Sudden Unexplained Infant Death Investigation

SUIDI Reporting Form

INVESTIGATION DATA

Infant's Last Name	Infant's First Name	Middle Name	Case Number
Patterson-McClain	Jasmine		170613-48

Sex: Female Date of Birth: 2017-05-22 Age: 0 year(s) 0 months 22 days SS#:

Race: [X] White [ ] Black/African Am. [ ] Asian/Pacific Isl. [ ] Am. Indian/Alaskan Native [ ] Hispanic/Latino [ ] Other

Infant's Primary Residence Address:

Address: 1848 Old Harriman highway City: Oliver Springs

County: Roane State: TN Zip:

Incident Address:

Address: 1848 Old Harriman highway City: Oliver Springs

County: State: TN Zip:

Contact Information for Witness:

Relationship to deceased: [ ] Birth Mother [ ] Birth Father [ ] Grandmother [ ] Grandfather [ ] Adoptive or Foster Parent [ ] Physician [ ] Health Records [ ] Other:

Last: First: M.: SS#:

Home Address: City: State: Zip:

Work Address: City: State: Zip:

Home Phone: Work Phone: Date of Birth:

WITNESS INTERVIEW

1 Are you the usual caregiver?

[X] No [ ] Yes

2 Tell me what happened:

3 Did you notice anything unusual or different about the infant in the last 24 hrs?

[X] No [ ] Yes Specify:

4 Did the infant experience any falls or injury within the last 72 hrs?

[X] No [ ] Yes Specify:

5 When was the infant LAST PLACED?

Date: 06/13/2017 Military Time: 04:00 Location (room):

6 When was the infant LAST KNOWN ALIVE(LKA)?

Date: 06/13/2017 Military Time: 04:00 Location (room): on bed

7 When was the infant FOUND?

Date: 06/13/2017 Military Time: 00:00 Location (room):

8 Explain how you knew the infant was still alive.

baby was fussy

9 Where was the infant - (P)laced, (L)ast known alive, (F)ound (write **P**, **L**, or **F** in front of the appropriate response)**?**

[ ] Bassinet	[ ] Bedside co-sleeper	[ ] Car seat	[ ] Chair
[ ] Cradle	[ ] Crib	[ ] Floor	[P] In a person's arms
[LF] Mattress/box spring	[ ] Mattress on floor	[ ] Playpen	[ ] Portable crib
[ ] Sofa/couch	[ ] Stroller/carriage	[ ] Swing	[ ] Waterbed
[ ] Other:			

10 In what position was the infant LAST PLACED? [ ] Sitting [ ] On back [ ] On side [ ] On Stomach [ ] Unknown

Was this the infants usual position? [ ] Yes [X] No What was usual position?

11 In what position was the infant LKA? [ ] Sitting [X] On back [ ] On side [ ] On Stomach [ ] Unknown

Was this the infants usual position? [ ] Yes [X] No What was usual position?

12 In what position was the infant FOUND? [ ] Sitting [X] On back [ ] On side [ ] On Stomach [ ] Unknown

Was this the infants usual position? [ ] Yes [X] No What was usual position?

13 Face position when LAST PLACED? [ ] Face down on surface [ ] Face up [X] Face right [ ] Face left

14 Neck position when LAST PLACED? [ ] Hyperextended [ ] Flexed [ ] Neutral [X] Turned

15 Face position when LKA? [ ] Face down on surface [X] Face up [ ] Face right [ ] Face left

16 Neck position when LKA? [ ] Hyperextended [ ] Flexed [X] Neutral [ ] Turned

17 Face position when FOUND? [ ] Face down on surface [X] Face up [ ] Face right [ ] Face left

18 Neck position when FOUND? [ ] Hyperextended [ ] Flexed [X] Neutral [ ] Turned

19 What was the infant wearing? (ex. t-shirt, disposable diaper) nightgown

20 Was the infant tightly wrapped or swaddled? [X] No [ ] Yes - describe:

21 Please indicate the types and numbers of layers of bedding both over and under infant (not including wrapping blanket):

Bedding UNDER Infant	None	Number	Bedding OVER Infant	None	Number
Receiving blankets			Receiving blankets		
Infant/child blankets			Infant/child blankets		
Infant/child comforters (thick)			Infant/child comforters (thick)		
Adult comforters/duvets			Adult comforters/duvets		
Adult blankets			Adult blankets		
Sheets			Sheets		
Sheepskin			Pillows		
Pillows			Other, specify:		
Rubber or plastic sheet					
Other, specify:					

