Sudden Unexpected Death in Infancy (SUDI) and Childhood (SUDC) BURTON SITE ONLY - - Paediatric Full Clinical Guideline

Reference no.: WC/NP/07P/June 21/v009

1. Introduction

Every death of a child is a tragedy. The majority of these deaths are due to natural causes, however a fraction are the consequence, or a contributing factor of abuse or neglect. Each child who dies deserves the right for their sudden and unexpected death to be investigated. Article 2 of Human Rights Act (1998) states that everyone's right to life shall be protected, and enforces authorities to establish cause of death. Furthermore investigation will expose any homicide and/ or potential safeguarding risks or needs for any surviving siblings or family members. Apart from the above investigation will also help to support the grieving family, furthermore it facilitates any lessons that may be learnt by all those involved with and leading up to the death.

2. Aim and Purpose

This guideline provides a framework for professionals in responding to the sudden unexpected death of infant and children. The aim of the response is to;

- Establish, as far as possible , the cause or causes of death
- Identify any potential contributory or modifiable factors
- Provide ongoing support to the family
- Ensure all statutory obligations are met
- Learn lessons in order to reduce the risks of future deaths.

A child is defined in the Act (2004) as a person under 18 years of age, therefore this guideline should be followed for all babies, infants, children and young people until their 18th birthday.

It will include children:

- Found dead at home or in the community – the child should be brought into the Emergency department (ED)
- Those brought into the ED in a state of Cardio respiratory arrest where resuscitation is futile.
- Those brought into the ED in a state of Cardio respiratory arrest where resuscitation is successful but death is inevitable or withdrawal of care is a possibility.

3. Definitions, Keywords

For or the purposes of this document when the word ‘child’ is used it should be read as ‘baby, infant, child or young person’

Sudden unexpected death in infancy/ Childhood (SUDI/C) A descriptive term used at the point of presentation for the death of an infant or child whose death was not anticipated as a significant possibility 24 hours before the death, or where there was a similarly unexpected collapse leading to or precipitating the events which led to the death.

Coroner is an independent judicial office holder, appointed by a local council. They investigate, who has died and how, when, and where they died. Coroners investigate deaths that have been reported to them if it appears that:

- the death was violent or unnatural
- the cause of death is unknown, or

the person died in prison, police custody, or another type of state detention

Child Death Overview Panel A multi-agency panel set up by CDR partners to review the deaths of all children normally resident in their area, and, if appropriate and agreed between CDR partners, the deaths in their area of non-resident children, in order to learn lessons and share any findings for the prevention of future deaths.

Medical Certificate of Cause of Death (MCCD) An official certificate that enables the deceased’s family to register the death, provides a permanent legal record of the fact of death, and enables the family to arrange the funeral. It provides information on the relative contributions of different diseases to mortality.

Joint Agency response (JAR) A coordinated multi-agency response (on-call health professional, police investigator, duty social worker), should be triggered if a child’s death:

- is or could be due to external causes;
- is sudden and there is no immediately apparent cause (including SUDI/C);
- occurs in custody, or where the child was detained under the Mental Health Act;
- where the initial circumstances raise any suspicions that the death may not have been natural; or
- in the case of a stillbirth where no healthcare professional was in attendance.

Key worker Single, named point of contact, who can provide information on the child death review process, and who can signpost them to sources of support. The qualities and competencies of the individual are more important that their professional background.

4. Guideline following the sudden, unexpected or unexplained death of a child

4.1 Summary of Management

- Summon the on call paediatrician for **all** child deaths
- The Lead paediatrician will determine if the death meets the criteria for a Joint Agency Response. The **Decision making proforma** (Appendix, 1) is recommended to provide rational for this decision. Joint agency response flow chart is available in appendix 2.

- Break news to parents (see Bereavement Support). Explain about the urgency and nature of investigations and the obligation to inform the Coroner, Police and Children's social care. Do not delay taking specimens whilst you take a history and examine the child.

  The consultant clinician or delegated person should **immediately** inform the following;

- The Coroner

- The Police

- Children's Social Care

- Inform Designated Doctor for Child Death and Nurse Practitioner Child Death Overview Process (CDOP) for South Staffordshire (contact details see Appendix B). Out of hours the on call paediatrician will take the role of lead health professional and will transfer the responsibility to the specialist health team as above, on the next working day.

The Coroner
By law all sudden deaths must be reported to the coroner as soon as possible, including out of hours. All coroners' referrals **must** be made using the coroner's web portal:

https://www.staffordshire.gov.uk/Births-deaths-and-marriages/Death-and-bereavement/South-Staffordshire-Coroner.aspx.

The coroner contact details are **01785 276126** or out of hours contact **Staffordshire police 101** and ask for the duty officer.

The Police
The police should be contacted as soon as possible by telephone **101**. Request Staffordshire Police. Inform the call taker you are contacting to notify of a **"SUDI/ SUDIc or Sudden child death and you need to initiate the Joint agency response**". A senior Investigating officer (SIO) will attend the hospital. If there are criminal investigations relating to the death, the Joint agency response must proceed under direct guidance of police.

Children's Social Care
A referral should be submitted notifying of the child death. Staff will check whether the deceased child, immediate family members, other members of the family household or any other related children or individuals connected to the child are known to

children's social care and/ Or are subject to a child protection plan. Any relevant information should be shared with the police and paediatrician.

- Obtain SUDI Pack to collect specimens - It may be appropriate for another doctor to take specimens whilst the senior doctor talks to parents.
- Complete clinical examination - injuries, bruising, petechiae, retinal haemorrhage, rectal temperature and any skull fracture?
- Take a full history, including detailed account of the final 24 hours.
- Cancel all appointments
- Notify relevant professionals (see Notification)
- Nursing staff to complete "Child Bereavement Checklist"

16 – 18th Birthday

Upon confirmation of death of a person aged 16 to 18th birthday, the same process should be followed as for a child. The Paediatric Consultant on call should always be contacted.

