

Writing Cause of Death Statements in SIDS

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Sudden Infant Death Syndrome and Related Death Scenarios After investigation, deaths that initially presented as possible sudden infant death syndrome may require the certifier to select from several options for writing the cause-of-death statement. This tutorial offers suggestions for the more common scenarios that will be encountered. Each scenario, and a recommended format for the cause-of-death statement, are presented on the individual screens which follow.

CASE MEETS NICHD DEFINITION OF SUDDEN INFANT DEATH SYNDROME When the NICHD criteria for making a diagnosis of SIDS have been FULLY met (infant under 1 year of age, no cause of death determined after scene investigation, review of the clinical history, and complete autopsy), the following cause-of-death statement may be used:
Part I

A. Consistent with Sudden Infant Death Syndrome Due to, or as a consequence of:

B. Part II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause of death in Part I

In such cases, it would be appropriate to undertake SIDS counseling or referral procedures.

INVESTIGATIVE CRITERIA HAVE NOT BEEN MET: INADEQUATE INVESTIGATION When investigation is inadequate (such as no autopsy being performed, for example), the following cause-of-death statement may be used:

Part I

A. Unclassified Infant Death Due to, or as a consequence of:

B. Part II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause of death in Part I

In such cases, it would be appropriate to undertake SIDS counseling or referral procedures.
SIGNIFICANCE OF A FINDING IS UNCERTAIN When the significance of a positive finding is uncertain or cannot be established with reasonable probability (as might occur in so-called "gray-zone" cases such as a death consistent with SIDS but occurring with bed sharing), a cause-of-death statement similar to the following may be used:

Part I

A. Consistent with Sudden Infant Death Syndrome Due to, or as a consequence of:

B. Part II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause of death in Part I

Bed sharing with 2 adults. Found face down.

In such cases, it would be appropriate to undertake SIDS counseling or referral procedures. It would also be acceptable to report the bed sharing and face down position in "Describe How Injury Occurred," even though it is not definite that an injury occurred. To clarify this, words such as "Undetermined if external causes were involved" may also be shown in the "Describe How Injury Occurred" section. The manner of death may be listed as undetermined or natural. Either way, the death would be ICD-coded as R95, Sudden Infant Death Syndrome.
CIRCUMSTANCES NOT CONSISTENT WITH SIDS AND CAUSE OF DEATH IS UNKNOWN When the circumstances surrounding death are NOT consistent with SIDS, and investigation does not disclose a reasonably probable cause of death, the following cause-of-death statement may be used:

Part I

A. Unexpected and Undetermined Cause Due to, or as a consequence of:

B. Part II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause of death in Part I

In such cases, the MANNER of death could be indicated as natural, if appropriate, or another manner of death such as undetermined could be assigned, if appropriate. Cases of this type are uncommon compared with the other types presented in this tutorial.
DEATH IS REASONABLY EXPLAINED BY A CAUSE OTHER THAN SIDS Of course, when a reasonably probable cause of death (other than SIDS) has been determined (such as viral myocarditis), then that cause should be reported in the cause-of-death statement:

Part I

A. Viral myocarditis Due to, or as a consequence of:

B. Part II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to death but not resulting in the underlying cause of death in Part I

COMMENTS ON SUGGESTIONS IN THIS TUTORIAL The suggestions in this special tutorial offer several advantages. First, they allow the certifier to state what is known without over- or under diagnosing SIDS. In other words, the certifier may "tell it like it is." Second, the suggestions do not interfere with current statistical classification and coding procedures. Third, the suggestions offer a way to provide complete information that may enable sub categorization of cases that present as possible SIDS and among the age group commonly affected by SIDS. In 2003, the National Center for Health Statistics began capturing all text in the cause-of-death statement and it may soon develop special codes for conditions such as bed sharing. This would allow lumping or splitting of SIDS-like cases for more specific analyses.