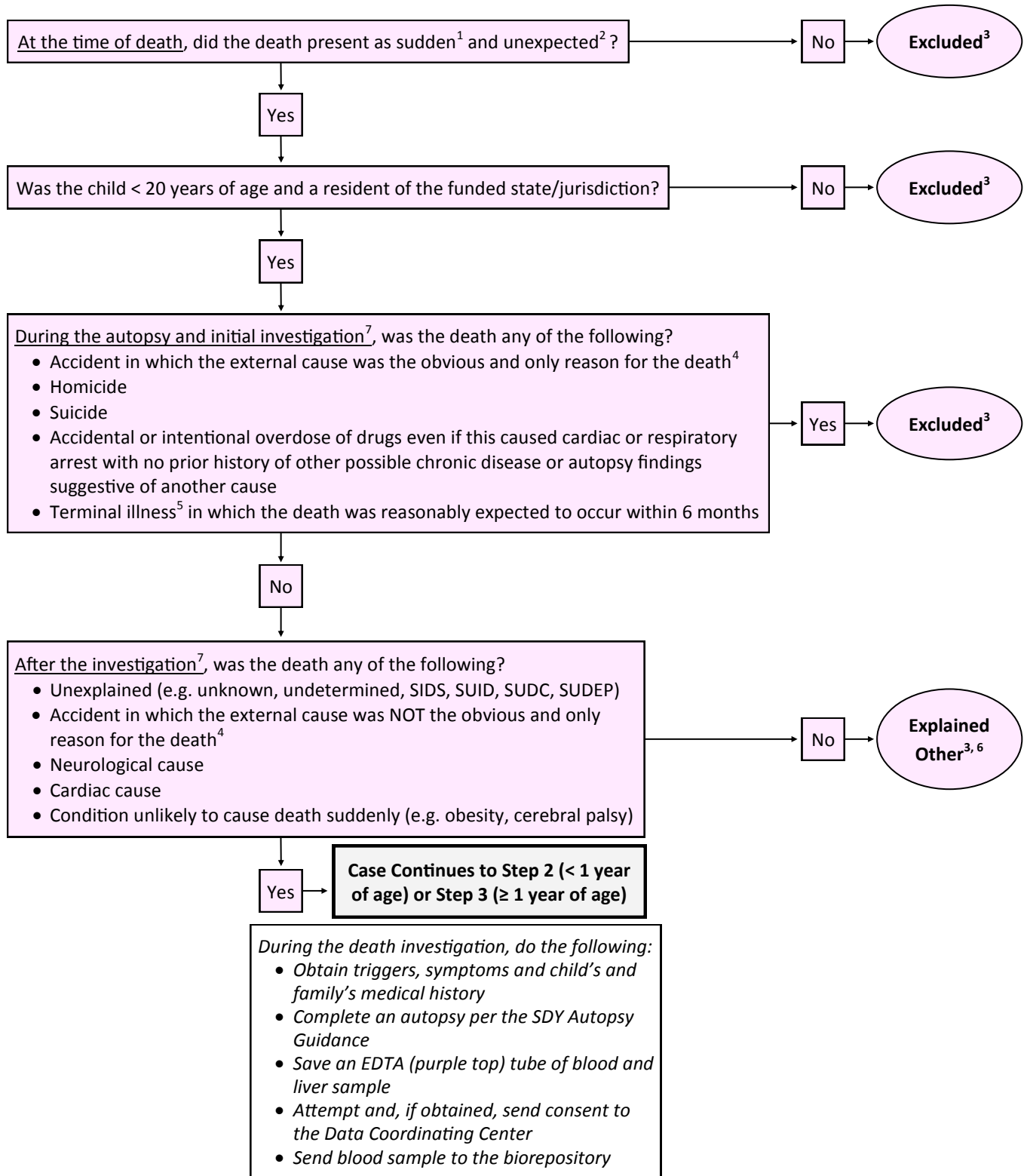


SDY Case Registry Algorithm-Step One

STEP 1: COMPLETED BY MEDICAL EXAMINER/CORONER/PATHOLOGIST WHEN IDENTIFYING CASES



¹Death within 24 hours of first symptom or death in hospital after resuscitation from a cardiac event.

²Death of someone who was believed to be in good health or had a stable chronic condition or had an acute illness that would not be expected to cause death.

³No consent necessary, but if consent was obtained, send in sample and consent, and retain all data entered into the Case Reporting System (CRS).

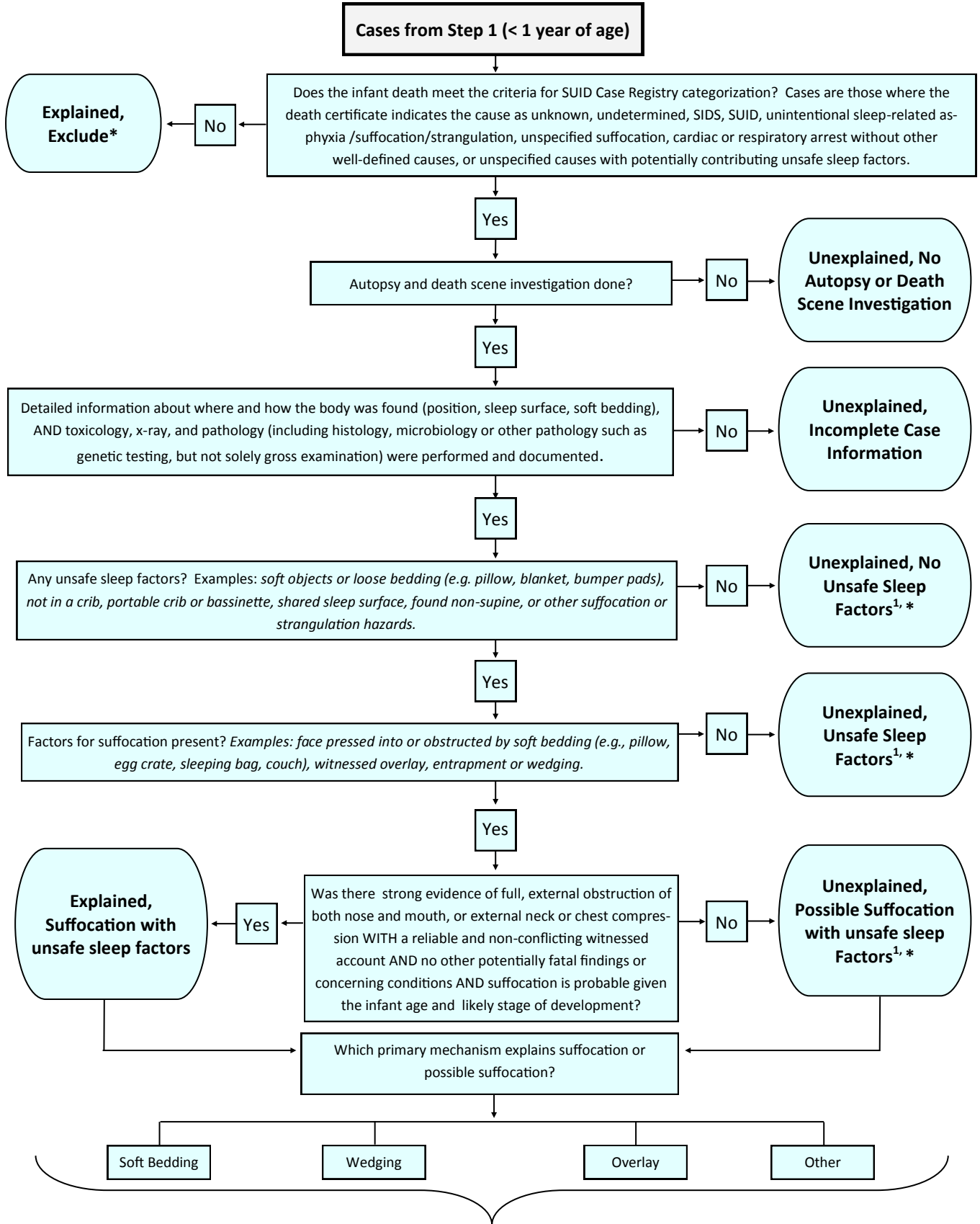
⁴Cases in which the underlying cause of the accident (e.g. drowning, infant suffocation, drivers in motor vehicle crashes, etc.) may be cardiac or neurological in origin should not be considered an 'accident in which the external cause was the obvious and only reason for the death' and should continue to Step 2 or 3.

⁵Diagnosis prior to death that is incurable and irreversible.

⁶At a minimum follow state/local Child Death Review protocol; no Advanced Review necessary.

⁷Investigation is defined as any attempt, by any agency, to seek information about the death.