4.2 Medical investigations

- After death has been pronounced, the coroner has jurisdiction over the body. The coroner has given prior permission for investigative samples as stated in this protocol and mementoes (e.g. footprint, hairlock) to be taken.
- **It has been agreed that the paediatric pathologists in Sheffield will now undertake the coroner's post mortems on children who die in Burton (East Staffordshire). The pathologists have protocols in place for taking appropriate samples and most samples are satisfactory if taken at post mortem.**
- However due to degradation over time the following samples should be taken in all cases of unexpected death:
  - A peripheral blood culture. Two attempts only at femoral blood sampling should be attempted. Cardiac sampling should not be undertaken (affects post mortem findings). If unsuccessful after 2 attempts then this should be abandoned.
  - Nasopharyngeal aspirate – for mc+s and virological studies
  - Swabs for mc+s from any relevant skin lesions (if applicable)
  - If specimens are taken, record the time they are taken, site from which taken, person taking specimen, time of informing the lab and who informed, time specimen arrived in lab and who received it, is carefully recorded.
  - Ensure that the pathologist is aware of all specimens taken, and their results, preferably by telephone conversation or faxed report.
- To facilitate the collection of timely, accurate and appropriate samples a SUDI/SUDIC box has been devised. The sealed Box contains Pathology request bags with specimen bottles and swabs along with guidance needed to obtain the relevant samples and form for chain of evidence.
- The samples can be ordered on V6 as they are processed at the labs at Burton using the order set on the chain of evidence form.
- Once the samples have been obtained and labelled, they need to be placed in the

SUDI Box and hand delivered to the labs and then the chain of evidence form completed by the receiving technician. The form is then kept with the patient records.

- Please obtain a complete Box from the laboratory to replace the one used.
- It has been agreed locally with the Coroner and senior pathologists that further samples including urine, CSF and skin biopsies, often stated as Kennedy samples, do NOT need to be taken as can more accurately be taken at post-mortem by the pathologist.

Skeletal Survey

All infants (under the age of 2) should be considered for a full skeletal survey when death is unexplained. The Skeletal survey will be arranged by the pathologist at postmortem.

In relation to older children it is for the consultant paediatrician to determine if any x-rays or other imaging is to be undertaken. If further guidance is needed contact the designated Doctor for Child Death.

Inherited metabolic disorders (IMD)

Are rare, but can cause death without significant prodromal symptoms and infection can precipitate an attack. Signs suggesting metabolic disorder include consanguineous parents, older age at death (over 6 months), previous infant death in family, history of hypotonia or developmental delay, hepatomegaly or hepatosplenomegaly.

These disorders may result in hyperammonaemia, hypoglycaemia without ketonuria, cardiomyopathy, or apnoeic attacks. Investigation is limited post-mortem by specimens available and interval between death and tissue sampling time.

If you suspect a metabolic disorder contact the IMD lab at BCH for advice (0121 333 9942 or via switchboard at BCH).

4.3 Clinical History

It is important that as far as possible, the family's account of events should be recorded verbatim. Record the name of the person(s) giving the history.

Ask the child's name and use it at all times.

Consider the need for communication support for example the use of interpreters or signers. It may not be appropriate to use family or friends, particularly if there are safeguarding concerns.

The lead health professional should take a full paediatric history in the same detail as for a child presenting with a serious illness, where possible this should be carried out with police to avoid repetition and reinforce joint agency working.

Where suspicious circumstances surround the death, it may be necessary for the police to interview the child's parents or primary carers at the time of the death separately. In such instances it is still important to obtain a full and careful medical history.

QUESTIONS TO ASK

Detailed account of final 24 hours

- Who found the child?
- What time?
- Who called the emergency services?
- How was the child? – position in cot or in parent's bed, covered by blankets or duvet, clothing, froth at mouth or nose, vomit or blood on sheets etc
- What did they do? – e.g call an ambulance, attempt resuscitation
- When was the child last thought to be alright? E.g at 2 am feed
- What time was the last feed?
- Any minor illness e.g snuffles, cough or D&V recently?
- Normal sleeping arrangements
- Normal feeding and sleeping patterns and any unusual events recently

Birth history

Including any problems with the pregnancy and whether breast or bottle fed. If breastfeeding consider the implications and support for the bereaved mother.

Past medical history

- of the child, to include pregnancy and delivery; perinatal history; feeding
- growth and development
- health and any previous or current illnesses; hospital admissions; any
- medication
- routine health checks, immunisations and stage of development
- Behavioural and educational history where appropriate

Family history

- Details of family and household members including names, date of birth; health any previous or current illnesses including mental health; any medications; occupations
- Obtain consent from parents to review health records as necessary and document this
- smoking, alcohol or drug use (including medicinal)
- Any unexplained deaths in or previous SIDS?
- Mother's parity and obstetric history
- Parental relationships including person/s with parental responsibility
- Other children/ siblings (including children by previous partners), schools

attended, any health problems?

- Household composition

Social History

- Type and nature of housing; any major life events
- Any travel abroad
- Wider family support networks
- If the child is known to social care, has a child protection plan, child in need plan or Early Help assessment or any previous social care involvement.

Broader safeguarding and health issues must be considered around other siblings and children.

If any safeguarding concerns are identified they must be shared with the police and children's social care immediately. Factors that may raise concerns include:

- Previous child deaths in the same family
- Previous or ongoing child protection concerns in the same family
- Previous unexplained illnesses or injuries
- Inappropriate delays in seeking help
- Inconsistent explanations
- Evidence of past or present drug or alcohol abuse
- Evidence of parental mental health problems
- History of Domestic Abuse within the family
- Unexplained injuries or bleeding
- Neglect issues

If there is a twin, consideration should be given to admitting the surviving twin to hospital for observation and investigations.

Record all details accurately and in accordance with record keeping standards. (Medical records may become legal documents).

Record any discrepancies between accounts given by different people.

A record should be made of all resuscitation procedures and interventions, including any site from which specimens were taken.

4.4 Examination

After death has been pronounced, the coroner has jurisdiction over the body.

The body should be disturbed as little as possible, until permission is given by the police (SIO).

A full paediatric examination is required for children under the age of 2 years. For older children this will be depending on circumstances of death. Police should be present during this examination.

It may be appropriate for another doctor to examine the child whilst the senior doctor talks to parents.

Remove all clothing and seal in plastic bag for "forensic" evidence. Place the used nappy in a separate bag. (**DO NOT** dispose of any clothing, or other used items)

Careful and thorough physical examination to include;

- Physical state of child
- General hygiene
- Record Temperature and time taken.
- Full growth Measurements (Length, Head circumference and weight)
- Retinal examination
- Look for any external marks livido, bruises or evidence of injuries. Observe for petechiae. Palpate the skull for fractures or bogginess, include any medical puncture sites and failed attempts.
- Check genitalia and back, also the mouth (frenulum and tongue)
- Evidence of bleeding
- Record any signs or illness

All findings should be carefully documented in the notes and on the body map (Appendix 5)

4.5 Notification – other professionals

For all child deaths the attending health care team should notify the following within 24 hours (or the next working day) of the child's death (HM government, 2018).

- GP (General Practitioner)
- Child Health Department / Child Health Information System (CHIS)
- Child Death Overview Partners (for area where child resides) via the local CDOP administrator (through completion of eCDOP notification)
- Other professionals (community Midwives, health visitor, school Nurse, Educational setting, other hospital or community teams)
  1. The Consultant clinician or delegated professional should notify the Child Death review administrator by telephone.

     STAFFORDSHIRE- 101 EXT: 2724
  2. Telephone Notification should be followed by completion of Child Death Notification Form via eCDOP

For Staffordshire residents:
https://www.ecdop.co.uk/Stafford/Live/Public

For children outside this area, send the information to the local CDOP where this information will be forwarded.

Please save and scan a copy into the patient's electronic record.

A ***copy*** of the medical notes will go with the Childs body to the coroner and pathologist.

Cancel any hospital appointments and notify medical records.

An incident report must be completed for each death.

5.6 Bereavement Support

An experienced member of staff should be allocated to care for parent/s, to offer explanations of what is happening and provide them with support. The allocated member of staff (often nursing staff) will remain with the family throughout that period.

Breaking the News: What to Tell Parents

- Responsibility for breaking bad news to the parents rests with the most senior Paediatrician.
- Know the name, age and sex of the child. Use the name at all times.
- Find a quiet room and give your bleep to another doctor, have a nurse or the designated member of staff that has been supporting the family with you.
- Check who is present and what relationship is to the child.
- Make sure that there is another relative or friend to support the parent and if possible both parents are present – don't start until everyone has arrived unless this will cause undue delay.
- Don't take a long time telling them what has happened, they will probably have guessed already and will appreciate you getting to the point. State clearly that their child (Use name) is dead.
- Answer questions and give whatever explanations are available
- Tell them that the Coroner will need to be informed because their infant/ child has died suddenly and that it is likely that a post-mortem will take place to find out whether there was an identifiable cause for the infant / child's death.
- Explain the need to take specimens as soon as possible, explain what specimens and samples are taken and how this is done. It may be appropriate for another doctor to take specimens whilst the senior doctor talks to parents.
- Avoid speculating on the cause of death: explain that it will not be possible to give them a diagnosis until all investigations have been carried out.
- Explain that in all sudden unexpected deaths there is a routine multi-agency investigation and this includes police and social care.

Other Considerations

- It is important that parents and close relatives are given the opportunity to hold and spend quality time with their child. Professional presence should be

discreet at this time. Unless directed by the SIO (Police) all contact between infant / child and family must be supervised. Consider the environment and ensure it is a quiet and private location.

- Offer the families as much choice and involvement as possible. Offer all families' memory items, including foot/ hand prints, lock of hair, photos and memory box. Ask the family if they wish to take the box home with them or if it is preferred that they receive this at a later date. If the later applies document where the box is being safely stored. If the box needs to be given to the family this needs to be handed over to the appropriate professional.

- Take into account any cultural and/ or religious beliefs.

- Ensure the parents are given the name and contact details of a key worker, who will coordinate between the professionals and parallel processes that are now occurring.

- The family should be made aware that it may take several weeks to secure the results of the post-mortem examination and in some cases a final cause may not be found.

- Explain where the child is at all times.

- When the child is transferred between department within the organisation or an external location the parents must be notified at each stage. Ensure this is documented.

- The family should be given practical advice in respect of the child death.

- The family should be informed how to make arrangements to visit their child after death.

- ***Consider how the family will be getting home from the hospital***. They may have been brought in by police or ambulance. They came to the hospital with a child and are now leaving without that child. The devastation surrounding them

- ***The family should be given the leaflet When a Child Dies – A Guide for Parents and Carers.***

- **Family should be given information about Bereavement Support. Bereavement support in Staffordshire:** Where to get advice and information for families and professionals (Appendix 6)

5. References (including any links to NICE Guidance etc.)

Children Act (2004) http://www.legislation.gov.uk/ukpga/2004/31/contents [Accessed November 2019]

HM Government (2018) Working Together to Safeguard Children: A Guide to inter-agency working to safeguard and promote the welfare of children. Chapter 5, Child Death Reviews.

HM Government (2018). Child Death Review Statutory and Operational Guidance (England). The Cabinet Office, London.

Human Rights Act HMSO (1998) Department for Education and Skills and the Home Office. London: The Stationery Office.

National Bereavement Care Pathway for Pregnancy and Baby Loss (2018). Sudden Unexpected Death in Infancy (SUDI) up to 12 months. Bereavement Care Pathway.

Staffordshire Safeguarding Children (2019) Section 10: When a child dies https://www.staffsscb.org.uk/Professionals/Procedures/Section-Ten/Section-10-When-a-Child-Dies.aspx [Accessed November 2019]

The Royal College of Pathologists and Royal College of Paediatrics and Child Health (2016) 2nd Edition. Sudden unexpected death in infancy and childhood: Multi-agency guidelines for care and investigation. The report of a working group convened by The Royal College of Pathologists and endorsed by The Royal College of Paediatrics and Child Health. Chair: Baroness Helena Kennedy QC

6. Documentation Controls

Development of Guideline:	Rebecca Sage
Consultation with:	Relevant clinician and experts regarding Safeguarding of Children.
Approved By:	*Paediatric Business Unit Guidelines Group, Women and Children's Division. 29th June 2021.*
Review Date:	June 2024
Key Contact:	Dr Dominic Muogbo Jenna Mellish Rebecca Sage

