Medical record review form_20191023

Reviewer ID

_____

Medical record Unique study ID

_____

Batch number

_____

Verification of Medical record Unique study ID
Enter the medical record unique study identifier

_____

Sex

◯ Male

◯ Female

◯ Unknown

Is the date of birth available

◯ Yes

◯ No

Date of birth
Skip if not available

yyyy-mm-dd

Date of death
Skip if not available

yyyy-mm-dd

If no date of birth is available, type the approximate age of the respondent. If this information is not available or cannot be reasonably estimated, leave this question blank. Select unit of age as days, months or years

_____

Select unit of age

○ Days

○ Weeks

○ Months

○ Years

If no DOB or age available state whether the decedent was

○ Adult

○ Child

○ Infant

○ Unknown

If you selected less than 7 days, confirm the death is perinatal

○ Yes

PERINATE was NaN days old.

NEONATE was NaN days old.

CHILD was NaN years NaN months and NaN days old.

ADULT was NaN years NaN months and NaN days old.

Narrative

Briefly summarise medical history and relevant findings of this case.

Injury

Injury present

○ Yes

○ No

Describe injury

HIV

HIV status

○ Positive

○ Negative

○ No information

○ No serology available but clinical suspicion of HIV

○ History of ART

○ HIV-exposed (infants only)

If HIV-exposed was PMTCT given

○ Yes

○ No

○ Unknown

If HIV-exposed state current HIV status

○ Positive

○ Negative

○ Unknown

CD4 count (cells/mm3)

_____

Viral Load (IU/mL)

_____

Evidence of AIDS defining conditions

☐ No

☐ Extrapulmonary TB

☐ Recurrent pneumonia

☐ Disseminated mycosis or candidiasis of oesophagus or trachea

☐ Other HIV related infections (pneumocystis jerovecii pneumonia, toxoplasmosis, cryptococcus, cryptosporidiosis, CMV, HSV, salmonellosis)

☐ HIV related cancers (lymphoma (cerebral or B cell Non Hodgkins), Kaposi's sarcoma, invasive cervical cancer)

☐ HIV wasting syndrome

☐ HIV encephalopathy

☐ Other AIDS related conditions

If Other AIDS related conditions is selected specify

_____

TB

TB status

○ Known TB case on treatment

○ Previous history of TB

○ Under investigation for TB

○ Unknown

○ No TB

○ No mention of TB but signs and symptoms suggestive of TB

Microscopy: Acid Fast Bacilli

○ Positive

○ Negative

○ Unknown

○ Not done

TB Culture

○ Positive

○ Negative

○ Not done

○ Unknown

Genexpert

○ Positive

○ Negative

○ Not done

○ Unknown

TB: Chest XRay

○ Radiological findings suggestive of TB

○ No radiological findings suggestive of TB

○ Unknown

○ Not done

Adenosine deaminase (ADA) U/L

_____

Surgery

Did the patient have surgery during last illness before death

○ Yes

○ No

○ Unknown

Describe indication for surgery and surgical procedure performed

Postoperative recovery

○ Uneventful

○ Complications

○ Unknown

Manner of Death

Manner of death

◯   Natural disease

◯   Accident

◯   Suicide

◯   Homicide

◯   Undetermined

If death was accidental select circumstances of death

◯   Road traffic accident (excludes non-road transport accidents -train, air, ship)

◯   other accidents (non-road transporst accidents, falls, natural disasters, drowning, poisoning etc)

◯   Complications of medical or surgical procedure

For road traffic accidents indicate whether victim was a driver, passenger or pedestrian

◯   Driver

◯   Passenger

◯   Car occupant (Unknown whether driver or passenger)

◯   Pedestrian

◯   Unknown

If death was due to homicide select whether firearm related or not

◯   Firearm related

◯   Non-firearm related

◯   Unknown

Select the appropriate death certificate based upon the age of the decedent

Use perinatal death certificate for stillbirths and deaths occurring up to 7th day of life (0-6 days of age)

◯   WHO certificate of cause of death for all ages (do not use this for perinatal deaths)

◯   Perinatal cause of death certificate

WHO Part 1a

WHO: Part 1a Immediate cause of death (condition leading directly to death)

_____

Part 1 a: Approximate interval between onset and death (number of days, weeks, months or years)

_____

Part 1a: Select unit for interval

○ Days

○ Weeks

○ Months

○ Years

Part 1a: Level of certainty of diagnosis

Part 1 a: Indicate how diagnosis was confirmed for cause reported in Part 1a.