SDY Case Registry Algorithm Step Two



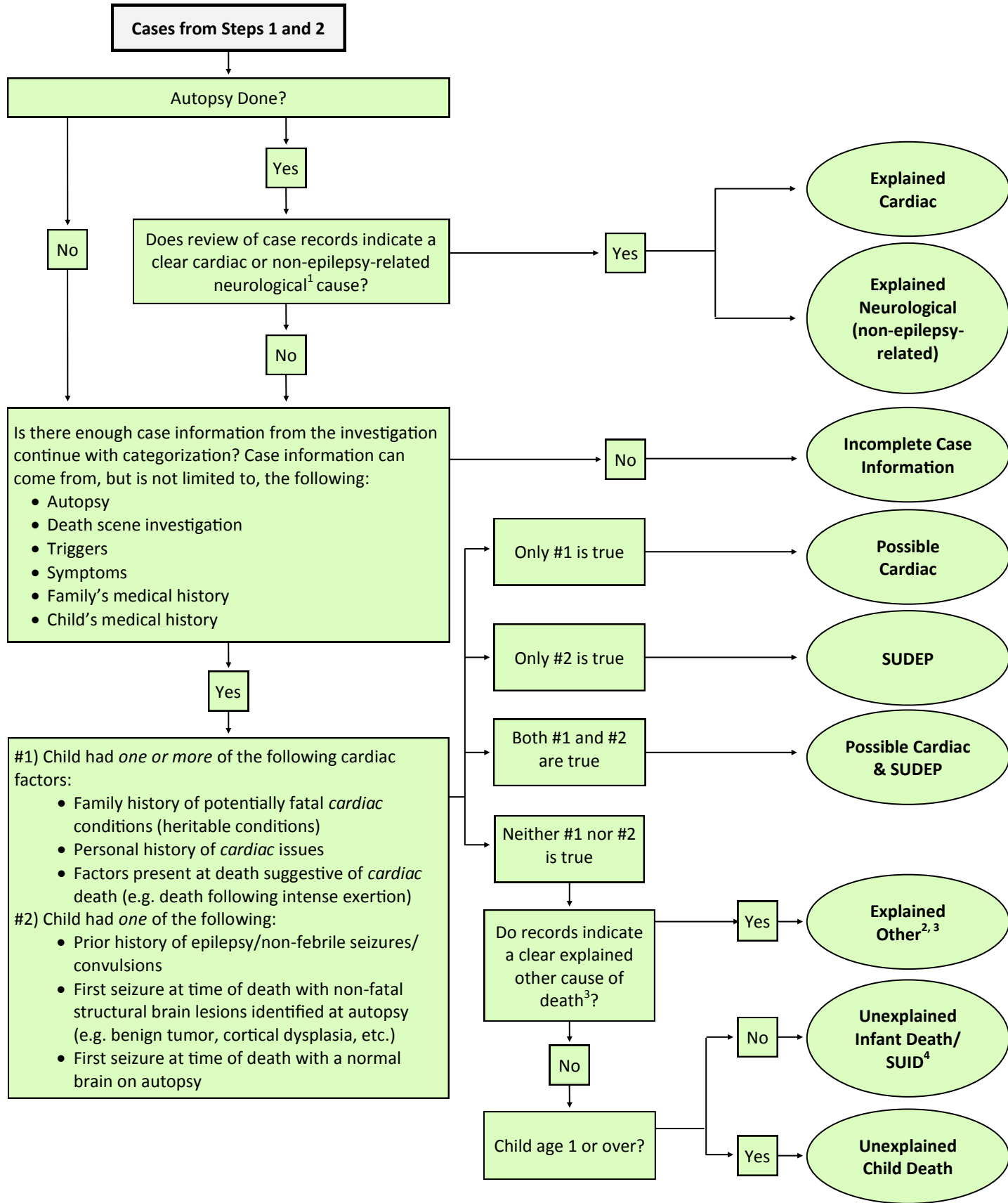
- *Excluded, No Unsafe Sleep Factors, Unsafe Sleep Factors, and Possible Suffocation continue to Step 3
- Explained Suffocation is the terminal category for both SUID and SDY, should not continue to Step 3 and no consent necessary²
- No Autopsy or Death Scene Investigation and Incomplete Case Information should both be assigned the SDY category Incomplete Case Information and should not continue to Step 3

¹Category includes cases that may or may not have other potentially fatal findings, concerning conditions, or competing cause of death, but how these factors contribute to death is uncertain.

²If consent was obtained, send in sample and consent, and retain all data entered into the Case Reporting System (CRS).
Last updated April 2016

SDY Case Registry Algorithm Step Three

STEP 3: COMPLETED AT ADVANCED REVIEW



¹Includes first seizure at time of death with neurological process that could have independently led to death found on autopsy (e.g. large subarachnoid hemorrhage, meningitis, or encephalitis).