7. Appendices

Appendix 1

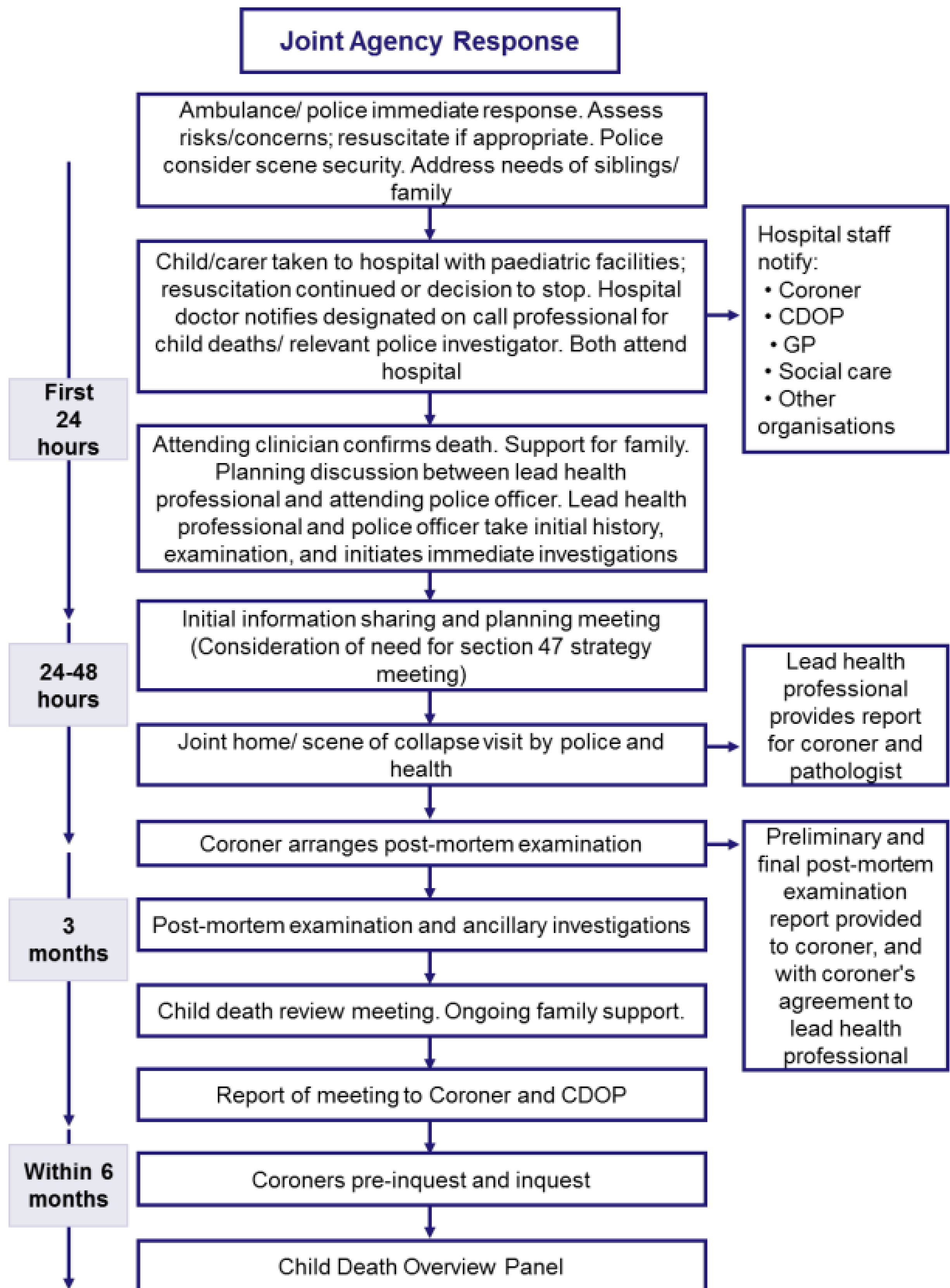
Immediate Decision Making Proforma

Child's name:		**Date of Birth:**	
Address:			
NHS number/ Hospital Number:			

Actions to be completed with 1-2 hours of death being declared

	Decision?	*Circle as appropriate*	**Action**	*Action completed?*
1	Does death meet criteria for a Joint Agency Response? (death due to external causes, or sudden with no apparent cause, or in custody, or suspicious circumstances, or stillbirth with no healthcare professional in attendance)	**Yes / No**	If Yes, contact on-call health professional, police, duty social worker and request they attend hospital	**Yes**
2	Can a MCCD be issued?	**Yes / No**	If No or if death meets other criteria for referral to coroner, contact the coroner's office	**Yes**
3	Has a potential care or service delivery issue occurred?	**Yes / No**	If Yes contact the patient safety team	**Yes**
3a	In relation to 3: Has a Datix form been completed?	**Yes / No / NA**		
3b	In relation to 3: Have obligations under the Duty of Candour been fulfilled (family informed, offered apology, invited to submit questions)?	**Yes / No / NA**		
4	Are there any immediate actions necessary to ensure the health and safety of others, including family or community members, healthcare patients and staff?	**Yes / No / NA**	If Yes describe here:………………………………… …………………………………… …………………………………… ……………………………	
5	Describe the approach to supporting the family (key worker, end of life medical lead): ………………………………………………………………………………………… ………………………………………………………………………………………… ………………………………………………………………………………			

Appendix 2



Appendix 3

Contact Details for DDUD and Nurse Practitioner for CDOP

Child Death Lead for UHDB, Queen's Hospital, Burton is:
Dr Dominic Muogbo
Tel: 01283 566333 ext 4554 or 3275

The Designated Doctor for Unexpected Deaths in Childhood for South Staffordshire is:TBC

Mobile: TBC

The Nurse Practitioner for Child Death Overview Process for South Staffordshire is:
Sue LLoyd
Mobile: 07551152793
Sue.lloyd11@nhs.net

Other useful contacts

Bereavement office	**3001 or direct dial 01543 593001**
Mortuary	**4086**
Porters Lodge	**5400**
Child Health (Staffordshire)	**01785 221151 (option 1)**
0-19 Service East HUB	**0300 303 3924**
Staffordshire Police	**101**
First Response	**0800 131 3126**
Staffordshire CDOP	**101 ext: 2724**
Staffordshire Coroner's office	**01785 276126 or 276127 (office hours) Out of hours Police 101: request duty coroners officer**
Coroners web portal	**https://www.staffordshire.gov.uk/Births-deaths-and-marriages/Death-and-bereavement/South-Staffordshire-Coroner.aspx (Referral code: H01)**
Sheffield Children's Hospital Pathology Department	**0114 2717486**
Sheffield Children's Hospital Mortuary Manager	**0114 2717246 or 0114 2267809**

Appendix 4

SUDI/ SUDIC Pack Guidance

1.0 Introduction

When a sudden unexpected death of a child occurs certain specimen samples are required post mortem to form part of the enquiry in investigating the cause of death, but also to ascertain any potential metabolic disorders or genetic diseases that may affect current or future siblings.