☐ Medical history

☐ Clinical findings

☐ Haematology and Biochemistry (FBC, U&E, LFTs, HbA1c, tumour markers etc.)

☐ Microbiology (Microscopy, culture and sensitivity and genexpert etc.)

☐ Serology/Virology (RPR, Elisa, Hepatitis screen, TORCH etc)

☐ Imaging studies (CXR, Ultrasound etc.)

☐ Cardiovascular diagnostics (ECG, angiogram)

☐ Lung function tests (spirometry)

☐ Visualisation (endoscopy, colonoscopy, bronchoscopy etc)

☐ Histopathology

☐ Surgery

☐ Autopsy

☐ Other

Part 1a: Specify main tests and results used to confirm diagnosis

Part 1a: Certainty of diagnosis

○ Confirmed

○ Highly probable

○ Possible

WHO Part 1b

WHO: Part 1b Antecedent cause of death (Morbid conditions, if any, giving rise to condition listed above, stating underlying cause on lowest completed line)

_____

Part 1b: Approximate interval between onset and death (number of days, weeks, months or years)

_____

Part 1b: Select unit for interval

- ○ Days
- ○ Weeks
- ○ Months
- ○ Years

Part 1b: Level of certainty for diagnosis

Part 1b: Indicate how diagnosis was confirmed for cause reported in Part 1b.

- ☐ Medical history
- ☐ Clinical findings
- ☐ Haematology and Biochemistry (FBC, U&E, LFTs, HbA1c, tumour markers etc.)
- ☐ Microbiology (Microscopy, culture and sensitivity and genexpert etc.)
- ☐ Serology/Virology (RPR, Elisa, Hepatitis screen, TORCH etc)
- ☐ Imaging studies (CXR, Ultrasound etc.)
- ☐ Cardiovascular diagnostics (ECG, angiogram)
- ☐ Lung function tests (spirometry)
- ☐ Visualisation (endoscopy, colonoscopy, bronchoscopy etc)
- ☐ Histopathology
- ☐ Surgery
- ☐ Autopsy
- ☐ Other

Part 1b: Specify main tests and results used to confirm diagnosis

_____

Part 1b: Level of certainty of diagnosis of cause reported in Part 1 line b

○ Confirmed

○ Highly probable

○ Possible

WHO Part 1c

WHO Part 1c: Antecedent cause of death (Morbid conditions, if any, giving rise to condition listed above, stating underlying cause on lowest completed line)

_____

Part 1c: Approximate interval between onset and death (number of days, weeks, months or years)

_____

Part 1c: Select unit for interval

○ Days

○ Weeks

○ Months

○ Years

Part 1c: Level of certainty of diagnosis

Part 1c: Indicate how diagnosis was confirmed for cause reported in Part 1c.

☐ Medical history

☐ Clinical findings

☐ Haematology and Biochemistry (FBC, U&E, LFTs, HbA1c, tumour markers etc.)

☐ Microbiology (Microscopy, culture and sensitivity and genexpert etc.)

☐ Serology/Virology (RPR, Elisa, Hepatitis screen, TORCH etc)

☐ Imaging studies (CXR, Ultrasound etc.)

☐ Cardiovascular diagnostics (ECG, angiogram)

☐ Lung function tests (spirometry)

☐ Visualisation (endoscopy, colonoscopy, bronchoscopy etc)

☐ Histopathology

☐ Surgery

☐ Autopsy

☐ Other

Part 1c: Specify main tests and results used to confirm diagnosis

Part 1c: Level of certainty of diagnosis reported in Part 1 line c.

◯　Confirmed

◯　Highly probable

◯　Possible

WHO Part 1d

WHO Part 1d: Antecedent cause of death (Morbid conditions, if any, giving rise to condition listed above, stating underlying cause on lowest completed line)

Part 1d: Approximate interval between onset and death (number of days, weeks, months or years)

Part 1d: Select unit for interval

◯　Days

◯　Weeks

◯　Months

◯　Years

Part 1d: Level of certainty of diagnosis of cause reported in Part1d.

