

CHILD AUTOPSY

State of Michigan Protocols to Determine Cause and Manner of a Sudden and Unexplained Child Death

1. Name of Deceased: _____ Race: _____ Sex: _____
 Date of Birth: _____ Date of Death: _____ Time of Death: _____
 Scene Address: _____

2. Prosector(s): _____

3. Provisional Diagnosis Reported to: Family/Caretakers Law Enforcement
 Date: _____ Responsible Person: _____

4. STUDIES

- | | | | |
|-------------------|---|--|--|
| Routine: | <input type="checkbox"/> Photographs | <input type="checkbox"/> Skeletal Survey | <input type="checkbox"/> Toxicology |
| As Indicated: | <input type="checkbox"/> Vitreous Samples | <input type="checkbox"/> Serum | <input type="checkbox"/> Urine |
| | <input type="checkbox"/> Bile | <input type="checkbox"/> Microbiology/Virology | |
| Rarely Indicated: | <input type="checkbox"/> Frozen Tissue | <input type="checkbox"/> Genetic Studies | <input type="checkbox"/> Blood (filter paper) & Frozen Serum |

Results of non-anatomic studies to be appended.

Summary of Findings: _____

5. CLINICAL SUMMARY

From Investigative Report.

- | | |
|---|---|
| <input type="checkbox"/> Previous Acute Life-Threatening Event | <input type="checkbox"/> Prematurity |
| <input type="checkbox"/> Maternal Smoking, Anemia, Alcohol/Drug Abuse | <input type="checkbox"/> Fetal Anemia |
| <input type="checkbox"/> Intensive Neonatal Care | <input type="checkbox"/> Sibling with SIDS |
| <input type="checkbox"/> Socioeconomic Status | <input type="checkbox"/> Multiple Birth |
| <input type="checkbox"/> Position, Bedding, Sleep Habits (with whom, where) | <input type="checkbox"/> Other (maternal illness, etc.) |

Summary of Clinical Findings: _____

External Examination Checklist

6. Rigor Mortis Livor Mortis Cyanosis Icterus Embalmed

7. MEASUREMENTS

Body Weight: _____ gm Body Length: _____ cm Crown-rump: _____ cm

Head Circumference: _____ cm Chest Circumference: _____ cm

8. State of Development, Nutrition, Hydration, Habitus; include subcutaneous fat and muscle mass:

9. Appearance, Facies:

10. Evidence of Resuscitation:

11. Evidence of Injury: (check all that apply)

- Rash, excoriation Burns, lacerations Petechiae, ecchymoses Fractures, calluses
 Orificial damage (lips, gums, teeth, auditory canals, choanae, vagina, urethra, anus, etc.)

12. Evidence of Medical Treatment: (check all that apply)

- Tracheostomy, gastrostomy, etc. Needle puncture marks Scars
 Other: (explain)

13. Head: Sutures, moveable Fontanelle, open, ant. Flattening

14. Neck: Masses

15. Chest: Breasts Sternum, abnormal

16. Abdomen: Distension Palpable organs, masses (size) Fluid

17. Inguinal: Hernia Lymph nodes, other:

18. External Genitalia, Male:

Penis:

Scrotum/Testes:

19. External Genitalia, Female:

Labia, Hymen:

Vagina, Urethra:

20. Extremities:

Configuration:

Joints:

21. BODY CAVITIES

- Pleural: Air Fluid Blood Situs, if abnormal
 Petechiae, presence & number:
- Pericardial: Air Fluid Blood Situs, if abnormal
 Petechiae, presence & number:
- Peritoneal: Air Fluid Blood Situs, if abnormal
 Petechiae, presence & number:

22. ORGANS

- Thymus:** Weight: None Few Many
Petechiae: Normal Abnormal: (describe)

- Heart:** Weight: None Few Many
Petechiae: Normal Abnormal:

- Contents, including clots: Normal Abnormal:
- Configuration of great vessels: Normal Abnormal:

- Coronary Arteries; Origins and Distribution:
 Normal Abnormal:

- Septa:
Atrial: Normal Abnormal:

- Ventricular: Normal Abnormal:

- Valves: Size: Normal Abnormal:
Form: Normal Abnormal:

- Epicardium:
Petechiae: None Few Many
 Normal Abnormal:

Larynx, Tracheobronchial Tree & Lungs:

Epiglottis; Form & Inflammation: Normal Abnormal:

Larynx; Configuration & Content: Normal Abnormal:

Tracheobronchial Tree; Mucosa & Cartilage: Normal Abnormal:

Lungs: Weight (left & right): Normal Abnormal:

Lobation: Normal Abnormal:

Expansion: Normal Abnormal:

Pleura: Normal Abnormal:

Cut Surface; Consolidation, Hemorrhage, Congestion: Normal Abnormal:

Blood Vessels: Normal Abnormal:

Petechiae: None Few Many

Spleen & Lymphoid Organs:

Spleen: Weight: Multiple: No Yes; number:

Shape: Normal Abnormal:

Incisura: Normal Abnormal:

Cut Surface Malpighian Corpuscles: Normal Abnormal:

Thymus: Weight: Size:

Petechiae: None Few Many

Normal Abnormal:

Lymph Nodes:

Enlarged:	<input type="checkbox"/> No	<input type="checkbox"/> Yes; which:
Site:	<input type="checkbox"/> Hilar	<input type="checkbox"/> Mesenteric
Cut Surface:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal:

Liver, Bile Ducts, Gall Bladder:

Liver:	Weight:	Size:
	Capsular Surface:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:
	Cut Surface:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:
Bile Ducts:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal:
Gall Bladder:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal:

Kidneys, Urinary Bladder:

Kidneys:	Weight (left & right):	Size (left & right):
	Symmetry:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:
	Capsular Surface:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:
	Cut Surface:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:
	Ureters:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:
Bladder:	Urine:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:
	Wall:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:
	Mucosa:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:
	Outflow Tract:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:
	Urethra:	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal:

Gastrointestinal Tract:

Esophagus:

Form: Normal Abnormal:

Fistula: Absent Present:

Stomach: Petechiae: None Few Many

Serosa: Normal Abnormal:

Mucosa: Normal Abnormal:

Pylorus: Normal Abnormal:

Contents:

Small Intestine: Length: (if abnormal)

Petechiae: None Few Many

Serosa: Normal Abnormal:

Rotation: Normal Abnormal:

Obstruction: Absent Present:

Mucosa: Normal Abnormal:

Intussusception: Absent Present:

Volvulus: Absent Present:

Contents:

Large Intestine:

Form: Normal Abnormal:

Mucosa: Normal Abnormal:

Contents:

Pancreas:

Form: Normal Abnormal:

Consistency: Normal Abnormal:

Internal Genitalia:

Female: Uterus: Normal Abnormal:
Fallopian Tubes: Normal Abnormal:
Ovaries: Normal Abnormal:
Male: Testes, Form: Normal Abnormal:
Cut Surface: Normal Abnormal:

Endocrine:

Adrenals: Weight: Size:
Cut Surface: Normal Abnormal:
Thyroid: Normal Abnormal:
Parathyroid: Normal Abnormal:
Pituitary: Normal Abnormal:

Bones: Form: Normal Abnormal:
Marrow: Normal Abnormal:

Head:

Scalp: Normal Abnormal:
Calvaria: Form: Normal Abnormal:
Sutures: Normal Abnormal:
Fontanelles: Normal Abnormal:
Base: Normal Abnormal:
Petrous Pyramids: Normal Abnormal:

Dura Mater: Normal Abnormal:

Venous Sinuses: Normal Abnormal:

Brain: Weight: Size:

Consistency: Normal Abnormal:

Configuration: Normal Abnormal:

Meninges: Normal Abnormal:

Vessels: Normal Abnormal:

Cranial Nerves: Normal Abnormal:

Spinal Cord: Normal Abnormal:

Peripheral Nerves: Normal Abnormal:

Microscopic Examination

Organs should be sampled and representative tissues saved until the case is completed.

ROUTINE SECTIONS

Organ Examined	# of Sections	Describe Abnormalities
<input type="checkbox"/> Heart		
<input type="checkbox"/> Lungs		
<input type="checkbox"/> Liver		
<input type="checkbox"/> Kidney		
<input type="checkbox"/> Small Intestine		
<input type="checkbox"/> Large Intestine		
<input type="checkbox"/> Spleen		
<input type="checkbox"/> Thymus		
<input type="checkbox"/> Brain		

AS INDICATED SECTIONS

Organ Examined	# of Sections	Describe Abnormalities
<input type="checkbox"/> Larynx, Trachea		
<input type="checkbox"/> Urinary Bladder		
<input type="checkbox"/> Esophagus		
<input type="checkbox"/> Stomach		
<input type="checkbox"/> Pancreas		
<input type="checkbox"/> Internal Genitalia		
<input type="checkbox"/> Adrenal		
<input type="checkbox"/> Thyroid		
<input type="checkbox"/> Pituitary		
<input type="checkbox"/> Bone		
<input type="checkbox"/> Spinal Cord		
<input type="checkbox"/> Other:		

FINAL PATHOLOGICAL DIAGNOSIS:

RADIOLOGICAL STUDIES:

TOXICOLOGY:

OTHER STUDIES:

The Final Diagnoses Have Been Discussed With: Family/Caregiver Law Enforcement

Date:

Responsible Person:

NOTES:

NOTES: