Near Fatality Criteria and Determination Flow Chart

“Near fatality” is a phrase used in child protective services (CPS), it is not a medical term. It is defined as follows:

- Child Abuse Prevention and Treatment Act (CAPTA), Chapter 67, subchapter 1, General program, the term “near fatality” means an act that, as certified by a physician, places a child in serious or critical condition.
- KRS 600.020 (40) “Near fatality” means an injury that, as certified by a physician, places a child in serious or critical condition.

If any of the following conditions are reported by a medical provider, consider a near fatality:

- Life-saving procedures have been performed (CPR, intubation, administration of Narcan with a marked improvement or stabilization of previously unstable vital signs, blood transfusions, and IV fluids);
- Child will be/was admitted to the intensive care unit (ICU) including pediatric intensive care unit (PICU) and neonatal intensive care unit (NICU), or step-down unit, as a result of the injury and/or alleged neglect;
  
  • The condition of the child admitted to the ICU/step-down unit must be considered. If the child is admitted for observation, such as after surgery, the condition MAY NOT meet criteria for designation as a near fatality.
- The child’s vital signs were unstable at any time;
- Any acute intra-cranial (brain) bleeding or internal organ injury with potential for a fatal outcome without intensive/critical care or observation; or
- Emergently transferred to a referral or specialty hospital due to the serious condition of the child, not just due to a lack of pediatric inpatient providers.

### Flow Chart

<table>
<thead>
<tr>
<th>Does the allegation meet criteria for acceptance?</th>
<th>Yes</th>
<th>Has a physician certified that the child’s condition is serious or critical?</th>
<th>Yes</th>
<th>Is there suspicion that the alleged maltreatment contributed to the child’s serious or critical condition?</th>
<th>Yes</th>
<th>This report should receive a near fatality designation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td></td>
<td>This report does not meet criteria for near fatality designation.</td>
<td></td>
<td>This report cannot be designated a fatality/near fatality.</td>
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</tbody>
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If consultation is needed, email: 
DCBSChildProtection@ky.gov

- Certification of condition by a physician (serious or critical) can be made verbally and/or in writing.
- A hospitals’ application of the terms “serious” or “critical” will vary, depending on which physician specialty is asked, (e.g., emergency department physician, ICU physician, primary care physician, etc.)
- There is a distinction between an injury being of a serious nature versus a child being classified in serious condition. The level and extent of medical intervention may be an indicator in this distinction.
  
  Example: A child may have a serious fractured bone, but that does not mean the child’s overall condition is serious – this would not be a near fatality.
- After consultation with the reporting physician, if it still cannot be determined if the near fatal designation should be used and the allegations meet acceptance criteria, the pediatric forensic/pediatric specialist teams may be consulted.
Fatality Criteria and Determination Flow Chart

A report alleging maltreatment involving a deceased child may be accepted without a fatality designation. However, if a report is accepted under these circumstances, the agency must also consider whether the information provided supports application of the fatality designation.

A fatality designation is applied when a report of maltreatment meets acceptance criteria and there is reasonable indication that the maltreatment contributed to the death of the child.

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