To facilitate the collection of timely, accurate and appropriate samples a SUDI/ SUDIC Box has been devised containing the specimen bottles, equipment and guidance of sample processing.

2.0 SUDI/SUDIC Box Guidance

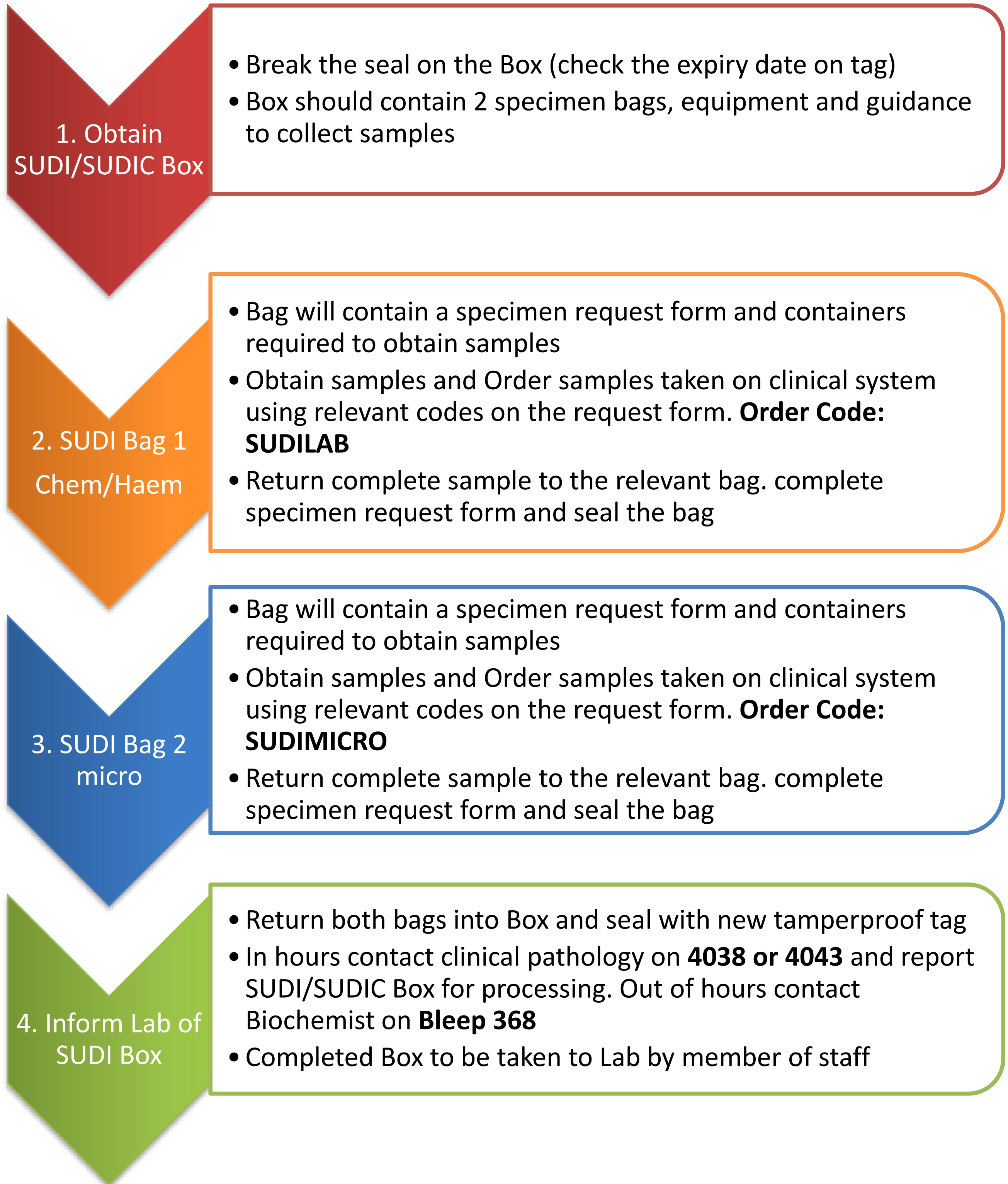
The SUDI/SUDIC Box contains 2 pathology request bags and the equipment to obtain samples. All samples collected are processed internally at Burton Hospital.

One complete SUDI/SUDIC Box will be kept in Accident and Emergency Department (Paed Resus room 14) and one on childrens ward 1. Spare SUDI/ SUDIC Boxes are kept in the pathology department.

The box is sealed with a tamper proof tab. The first occurring expiry date of the specimen bottle is written in permanent marker on the tamperproof tag sealing the box. Contents of the box are to be exchanged if the expiry date falls within one month of the check date.

For use of Box follow Process below

3.0 **Pack Process**


1. Obtain SUDI/SUDIC Box
• Break the seal on the Box (check the expiry date on tag)
• Box should contain 2 specimen bags, equipment and guidance to collect samples
2. SUDI Bag 1 Chem/Haem
• Bag will contain a specimen request form and containers required to obtain samples
• Obtain samples and Order samples taken on clinical system using relevant codes on the request form. Order Code: SUDILAB
• Return complete sample to the relevant bag. complete specimen request form and seal the bag
3. SUDI Bag 2 micro
• Bag will contain a specimen request form and containers required to obtain samples
• Obtain samples and Order samples taken on clinical system using relevant codes on the request form. Order Code: SUDIMICRO
• Return complete sample to the relevant bag. complete specimen request form and seal the bag
4. Inform Lab of SUDI Box
• Return both bags into Box and seal with new tamperproof tag
• In hours contact clinical pathology on 4038 or 4043 and report SUDI/SUDIC Box for processing. Out of hours contact Biochemist on Bleep 368
• Completed Box to be taken to Lab by member of staff

The Lab will arrange safe storage and distribution of the contents of the SUDI/SUDIC box as per their Standard operating procedure.

Please obtain a new Box from the laboratory to replace those used. These are available from the lab.

4.0 SUDI/SUDIC Box Checks and replenishment

Two spare stocked SUDI/SUDIC boxes will be kept in the in the laboratory. Once the box has been used please ask the laboratory staff to replace the used box from the stock within the laboratory.

The replacement boxes will be checked for seal integrity once a month by the lab. The first occurring expiry date of the sample tubes and other box contents is written in permanent marker on the tamperproof tag sealing the box. The contents of the Box are to be exchanged if the expiry date falls within one month of the check date.

Guidance on stock replenishment and building the SUDI/SUDIC boxes is available in SUDI/ SUDIC Pack folder (Path Lab and also in the **Guideline for Management of Sudden Unexpected Death in Infancy (SUDI) or Sudden Unexpected Death of Child (SUDIC)** via intranet.

For any further information or support with the use of the SUDI/SUDIC Box please contact the Child Death Lead Doctor or Nurse Practitioner Child Death Overview Process

Appendix 5

HISTORY, EXAMINATION AND SUDI ACTIONS PROFORMA

1. Identification Data:

Name of Child	Sex M/F
Date of Birth	Date of Death
Address (inc postcode)	Ethnicity
Name of Father Address if different from Child	DOB
Name of Mother Address if different from Child	DOB
Name of Partner (If relevant and address)	DOB
GP Name and Address	
Consultant	SUDI Consultant

Police Officer / Senior Investigating Officer	
Social Worker	Coroner / Coroner's Officer
Other professionals	

2. Details of transport of child to hospital

Place of death Home address as above / another location (specify)		
Time found		**Time arrived in Emergency Department**
Resuscitation carried out? Y / N Where? At scene of death / ambulance / Emergency Dept By whom? Carers / GP / Ambulance Crew / Hospital staff / Others (specify)		
Confirmation of Death Date and Time	Location	Dr Certifying

History:

Taken in Emergency Dept. by:
Taken at Home visit by:

History given by:	**Relationship to child:**

Events Surrounding Death

- Note: Whom found the child, where and when ; appearance of the child when found
- Who called the emergency services
- When child was last seen alive and by whom
- Details of any resuscitation at home, by ambulance crew and in hospital
- For accidental / traumatic deaths details of circumstances around the death; witnesses

Detailed Narrative Account (of the last 24-48 hours)

- To include details of all activities and carers during the last 24-48 hours
- Any alcohol or drugs consumed by child or carers
- For SUDI, include details of last sleep including where and how put down, where and how found, any changes, details of feeding and care given
- Details of when last seen by a doctor or other professional
- Further details of previous 2-4 weeks, including child’s health, any changes to routine

Family History

- Details of all family and household members including names; date of birth; health any previous or current illnesses including mental health; any medications; occupation
- Maternal parity and obstetric history
- Parental relationships
- Children, including children by previous partners
- Household composition
- Any previous childhood deaths in the family
- Any family history of fainting, fits, collapses
- Family history of airway problems, cyanotic-apnoeic episodes and breath holding
- History of consanguinity

Past Medical History

- Of the child, to include pregnancy and delivery; perinatal history; feeding; growth and development
- Health and any previous or current illnesses; hospital admissions; any medication
- Routine checks and immunisations
- Systems review
- Behavioural and educational history where appropriate

Social History

- Type and nature of housing; any major life events
- Any travel abroad
- Wider family support networks

Any Other Relevant History

- May vary according to the age of the child, nature of the death

Information Retrieved from Records

- Hospital, GP, Health visitor, Midwife, NHS direct etc. (include family held records such as health visitor red book)
- Ambulance
- Social services, databases, case records, child protection plan information.
- Police – intelligence, Crimes database, PNC, domestic violence history, etc.

PHYSICAL EXAMINATION

To be carried out by a senior paediatrician, ideally together with a child protection investigator. Where necessary photographs should be taken by a police forensic scene investigator.

Physical examination carried out by:

- Rectal temp (low reading thermometer)

Date/Time and interval from death

- Full growth measurements Centile

Length

Head circumference

Weight

- Retinal examination
- State of nutrition and hygiene
- Marks, livido, bruises or evidence of injury – to include any medical puncture sites and failed attempts: (Should also be drawn on body chart) NB: Check genitalia and back. Check mouth: Is the fraenum of lips/tongue intact?

Further Details, observations and comments

- List all drugs given at hospital and any interventions carried out at resuscitation

- Document direct observation of position of endotracheal tube prior to removal

Date, time

Name

Signature(s)

Telephone number

Mobile number

Please send a copy of this report to the pathologist responsible for undertaking the post-mortem examination.

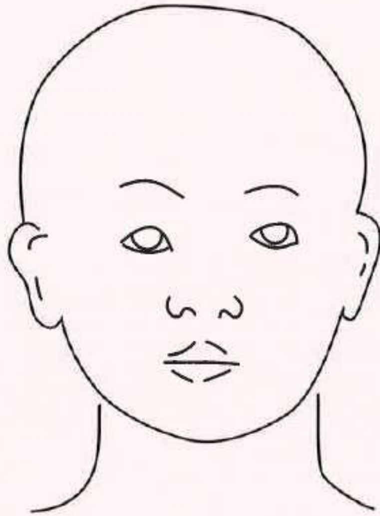
Coroner/pathologist to share preliminary information outlining initial findings from the post-mortem examination to the medical professional detailed above.

Child's Name ....

