

Mortality Review Group (MRG) North Shared Learning Points – 9 April 2019

- All families should be offered a post mortem irrespective of religion.
- PMRT requires feedback on debrief after resuscitation. Units should have an internal discussion about when after resuscitation a rapid safety focussed debrief should happen and this should be introduced into unit practice and documented in the notes.
- All deliveries should have time of cord clamping documented and in deliveries where paediatrics/neonatology is present, the need for DCC should be discussed in advance where possible.
- Rocuronium infusion can be an effective muscle relaxant if resistance to pancuronium bolus's (PICU will have guidance on regimes).
- CGH Array takes 5 days to process but result takes longer due to the time to start processing. If a more urgent result is needed, a specific request needs to be made.
- Babies with complex anomalies may deliver early so a joint plan for delivery and management after is needed ASAP.
- If available a video laryngoscope should go with difficult airway box to deliveries that are perceived to require this.
- In hydrops, an early UVC will assist with vascular access.
- Daily documentation of skin integrity and long line dressing check is important.
- Continuous temperature probes on resuscitaires allow temp changes to be monitored carefully prior to admission.
- Video laryngoscopes for inexperienced intubators can increase success rate of intubation. Funding can be bid for through ERIC fund (through HEE).

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- Where twins die in separate hospitals, bringing the family back together may present organisational challenges.
- Hospice care can help where 2 babies die in separate hospitals or compassionate extubation should be considered after repatriation if possible.
- Breathless babies and babies starting on antibiotics for symptoms should have a venous or capillary gas checked as the blood cultures are taken.
- A more detailed FH and specific gene diagnosis should be sought for cases with extreme persistent acidosis.