Part 1d: Indicate how diagnosis was confirmed for cause reported in Part 1d.

- [ ] Medical history
- [ ] Clinical findings
- [ ] Haematology and Biochemistry (FBC, U&E, LFTs, HbA1c, tumour markers etc.)
- [ ] Microbiology (Microscopy, culture and sensitivity and genexpert etc.)
- [ ] Serology/Virology (RPR, Elisa, Hepatitis screen, TORCH etc)
- [ ] Imaging studies (CXR, Ultrasound etc.)
- [ ] Cardiovascular diagnostics (ECG, angiogram)
- [ ] Lung function tests (spirometry)
- [ ] Visualisation (endoscopy, colonoscopy, bronchoscopy etc)
- [ ] Histopathology
- [ ] Surgery
- [ ] Autopsy
- [ ] Other

Part 1d: Specify main tests and results used to confirm diagnosis

Part 1d: Level of certainty of diagnosis

- ( ) Confirmed
- ( ) Highly probable
- ( ) Possible

Part 2

Part 2 Contributing conditions - Other significant conditions contributing to the death but not related to the disease or condition causing the death

If more than 1 condition entered here state duration in brackets after each cause listed.

Part 2: Approximate interval between onset and death (number of days, weeks, months or years)

Use if only 1 condition entered in Part 2.

Part 2: Select unit for interval

- ( ) Days
- ( ) Weeks
- ( ) Months
- ( ) Years

Part 2: level of certainty of diagnosis

Part 2: Indicate how diagnosis was confirmed for first cause reported in Part 2.
Enter the most important contributing condition first in Part 2

- [ ] Medical history
- [ ] Clinical findings
- [ ] Haematology and Biochemistry (FBC, U&E, LFTs, HbA1c, tumour markers etc.)
- [ ] Microbiology (Microscopy, culture and sensitivity and genexpert etc.)
- [ ] Serology/Virology (RPR, Elisa, Hepatitis screen, TORCH etc)
- [ ] Imaging studies (CXR, Ultrasound etc.)
- [ ] Cardiovascular diagnostics (ECG, angiogram)
- [ ] Lung function tests (spirometry)
- [ ] Visualisation (endoscopy, colonoscopy, bronchoscopy etc)
- [ ] Histopathology
- [ ] Surgery
- [ ] Autopsy
- [ ] Other

Part 2 : Specify main tests and results used to confirm diagnosis of first cause reported in Part 2

_____

Part 2: Level of certainty of diagnosis of first cause reported in Part 2

- ( ) Confirmed
- ( ) Highly probable
- ( ) Possible

For women

CONTROL QUESTION: Please confirm that the decedent is a female of child bearing age (11 - 60 years). If No, the pregnancy section will be skipped

◯ Yes

◯ No

Was the deceased pregnant?

◯ Yes

◯ No

◯ Unknown

If the deceased was pregnant, was it

◯ At the time of death

◯ Within 42 days before the death

◯ Between 43 days up to 1 year before death

◯ Unknown

Did the pregnancy contribute to the death?

◯ Yes

◯ No

◯ Unknown

Perinatal death [Stillbirth and infants up to 7th day of life i.e. 0 - 6 days of age]

Main disease or condition in fetus or infant

Main disease or condition that caused death in fetus or infant

Perinatal: Indicate how diagnosis was confirmed for main cause of death in fetus

- [ ] Medical history
- [ ] Clinical findings
- [ ] Haematology and Biochemistry (FBC, U&E, LFTs, HbA1c, tumour markers etc.)
- [ ] Microbiology (Microscopy, culture and sensitivity and genexpert etc.)
- [ ] Serology/Virology (RPR, Elisa, Hepatitis screen, TORCH etc)
- [ ] Imaging studies (CXR, Ultrasound etc.)
- [ ] Cardiovascular diagnostics (ECG, angiogram)
- [ ] Lung function tests (spirometry)
- [ ] Visualisation (endoscopy, colonoscopy, bronchoscopy etc)
- [ ] Histopathology
- [ ] Surgery
- [ ] Autopsy
- [ ] Other