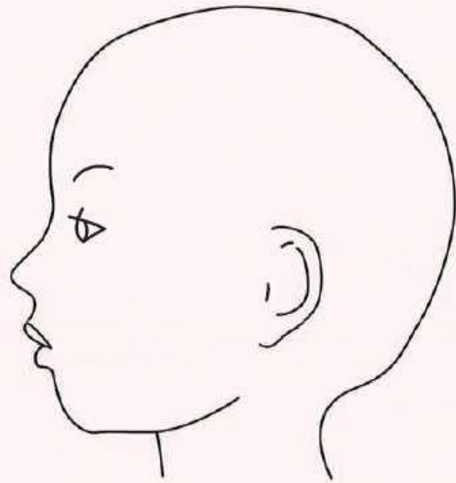
DOB ....

GENERAL EXAMINATION

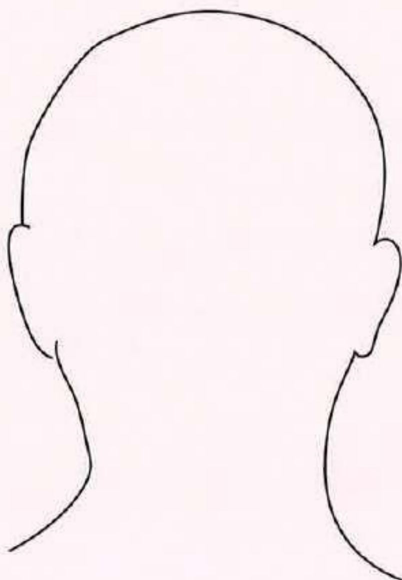
Front



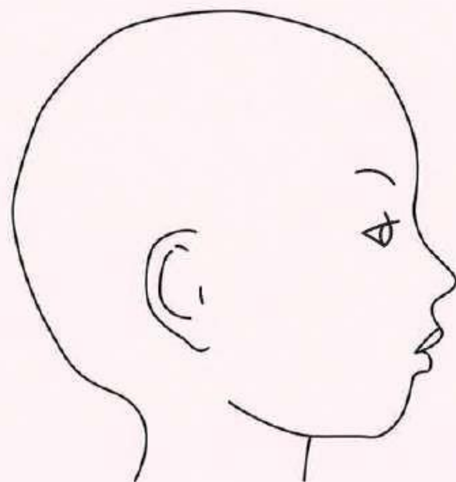
Left side

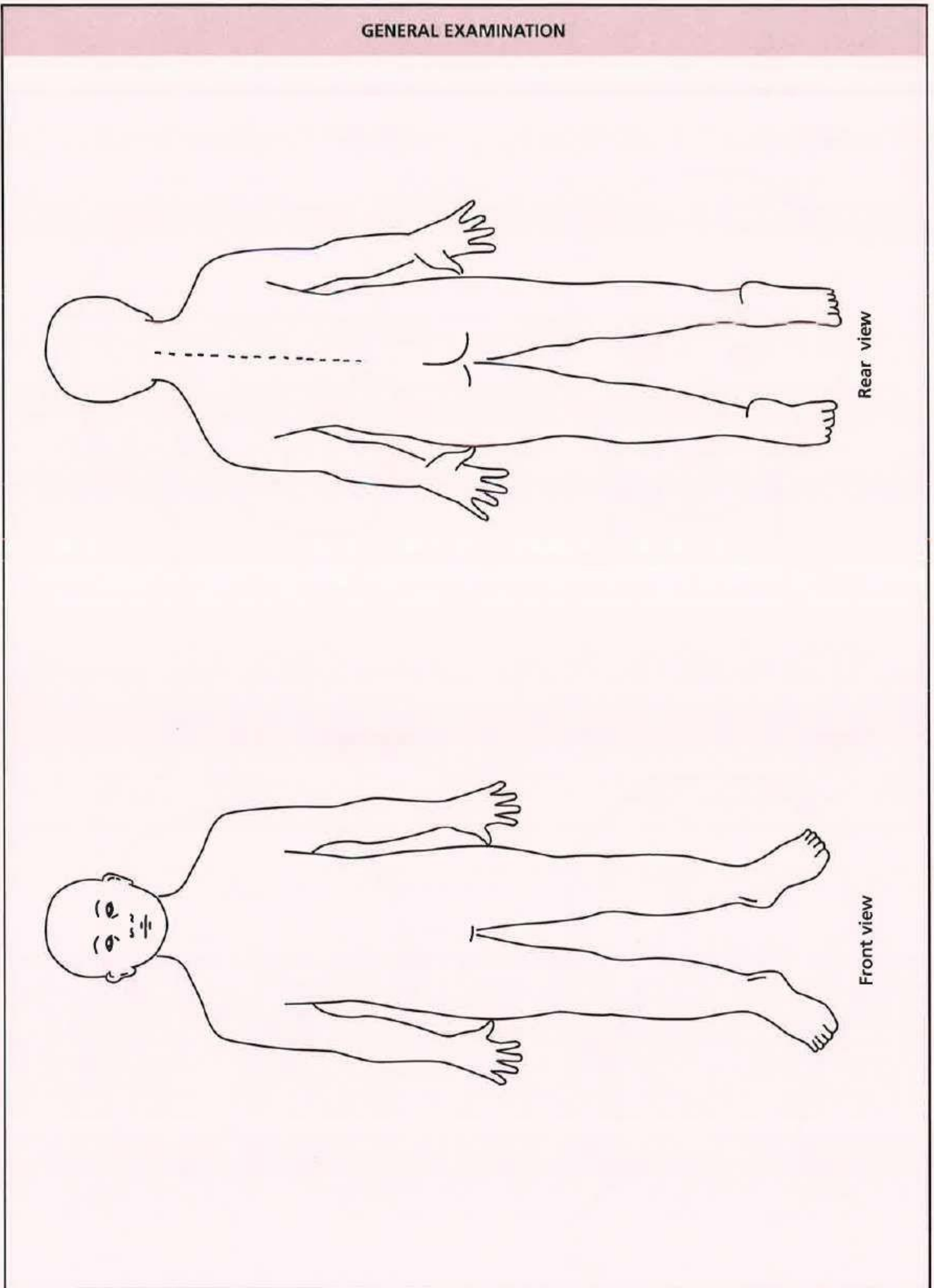


Back



Right side

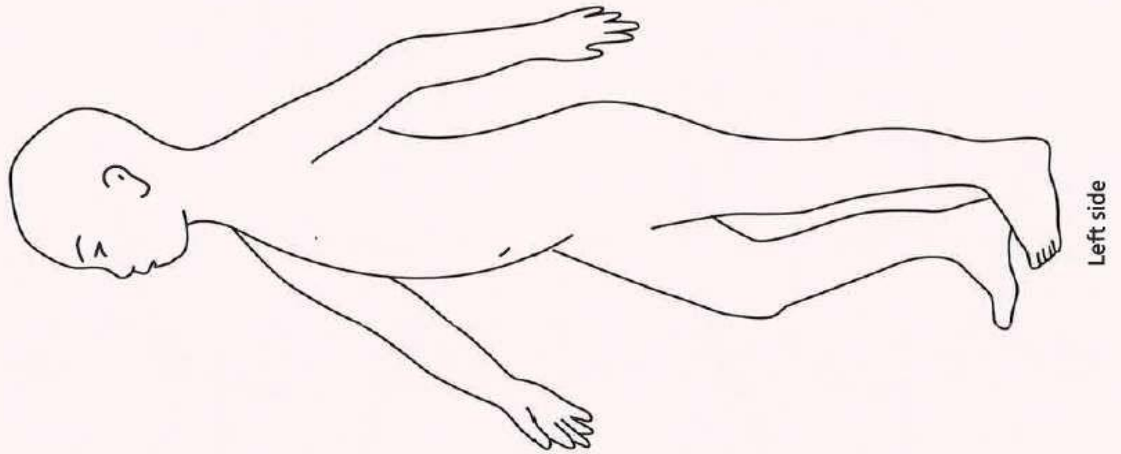


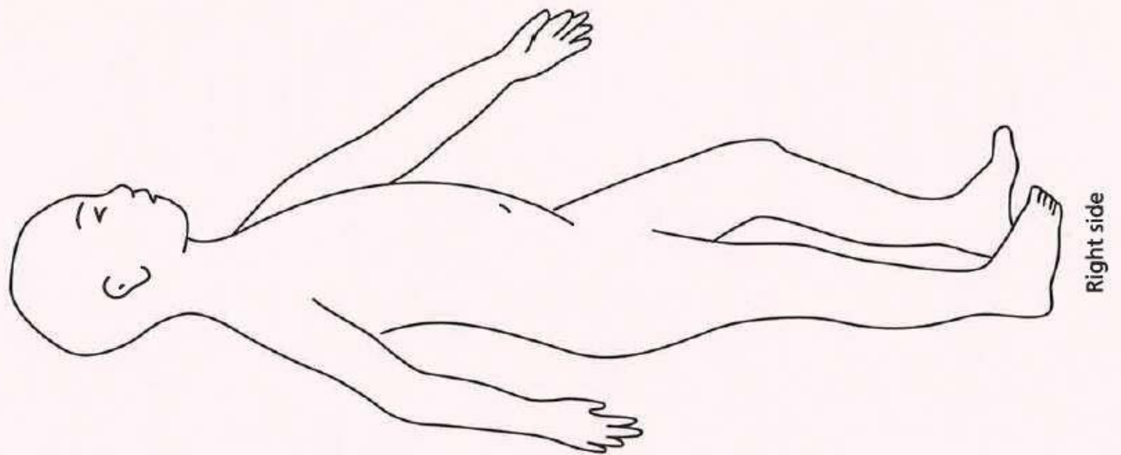

Child's Name