22 Which of the following devices were operating in the infant's room?

[ ] None [ ] Apnea monitor [ ] Humidifier [ ] Vaporizer [ ] Air purifier [ ] Other -

23 In was the temperature in the infant's room? [ ] Hot [ ] Cold [ ] Normal [ ] Other -

24 Which of the following items were near the infant's face, nose, or mouth?

[ ] Bumper pads [ ] Infant pillows [ ] Positional supports [ ] Stuffed animals [ ] Toys [ ] Other -

25 Which of the following items were within the infant's reach?

[ ] Blankets [ ] Toys [ ] Pillows [ ] Pacifier [ ] Nothing [ ] Other -

26 Was anyone sleeping with the infant? [ ] No [ ] Yes

Name	Age	Height	Weight	Location in relation to infant	Imparement (intoxication, tired)

27 Was there evidence of wedging? [X] No [ ] Yes - Describe:

28 When the infant was found, was s/he: [ ] Breathing [X] Not Breathing

If breathing, did you witness the infant stop breathing? [X] No [ ] Yes

WITNESS INTERVIEW (cont.)

29 **What had led you to check on the infant?** Had been holding baby because baby was fussy

30 **Describe the infant's appearance when found.**

Appearance	Unknown	No	Yes	Describe and specify location
a) Discoloration around face/nose/mouth		X		
b) Secretions (foam, froth)			X	reddish fluid from nose and mouth
c) Skin discoloration (livor mortis)		X		
d) Pressure marks (pale areas, blanching)		X		
e) Rash or petechiae (small, red blood spots on skin, membranes, or eyes)		X		
f) Marks on body (scratches or bruises)		X		
g) Other				

31 **What did the infant feel like when found?** (Check all that apply.)

☐ Sweaty ☒ Warm to touch ☐ Cool to touch ☐ Limp, flexible ☐ Rigid, stiff ☐ Unknown

☐ Other - specify:

32 **Did anyone else other than EMS try to resuscitate the infant?** ☐ No ☒ Yes

Who? Alicia Patterson Date: 2017-06-13 Military time: 04:30

33 **Please describe what was done as part of resuscitation:**

34 **Has the parent/caregiver ever had a child die suddenly and unexpectedly?** ☒ No ☐ Yes

Explain:

INFANT MEDICAL HISTORY

1 **Source of medical information:** ☐ Doctor ☐ Other healthcare provider ☐ Medical record ☐ Family

☒ Mother/primary caregiver ☐ Other:

2 **In the 72 hours prior to death, did the infant have:**

Condition	Unknown	No	Yes	Condition	Unknown	No	Yes
a) Fever		X		h) Diarrhea		X	
b) Excessive sweating		X		i) Stool changes		X	
c) Lethargy or sleeping more than usual		X		j) Difficulty breathing		X	
d) Fussiness or excessive crying			X	k) Apnea (stopped breathing)		X	
e) Decrease in appetite		X		l) Cyanosis (turned blue/gray)		X	
f) Vomiting		X		m) Seizures or convulsions		X	
g) Choking		X		n) Other, specify:			

3 **In the 72 hours prior to death, was the infant injured or did s/he have any other condition(s) not mentioned?**

☒ No ☐ Yes - describe:

4 **In the 72 hours prior to the infants death, was the infant given any vaccinations or medications?**
(Please inclde any home remedies, herbal medications, prescription medicines, over-the-counter medications.)

☒ No ☐ Yes

Name of vaccination or medication	Dose last given	Date given Month	Day	Year	Approx. time (Military Time)	Reasons given/comments:

5 At any time in the infant's life, did s/he have a history of?

Medication	Unknown	No	Yes	Describe
a) Allergies (food, medication, or other)		X		
b) Abnormal growth or weight gain/loss		X		
c) Apnea (stopped breathing)		X		
d) Cyanosis (turned blue/gray)		X		
e) Seizures or convulsions		X		
f) Cardiac (heart) abnormalities		X		
g) Metabolic disorders		X		
h) Other				

6 Did the infant have any birth defects? [X] No [ ] Yes

7 Describe the two most recent times that the infant was seen by a physician or health care provider:
(Include emergency department visits, clinic visits, hospital admissions, observational stays, and telephone calls)

	First most recent visit	Second most recent visit
a) Date	05/26/2017	
b) Reason for visit	Post-delivery follow-up	
c) Action taken		
d) Physician's name		
e) Hospital/clinic	Children's Clinic of Oak Ridge	
f) Address	221 West Tyrone Road	
g) City	Oak Ridge	
h) State, ZIP	TN, 37830	
i) Phone number	865-483-6343	

8 Birth hospital name: Methodist Medical Center

Street: 990 Oak Ridge Turnpike

City: Oak Ridge State: TN Zip: 37830

Discharge date: 05/24/2017

9 What was the infant's length at birth? 19 inches

10 What was the infant's weight at birth? 7 pounds 15 ounces

11 Compared to the delivery date, was the infant born on time, early, or late?
[ ] On time [X] Early - how many weeks early? 3 [ ] Late - how many weeks late?