Main cause in infant or fetus: Specify main tests and results used to confirm diagnosis

Main cause in infant or fetus: Level of certainty of diagnosis

- ( ) Confirmed
- ( ) Highly probable
- ( ) Possible

Other disease or condition in fetus or infant

Any other disease or conditions that may have contributed to death of fetus or infant

Perinatal: Indicate how diagnosis was confirmed for other cause of death in fetus

☐ Medical history

☐ Clinical findings

☐ Haematology and Biochemistry (FBC, U&E, LFTs, HbA1c, tumour markers etc.)

☐ Microbiology (Microscopy, culture and sensitivity and genexpert etc.)

☐ Serology/Virology (RPR, Elisa, Hepatitis screen, TORCH etc)

☐ Imaging studies (CXR, Ultrasound etc.)

☐ Cardiovascular diagnostics (ECG, angiogram)

☐ Lung function tests (spirometry)

☐ Visualisation (endoscopy, colonoscopy, bronchoscopy etc)

☐ Histopathology

☐ Surgery

☐ Autopsy

☐ Other

Other condition in fetus: Specify main tests and results used to confirm diagnosis

Other cause in fetus: Level of certainty of diagnosis

○ Confirmed

○ Highly probable

○ Possible

Main maternal disease or condition affecting the fetus or infant

Perinatal: Indicate how diagnosis was confirmed for main maternal cause affecting fetus or infant

☐ Medical history

☐ Clinical findings

☐ Haematology and Biochemistry (FBC, U&E, LFTs, HbA1c, tumour markers etc.)

☐ Microbiology (Microscopy, culture and sensitivity and genexpert etc.)

☐ Serology/Virology (RPR, Elisa, Hepatitis screen, TORCH etc)

☐ Imaging studies (CXR, Ultrasound etc.)

☐ Cardiovascular diagnostics (ECG, angiogram)

☐ Lung function tests (spirometry)

☐ Visualisation (endoscopy, colonoscopy, bronchoscopy etc)

☐ Histopathology

☐ Surgery

☐ Autopsy

☐ Other

Main maternal cause affecting fetus or infant: Specify main tests and results used to confirm diagnosis

Main maternal cause: Level of certainty of diagnosis of main maternal cause affecting the fetus

○ Confirmed

○ Highly probable

○ Possible

Other maternal disease or condition affecting the fetus or infant

Perinatal: Indicate how diagnosis was confirmed for other maternal cause affecting fetus or infant

☐ Medical history

☐ Clinical findings

☐ Haematology and Biochemistry (FBC, U&E, LFTs, HbA1c, tumour markers etc.)

☐ Microbiology (Microscopy, culture and sensitivity and genexpert etc.)

☐ Serology/Virology (RPR, Elisa, Hepatitis screen, TORCH etc)

☐ Imaging studies (CXR, Ultrasound etc.)

☐ Cardiovascular diagnostics (ECG, angiogram)

☐ Lung function tests (spirometry)

☐ Visualisation (endoscopy, colonoscopy, bronchoscopy etc)

☐ Histopathology

☐ Surgery

☐ Autopsy

☐ Other

Other maternal cause: Specify main tests and results used to confirm diagnosis

Other maternal cause: Level of certainty of diagnosis of other maternal cause affecting the fetus

○ Confirmed

○ Highly probable

○ Possible

Other relevant factors

Multiple pregnancy

○ Yes

○ No

○ Unknown

Stillborn

○ Yes

○ No

○ Unknown

If the death was a stillbirth indicate whether the fetus was

○ Fresh

○ Macerated

○ Unknown

If death within 24 hr specify number of hours survived

_____

Number of completed weeks of pregnancy

_____

Birth weight in grams

_____

Age of mother (years)

_____

Reviewers rating of quality of medical records

Rate the quality of cause of death information in medical records

1 (poor) - 5 (excellent)

_____

Rate the level of certainty for diagnosing the UCOD from the medical records

1(poor) - 5 (excellent)

_____

Did you have any concerns about the treatment and care provided to this patient ?

○ Yes

○ No