Pediatric National Fatality Review-Case Reporting System (NFR-CRS)
Tips and Tricks for CDR Data Entry

Question numbers below refer to Version 7.0 of the Pediatric NFR-CRS

Logging In and Out

Logging in: You must second-factor authenticate every day to use the Pediatric NFR-CRS. The options are text message or email. Authenticating by text message (if you can) is quicker than email.

Logging out: When doing data entry, please click "Save and Exit" before logging out of the Pediatric NFR-CRS. If you click "Logout" or click on the "X" in the top right-hand corner of your browser while in a record, data will not have been saved for that section.

Data Entry Tips by Section

Case Definition

Case Review Year: Refers to the calendar year in which the team reviewed the death. This field always defaults to the current calendar year when the record was first created; however, you can change the default value. This is generally an issue from January to March, when you may be entering deaths that were reviewed in the previous calendar year.

Never Left Hospital (NLH) following Birth Checkbox: This checkbox is used for hiding questions/sections that are not relevant to the child. For example, Section D – Supervisor will not display if the NLH checkbox is checked. If the death is a fetal/stillbirth death, then NLH automatically gets checked. The intention of this checkbox is to save time on data entry. It is not intended to be used for analytical purposes.

Section A. Child Information

A15: If the child's health insurance was Medicaid, select "Medicaid" and not "State Plan."

A17: You do not need to know actual family income to answer this question. Use your best judgement based on information you have (e.g., caregiver's education, social service enrollment, health insurance) and your knowledge of the community.

A18: If a newborn infant died during the birth hospitalization, indicate the residence as the primary caregiver's residence.

A23: Please answer "Yes" to this question even if the family had only unsubstantiated referrals.

A24: Please answer "Yes" to this question only if a child protective case initiated prior to the incident causing the child's death was open at the time of death and incident.

Section D. Supervisor Information

D1: Children are considered supervised during the night if the supervisor was asleep at the time of incident and the incident occurred when you would expect the family to be sleeping. Infants are considered supervised even if the caregiver was sleeping or impaired by illness, distractions, or drug or alcohol use. See the Data Dictionary or Documenting Supervision in the Pediatric NFR-CRS for more information about supervision.

D4: For medical conditions, if the child was an inpatient at a hospital at the time of death, the supervisor would be the hospital staff. For all others, list who was in charge of watching the child at the time of the incident leading to death.

D16: To note supervisor distraction, if the child was supervised (i.e., the supervisor could see or hear the child), select "Yes" to question D1 (Did the child have supervision?) and select "Yes" to question D16 (At time of incident was supervisor distracted or impaired?) and then select "Distracted" in the follow-up checkbox.

Section E. Incident Information

E3: This question notes the place of incident and not where the child died. "Hospital" is often incorrectly noted here.

Section F. Investigation Information

F1: There does not need to be a scene investigation to answer "Yes" to this question. There is a follow up question in F1 that asks if the death investigation was conducted at the place of incident.

F15: Please answer "Yes" if there was evidence of abuse or maltreatment. Evidence of abuse does not have to be limited to physical abuse – it may include neglect.

Section G. Official Manner and Primary Cause of Death

G1: Please do not enter text, only ICD-10 codes (e.g., W75 or V94.4). If you do not have the ICD-10 code, leave blank.

G5: If the manner of death was not natural or suicide and it is possible that child intended to hurt themselves, please select the checkbox in G5. This will enable the Suicide section (I6) to display and is the place to record suicide risk factors and warning signs.

G6: For SUID deaths, if the medical examiner declared manner and cause to be undetermined, select "Undetermined if injury or medical cause."

Section H. Detailed Information by Cause of Death

H4a: Intentional asphyxias (e.g., suicide by hanging) should be recorded in this section.

H7a: For a list of common substances consumed or ingested in poisoning events, see https://ncfrp.org/wp-content/uploads/Poisoning-Labels.pdf. It lists both generic and brand names of substances and identifies which major category (e.g., Prescription, Illicit, OTC) the substance should be reported in H7a. This list is also available in the NFR-CRS in Section H7 (top of the section) when doing data entry for poisoning deaths. Several new substances were added in Version 6.0 of the NFR-CRS including benzodiazepines, antihistamines, marijuana/THC, and fentanyl analogs. If the mother consumed or ingested a product while pregnant that caused a fetal or infant death, select the substances and the method taken as "in utero."

H7b: Select "Accidental overdose/acute intoxication" when substance(s) were taken as a result of recreational use or addiction. In utero ingestion should also be noted with this response option if the team felt that the poisoning was the cause of death of the infant.

Section I. Other Circumstances of Incident

I2t: You can upload one photo for sleep-related deaths. The photo must be JPG format and less than 6mb. Do not include any identifying information such as timestamps, caregiver faces, or tattoos (can be identifying) in the photo.

I5: Determination of abuse, neglect, poor supervision, or exposure to hazards can be hard for teams. See Data Dictionary for help. Infants who are placed to sleep in an unsafe sleep environment should be noted as "Exposure to hazards," though the death may be categorized as neglect depending on the circumstances. See https://ncfrp.org/wp-content/uploads/I5_Sleep-Related_SUID_Guidelines.pdf for details.

Prenatal exposure to illicit drugs or alcohol that causes or contributes to the death of the child (e.g., child born prematurely due to prenatal drug exposure to methamphetamines) should also be noted as "Exposure to hazards."

I7: The goal of this section is to identify risk factors. Therefore, if the stressor was present, it should be marked. It is not a requirement that the team have evidence that the child felt stressed by the circumstance(s), just that the circumstance/stressor was present. The National Center encourages teams to complete this section to the best of their ability. For further assistance, see https://ncfrp.org/wp-content/uploads/Completing-the-Life-Stressors-Section.pdf.

I8: Please complete this section for all deaths that occurred during the COVID-19 federal emergency declaration from March 13, 2020 to May 11, 2023. This section will be visible for data entry if the death occurred during this timeframe. If the death did not occur during this timeframe, Section I8 will not be visible to the user.

Section J. Person Responsible (Other than the Decedent)

J1: Many injury deaths have a person responsible. See the Data Dictionary for more guidance.

Section L. Findings Identified During the Review

L1, L2, L3: Encourage your team to answer these questions. They are the heart of fatality review discussions.

Section O. Narrative

O1: Do not enter any identifying information in this section. This includes the decedent's name, date of death, names of hospital, and names of medical providers. Summarize key details important to the circumstances that are not entirely captured in the other sections.

Data Quality Review

This section allows you to check for the completeness of priority questions. It is a great starting place to improve data quality.

Other Tips

Data Dictionary: Text is directly available when entering information by hovering over the blue help icon associated with each question, which looks like this: 

Other, specify: Please only use the "other, specify" field when your response does not fit into a listed option. For example, for place of incident (question E3), if the incident occurred at the home of the child's grandmother, mark "relative's home," NOT "other, specify", and specify grandmother's home. The additional level of detail noted in "other, specify" text is not helpful and makes analysis of data more complicated. If the level of detail is critical to understanding the circumstances of death, use the narrative to document it, not the "other, specify" field. The Data Dictionary provides guidance on what to include in many response options.

Copy Case Function: Use the Copy Case function for entering deaths of more than one decedent in the same incident, for example, multiple gestations or multiple siblings who die in the same car crash or house fire. This feature is available on Manage Cases – Action drop-down. A brief tutorial is also available on the Help page in the NFR-CRS.

Save: Click "Save" in long sections like Section A3 or I2 when doing data entry. Data is saved when you navigate from section to section but does not save on an individual question basis.

Standardized Reports: Are available from the main navigation menu, and available to every user. There are 36 reports available, including reports specific to data quality (see report 33 and 34) and one that shows all the findings/recommendations from reviews (see report 30).

Deleted records can be recovered: If you accidentally deleted a record, please contact your State Coordinator or the National Center for assistance. If you have a Case Number that is being reported as "existing," but it is not in your Manage Cases list, it is deleted. Contact your State Administrator or the National Center about re-assigning Case Numbers that have been deleted.

The Pediatric NFR-CRS was made possible in part by Cooperative Agreement Numbers UG7MC28482 from the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) as part of an award totaling $5,150,000 annually with 0 percent financed with non-governmental sources. These contents are solely the responsibility of the authors and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.