12 Was the infant a singleton, twin, triplet, or higher gestation?
[X] Singleton [ ] Twin [ ] Triplet [ ] Quadrulet or higher gestation

13 Were there any complications during delivery or at birth? (emergency c-section, child needed oxygen)
[X] No [ ] Yes

Describe:

14 Are there any alerts to the pathologist? (previous infant deaths in family, newborn screen results)
[ ] Objection to autopsy [ ] Family has NOT been notified of autopsy [ ] Strong desire for autopsy
[ ] Suspected infectious diseases [ ] Reported body fluid exposure [ ] Suspicious circumstances
[X] Other: Roane Co. Co-Sleeping

INFANT DIETARY HISTORY

1 On what day and at what approximate time was the infant last fed?

Date: 06/12/2017 Military Time: 23:00

2 What is the name of the person who last fed the infant? Alicia Patterson

3 What is his/her relationship to the infant? Mother

4 What foods and liquids was the infant fed in the <u>last 24 hours</u> (include last fed)?

Food	Unknown	No	Yes	Quantity (ounces)	Specify: (type and brand)
a) Breast milk (one/both sides, length of time)					
b) Formula (brand, water source - ex. Similac, tap water)			X	4	Similac
c) Cow's milk					
d) Water (brand, bottled, tap, well)					
e) Other liquids (teas, juices)					
f) Solids					
g) Other					

5 Was a new food introduced in the 24 hours prior to his/her death? [X] No [ ] Yes

If yes, describe (ex. content, amount, change in formula, introduction of solids)

6 Was the infant last placed to sleep with a bottle? [ ] Yes [X] No - Skip to question **9** below

7 Was the the bottle propped? (i.e., object used to hold bottle while infant feeds) [ ] No [ ] Yes

If yes, what object was used to prop the bottle?

8 What was the quantity of liquid (in ounces) in the bottle?

9 Did death occur during? [ ] Breast-feeding [ ] Bottle-feeding [ ] Eating solid foods [X] Not during feeding

PREGNANCY HISTORY

1 Information about the infant's birth mother:

First name: Alicia Middle name: A

Last name: Patterson Maiden name:

Date of Birth: 09/02/1983 SS#:

Current address: 1848 Old Harriman highway City: Oliver Springs State: TN Zip:

How long has the birth mother been a resident at this address? Years: Months:

Previous Address: City: State: Zip:

2 At how many weeks or months did the birth mother begin prenatal care?

Weeks: Months: 1 [ ] No prenatal care [ ] Unknown

3 Where did the birth mother receive prenatal care? (Please specify physician or other health care provider name and address.)

Physican/ provider: Dr. Thomas Metcalf Hospital/ clinic: OBGYN Associates of Oak Phone: 865-483-7415

Street: 988 Oak Ridge Turnpike City: Oak Ridge State: TN Zip: 37830

PREGNANCY HISTORY (cont.)

4 During her pregnancy with the infant, did the birth mother have any complications?
(ex. high blood pressure, bleeding, gestational diabetes)

[X] No [ ] Yes Specify:

5 Was the birth mother injured during her pregnancy with the infant? (ex. auto accident, falls)

[X] No [ ] Yes Specify:

6 During her pregnancy, did she use any of the following?

	Unknown	No	Yes	Daily		Unknown	No	Yes	Daily
a) OTC medications			X	Prenatal Vitamins	d) Cigarettes		X		
b) Prescription medications		X			e) Alcohol		X		
c) Herbal remedies		X			f) Other		X		

7 Currently, does any caregiver use any of the following?

	Unknown	No	Yes	Daily		Unknown	No	Yes	Daily
a) OTC medications		X			d) Cigarettes		X		
b) Prescription medications		X			e) Alcohol		X		
c) Herbal remedies		X			f) Other		X		

INCIDENT SCENE INVESTIGATION

1 Where did the incident or death occur? Scene

2 Was this the primary residence? [ ] Yes [X] No

3 Is the site of the incident or death scene a daycare or other childcare setting?

[ ] Yes [X] No - Skip to question **8** below.

