Policy: The Office of the Chief Medical Examiner (OCME) is assured adequate supporting services, equipment and facilities to perform autopsy examinations pursuant to DC Code § 5-1403 and 1409.

Purpose: To ensure proper post-mortem examination procedures in accordance with the mission of the Office of the Chief Medical Examiner.

Scope: The following procedures are to assist Medical Examiner physicians to perform proper post-mortem examinations in a safe and secure environment.

1. Pediatric Autopsy Protocol
   1.1. Prior to autopsy a full body X-ray including antero-posterior and lateral views shall be taken.

   1.2. Photographs are taken of the full body and close pictures of any anomaly present.

   1.3. In cases of suspected child abuse pictures should include
      1.3.1. scleral and palpebral conjunctivae
      1.3.2. upper and lower frenula
      1.3.3. anterior and posterior neck
      1.3.4. external genitalia
      1.3.5. perineal and anal region
      1.3.6. hands and palms
      1.3.7. feet and soles

   1.4. The body weight shall be verified.

   1.5. Minimal measurements to be obtained:
      1.5.1. Height, (crown-rump, crown-heel measurements),
      1.5.2. Head circumference (occipito-frontal circumference)
      1.5.3. Chest circumference (at the level of the nipples)
      1.5.4. Abdominal circumference (at the level of the umbilicus)

   1.6. Evaluate the fontanelles, (depressed, bulging) the intercanthal distances, the position and shape of the ears, the frenula, gums, palate, teeth eruption.

   1.7. Inspect the hands and feet for any abnormality of the palmar creases, and digits. Examine the feet and record shape and digit abnormalities.
1.8. Efforts should be made to establish the age of the infant/fetus.
   1.8.1. The foot length measurement is useful in fetuses, even when severely macerated to determine the gestational age.

1.9. Note the color of the skin, presence of vernix caseosa or maceration

1.10. The placenta, including the umbilical cord, should be examined whenever feasible.

Internal Examination

1.11. Specimens for bacterial, viral cultures (blood, lung) are routinely collected as indicated.

   1.11.1. Microbiology testing must be performed on all Sudden Unexplained Infant Deaths

1.12. Specimens for toxicological examination are obtained in all cases.

1.13. Blood and bile samples are also collected for metabolic studies in every case

   1.13.1. Blood and bile should be collected using proper sterile techniques and placed on the appropriate spot card.

1.14. Remove the heart and the lungs as a block especially if cardiac congenital anomalies are suspected.

1.15. Examine the middle ears as indicated

1.16. Remove the eyes using a posterior approach as indicated