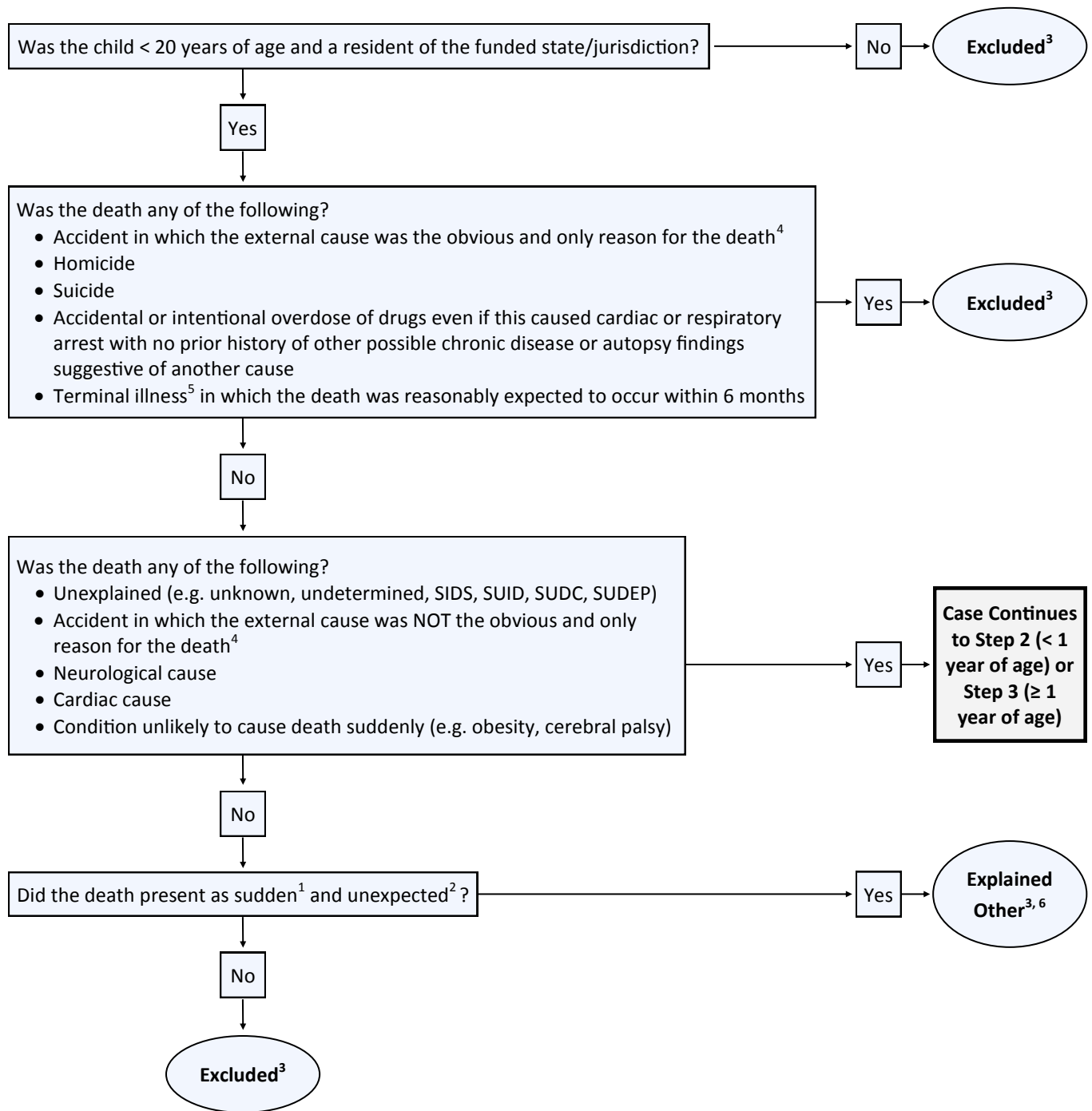
²No consent necessary, but if consent was obtained, send in sample and consent, and retain all data entered into the Case Reporting System (CRS).

³Does not include infant suffocation cases.

⁴Include all Sudden Unexpected Infant Death (SUID) cases including those the Advanced Review team deems to be suffocation.

SDY Case Registry Algorithm-Appendix

APPENDIX: COMPLETED WHEN IDENTIFYING CASES USING VITAL RECORDS FOR CASE ASCERTAINMENT CHECK



¹Death within 24 hours of first symptom or death in hospital after resuscitation from a cardiac event.

²Death of someone who was believed to be in good health or had a stable chronic condition or had an acute illness that would not be expected to cause death.

³No consent necessary, but if consent was obtained, send in sample and consent, and retain all data entered into the Case Reporting System (CRS).

⁴Cases in which the underlying cause of the accident (e.g. drowning, infant suffocation, drivers in motor vehicle crashes, etc.) may be cardiac or neurological in origin should not be considered an 'accident in which the external cause was the obvious and only reason for the death' and should continue to Step 2 or 3.

⁵Diagnosis prior to death that is incurable and irreversible.

⁶At a minimum follow state/local Child Death Review protocol; no Advanced Review necessary.