4 How many children were under the care of the provider at the time of the incident or death?

[ ] (under 18 years old)

5 How many adults were supervising the child(ren)? [ ] (18 years or older)

6 What is the license number and licensing agency for the daycare?

License number: Agency:

7 How long has the daycare been open for business?

8 How many people live at the site of the incident or death scene?

3 Number of adults (18 years or older) 1 Number of children (under 18 years old)

9 Which of the following heating or cooling sources were being used? (Check all that apply.)

- [ ] Central air
- [ ] Gas furnace or boiler
- [ ] Wood burning fireplace
- [ ] Open window(s)
- [ ] A/C window unit
- [ ] Electric furnace or boiler
- [ ] Coal burning furnace
- [ ] Wood burning stove
- [ ] Ceiling fan
- [ ] Electric space heater
- [ ] Kerosene space heater
- [ ] Floor/table fan
- [ ] Electric baseboard heat
- [ ] Electric (radiant) ceiling heat
- [ ] Window fan
- [ ] Unknown
- [ ] Other - Specify:

10 Indicate the temperature of the room where the infant was found unresponsive:

[ ] Thermostat setting [ ] Thermostat reading [ ] Actual room temp. [ ] Outside temp.

11 What was the source of drinking water at the site of the incident or death scene? (Check all that apply.)

- [ ] Public/municipal water source
- [ ] Bottled water
- [ ] Other - Specify:
- [ ] Well
- [ ] Unknown

12 The site of the incident or death scene has: (check all that apply)

- [ ] Insects
- [ ] Mold growth
- [ ] Odors or fumes - Describe:
- [ ] Smoky smell (like cigarettes)
- [ ] Pets
- [ ] Presence of alcohol containers
- [ ] Dampness
- [ ] Peeling paint
- [ ] Presence of drug paraphenalia
- [ ] Visible standing water
- [ ] Rodents or vermin
- [ ] Other - Specify:

13 Describe the general appearance of incident scene: (ex. cleanliness, hazards, overcrowding, etc.)

INVESTIGATION SUMMARY

1 **Are there any factors, circumstances, or environmental concerns about the incident scene investigation that may have impacted the infant that have not yet been identified?**

2 **Arrival times:** Law enforcement at scene: 06:04 DSI at scene: 07:15 Infant at hospital: 05:22

Investigator's Notes

Indicate the task(s) performed.

- [X] Additional scene(s)? (forms attached)
- [ ] Doll reenactment/scene re-creation
- [X] Photos or video taken and noted
- [X] Materials collected/evidence logged
- [ ] Referral for counseling
- [ ] EMS run sheet/report
- [ ] Notify next of kin or verify notification
- [ ] 911 tape

If more than one person was interviewed, does the information differ?

- [ ] No
- [ ] Yes - Detail any differences, inconsistencies of relevant information: (ex. placed on sofa, last know alive on chair.)

INVESTIGATION DIAGRAMS

1 **Scene Diagram:**

2 **Body Diagram:**

SUMMARY FOR PATHOLOGIST

Investigator Information: Name: Robin Slattery Agency: Knox County Regional Phone: 865-215-8012

Investigated: 06/13/2017 06:04 Pronounced Dead: 06/13/2017 05:25

Infant's Information: Last Patterson-McClain First Jasmine M. Case # 170613-48

Sex: [ ] Male [X] Female Date of Birth 05/22/2017 Age 0 year(s) 0 months 22 days

Race: [X] White [ ] Black/African Am. [ ] Asian/Pacific Islander [ ] Am. Indian/Alaskan Native [ ] Hispanic/Latino

