

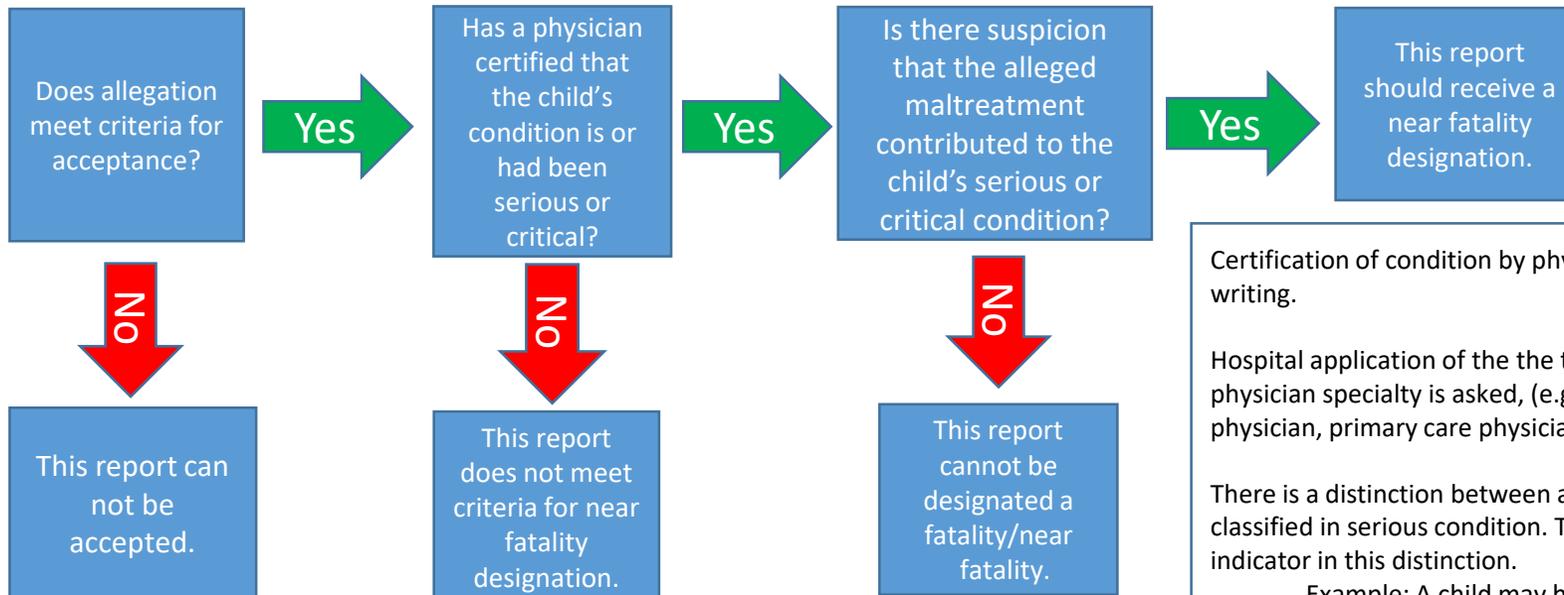
Near Fatality Criteria and Determination Flow Chart

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

- Child Abuse Prevention and Treatment Act (CAPTA), Chapter 67, sub-chapter 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);
- Child will be/was admitted to the intensive care unit (ICU) including pediatric intensive care (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 that of a near fatality.
- Emergently transferred to a referral or specialty hospital; or
- There is or was a substantial risk of death as a result of the condition.



If consultation is needed, email:
DCBSChildProtection@ky.gov

Certification of condition by physician (serious or critical) can be made verbally and/or in writing.

Hospital application of the the terms “serious” or “critical” will vary, depending on which physician specialty is asked, (e.g., emergency department physician, intensive care unit 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.