

**REPORT ON DEATH DUE TO LEPTOSPIROSIS**  
**INSTITUTIONAL DEATH REVIEW**

*(To be completed by the Specialist or the Senior Medical Officer who attended the patient)*

Name of the hospital .....

Ward No. .... BHT No. ....

**Part I: Basic information of the patient**

1) Name: .....

2) Age: ..... 3) Sex: .....

4) Address: .....

5) RDHS Area: ..... 6) MOH Area: .....

**Part II: Admission details**

7) Date and time of admission to the hospital: 

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 .....  
YY MM DD Time

8) Whether transferred? .....

9) If yes, from which hospital? .....

10) Whether the BHT stamped 'urgent': .....

11) Place of admission: Ward  ETU

12) Time of admission to ward/ ETU: .....

13) Time of examination by the Medical Officer: .....

**Part III: History**

14) Date of onset of symptoms: 

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YY MM DD

15) Where did the patient first seek medical advice?

Government Hospital

Private Hospital

General Practitioner

Others (specify)


Name: .....

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16) Was patient admitted to a hospital after he first sought advice? .....

17) Date of first hospital admission:

YY		MM		DD	

18) History of any chronic diseases: .....

**Part IV: Details of clinical examination**

19) On admission, did the patient have any symptoms/ signs suggestive of hepatic and/ or renal impairment, cardiac failure and/or meningeal irritation? If yes, provide details: .....

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20) At the time of death, did the patient have any symptoms/ signs suggestive of hepatic and/ or renal impairment, cardiac failure and/or meningeal irritation? If yes, provide details: .....

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**Part V: Details of clinical management**

21) Briefly give the details of medical treatment given: .....

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22) Comment on other aspects of management

Maintenance of	Satisfactory	Unsatisfactory
Temperature chart		
Fluid balance chart		
Chart of vital signs		

**Part VI: Details of laboratory investigation**

23) Please furnish the results of following investigations:

Investigation	Date & Results
No investigations done	
Full blood count	
Urine full report/ proteinuria	
Blood urea/ creatinine	
SGPT/ SGOT	
Direct microscopy	
SGPT/SGOT	
ECG	
MAT (Serology) (1 <sup>st</sup> & 2 <sup>nd</sup> )	
PCR	
Any other	

**Part VII: Cause of death**

24) Date and time of death: 

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 Time: .....

25) Probable cause of death: .....  
 Due to (if any) .....

26) Co-morbidity conditions that might have contributed: .....

27) Autopsy findings: .....

28) Brief statement of events leading to death: .....

29) View of the Specialist Medical Officer on factors contributing to the death *(This question should only be answered by the Specialist Medical Officer in-charge of the particular unit)*

Mark (✓) where relevant

Delay in seeking treatment by the patient	
Delay in transferring patient (if it was a transferred case)	
Lack of or non-availability of services (laboratory, transfusion etc.)	
Shortcomings in the clinical management (delayed diagnosis etc.)	
Any other factors identified (specify)	

30) List the actions already taken/ proposed to be taken to overcome the deficiencies identified: .....

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Name / Designation: .....

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Signature: .....

Date: .....