

Paediatrician experience with management of Sudden Unexpected Death in Infancy (SUDI)

Australian Paediatric Surveillance Unit

Please contact the APSU (02) 9845 3005 or SCHN-APSU@health.nsw.gov.au if you have any questions about this form

APSU Office Use Only

Study ID #:

Instructions: Please answer each question by ticking the appropriate box or writing your response in the space provided.
DK=Don't Know; NA = Not Applicable.

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PART 1

This is a one off study investigating paediatrician knowledge and experience with Sudden and Unexpected Death in Infancy (SUDI) in the last 5 years.

REPORTING CLINICIAN'S DETAILS:

1. APSU Dr Code/Name: _____ / _____ Date questionnaire completed: __ __ / __ __ / _____

NSW POLICY DIRECTIVE:

Prior to receiving information about this study:

2. Were you aware of the NSW Policy Directive for the Management of Sudden Unexpected Death Infancy (SUDI)?

Yes No

3. *If yes*, have you read the policy? Yes No

4. *If no*, do you know where to locate it? Yes No

PATHOPHYSIOLOGY:

Prior to receiving information about this study:

5. Were you aware of recent research into the following possible mechanisms for SUDI:

a) Cardiac arrhythmia? Yes No DK

b) Sudden unexplained death in sleep (SUDEP)? Yes No DK

c) Neurotransmitter abnormalities e.g. serotonin, substance P, orexin? Yes No DK

MANAGEMENT OF SUDI:

6. Do all SUDI occurring outside of hospital need to be referred to the Coroner? Yes No Only Some DK

7. Do all SUDI occurring in hospital need to be referred to the Coroner? Yes No Only Some DK

8. Have you ever received information on the NSW SUDI Policy Directive? Yes No DK

9. Have you received education on how to manage SUDI? Yes No DK

10. Do you feel confident in your ability to take a comprehensive history in the event of SUDI?

Not at all confident Moderately confident Very confident Don't Know

11. Who do you feel is the most appropriate to conduct such a history?

- | | |
|--|---|
| <input type="checkbox"/> On call paediatrician | <input type="checkbox"/> Patient's usual paediatrician |
| <input type="checkbox"/> NSW Health nominated paediatrician | <input type="checkbox"/> General practitioner |
| <input type="checkbox"/> Forensic pathologist/coroner | <input type="checkbox"/> Neonatologist |
| <input type="checkbox"/> Emergency department consultant | <input type="checkbox"/> Paediatric trainee in Emergency department |
| <input type="checkbox"/> Paediatrician with special interest in SUDI | <input type="checkbox"/> Police Officer |
| <input type="checkbox"/> Other (please specify): _____ | |

12. Do you have any further comments? _____

REQUEST TO ATTEND SUDI:

13. Have you been asked to attend an infant < age of 12 months who died unexpectedly, but were not able to? Yes No

14. If you could not attend, why not?

- | | |
|--|--|
| <input type="checkbox"/> Too late in evening | <input type="checkbox"/> Conflicting clinical responsibilities |
| <input type="checkbox"/> Delay in notification | <input type="checkbox"/> Did not feel qualified |
| <input type="checkbox"/> Other (please specify): _____ | |

14. Have you attended an infant under the age of 12 months who died unexpectedly in the last 5 years?

Yes (please complete PART 2 – separate anonymous survey) No

Link to anonymous online questionnaire - PART 2: <https://redcap.sydney.edu.au/surveys/?s=XJ8N7JETAC>

Part 2 of this study is a short 1 page questionnaire that is completed anonymously.

You can complete the questionnaire for Part 2 by one of the following options:

- online questionnaire via this secure link: <https://redcap.sydney.edu.au/surveys/?s=XJ8N7JETAC>
- download from the APSU website: <http://apsu.org.au/assets/current-studies/SUDI-Questionnaire-Part-2-v4-2019.pdf> , print, complete and return to the APSU by email to: SCHN-APSU@health.nsw.gov.au
- download from the APSU website: <http://apsu.org.au/assets/current-studies/SUDI-Questionnaire-Part-2-v4-2019.pdf> , print, complete and return to the APSU by mail to:
Australian Paediatric Surveillance Unit, Kids Research, Locked Bag 4001, Westmead NSW 2145

Are you interested in providing input into development of a new Policy Directive? Yes No

If yes, you will be contacted by the APSU.

Thank you for your help with this research project.

Please return this questionnaire to the APSU via email to SCHN-APSU@health.nsw.gov.au or fax to 02 9845 3082 or mail to Australian Paediatric Surveillance Unit, Kids Research, Locked Bag 4001, Westmead NSW 2145 - even if you don't complete all items.

The APSU is affiliated with the Royal Australasian College of Physicians (Paediatrics and Child Health Division) and Faculty of Medicine and Health, The University of Sydney.

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This study has been approved by a Human Research Ethics Committee properly constituted under NHMRC guidelines.