[ ] Other

1 Indicate whether preliminary investigation suggests any of the following:

Yes	No	
	X	Asphyxia (ex. overlying, wedging, choking, nose/mouth obstruction, re-breathing, neck compression, immersion in water)
	X	Sharing of sleep surface with adults, children or pets
	X	Change in sleep condition (ex. unaccustomed stomach sleep position, location, or sleep surface)
	X	Hyperthermia/Hypothermia (ex. excessive wrapping, blankets, clothing, or hot or cold environments)
	X	Environmental hazards (ex. carbon monoxide, noxious gases, chemicals, drugs, devices)
	X	Unsafe sleep condition (ex. couch/sofa, waterbed, stuffed toys, pillows, soft bedding)
		Diet (e.g., solids introduced, etc.)
	X	Recent hospitalization
		Previous medical diagnosis
X		History of acute life-threatening events (ex. apnea, seizures, difficulty breathing)
		History of medical care without diagnosis
	X	Recent fall or other injury
	X	History of religious, cultural, or ethnic remedies
	X	Cause of death due to natural causes other than SIDS (ex. birth defects, complications of pretem birth)
	X	Prior sibling deaths
		Previous encounters with police or social service agencies
	X	Request for tissue or organ donation
	X	Objection to autopsy
X		Pre-terminal resuscitative treatment
	X	Death due to trauma (injury), poisoning, or intoxication
	X	Suspicious circumstances
X		Other alerts for pathologist's attention

Any "Yes" answers above should be explained and detailed (brief description of circumstances:)

On June 13, 2017, at approximately 0600 the Knox County Regional Forensic Center (RFC) was contacted by Vanesia Cohan, RN, a nursing supervisor with Methodist Medical Center (MMC). Nurse Cohan was calling to report the death of Jasmine Patterson- McClain, D.O.B. 05-22-2017.

The decedent was admitted to MMC on 06-13-2017 at 0522 in cardiac arrest after being found unresponsive and not breathing by her mother. Upon arrival, resuscitative efforts were continued until death was pronounced on 06-13-2017 at 0525 by Dr. Patrick O'Brien. No blood was taken at the time of admission.

Inv. Slattery responded to MMC and was met by Det. Art Wolff with the Roane County Sheriff's Office. According to Det. Wolff, Roane County EMS received a call at 0430 from 1848 Old Harriman Highway in Oliver Springs, Tennessee. The call was then routed to Anderson County EMS at 0435 as they were the closest EMS agency to the decedent's residence. Upon arrival to the scene, and RCSO deputy attempted CPR on the infant until first responders could get there.

Preliminary investigation revealed no previous law enforcement or DCS history at the residence. The decedent's mother lost a son (Jacob Patterson 16-4272) on 11-04-2016 due to injuries sustained from a motor vehicle accident.

According to the mother, Alicia Patterson, the decedent had woken up at around 0400 and was fussy. Ms. Patterson went to fix the decedent a bottle. When Ms. Patterson returned to bed, she picked up the infant and attempted to feed her a bottle. The infant would not take the bottle. Ms. Patterson was holding the child and stated the decedent rested her head on Ms. Patterson's shoulder. Ms. Patterson said she then noticed the decedent was breathing normally and that her body was limp. Ms. Patterson took the infant to her mother, who was staying in another part of the house. Ms. Patterson's mom wiped the decedent's face with a paper towel as she noticed there was a reddish fluid coming from the decedent's nose. The decedent was transported by Anderson County EMS to MMC with resuscitative efforts continued during transport.

Det. Greg Scalf responded to the scene. He stated the bed the decedent and mother were on was a full-size bed with a soft mattress and a thick pillow-top mattress cover. The decedent had originally been laying perpendicular to mother on the bed. Two fleece blanket folded multiple times were observed on the bed. A small reddish-brown stain was observed on the sheet underneath one of the folded blankets. A bassinet was observed at the foot of the bed that only contained a thin infant blanket. Det. Scalf took scene pictures. Those pictures have been requested.

Upon arrival to MMC ED, Inv. Slattery examined the decedent. The decedent had slight blanching of the left check. The decedent was clothed only in a diaper as the nightgown the decedent had been in was removed by EMS at the scene. Det. Scalf took that nightgown into evidence. The corneas and sclera were clear bilaterally. The decedent had a reddish brown dried substance on her face. The nares appeared patent. The decedent was without obvious trauma upon examination. The decedent's diaper contained a yellowish-green bowel movement and was saturated with urine. Intraosseous access was observed on the left leg. Defibrillator pads were observed on the decedent's chest and back. The decedent had collection of red discolorations on the back of the head superior to the neck that appeared to possibly be a birthmark.

The decedent's mother advised the decedent was born at around 37 weeks gestation at MMC by vaginal delivery after an uncomplicated pregnancy. Birth records were requested from MMC.

The decedent had been seen at Children's Clinic of Oak Ridge for the post-delivery follow-up. Those records were requested as well.

2 Pathologist Information:

Name	Amy Hawes	Agency	Knox County Regional Forensic Center
Phone	865-215-8024	Fax	865-215-8020