas results | Arterial  Venous | | | | |
| Was the neonatal team in attendance at birth and of appropriate seniority? |  | | | | |
| Brief details of delivery room management: |  | | | | |
| Brief summary of care received during stay on local unit including any cranial ultrasound findings |  | | | | |
| Time contacted cot bureau: |  | Time of transport team arrival: | |  | |
| Time infant left your organisation: |  | Destination hospital: | |  | |
| Details of any significant events during postnatal transfer |  | | | | |
| Outcome including any cranial ultrasound finding before or following transfer |  | | | | |

EXAMPLE

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| Part C: Governance | | | | | |
| Was an incident form submitted locally? |  | | Has there been a local maternity review? | |  |
| Were the neonatal team included in review? |  | | | | |
| Was there a missed opportunity for identifying PTL? |  | | | | |
| Was there a missed opportunity for IUT? |  | | | | |
| Was this birth in an LNU avoidable? |  | | | | |
| Learning identified following local review:  Including changes to practice as a result of this case/review for both antenatal & postnatal care |  | | | | |
| Any communication issues identified within this case:  Comment specifically on communication with parents, with the wider maternity/neonatal/transfer teams and internally/ externally |  | | | | |
| Network Office Use Only: | | | | | |
| Date Part A returned |  | Name of respondent: | |  | |
| Date Part B returned |  | Name of respondent: | |  | |
| Further action required: |  | Details of additional actions: | |  | |
| Date completed and closed: |  | Name of person closing exception: | |  | |