DOB
GENERAL EXAMINATION
Rear view
Front view

Child's Name ....

DOB ....

GENERAL EXAMINATION

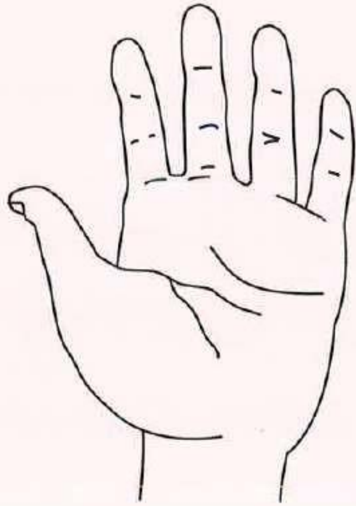


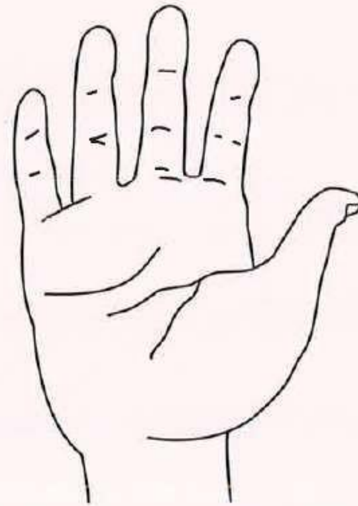


Child's Name ....

DOB ....

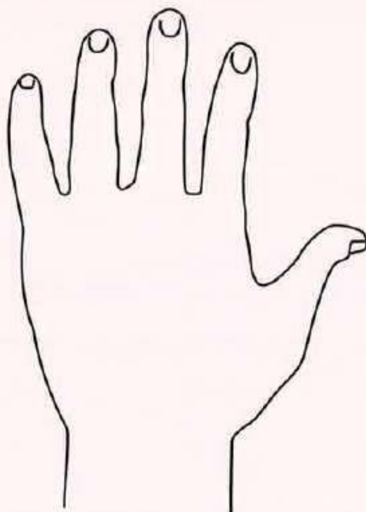
GENERAL EXAMINATION

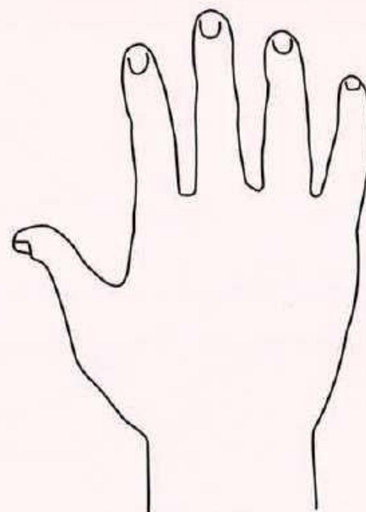




Left

Right



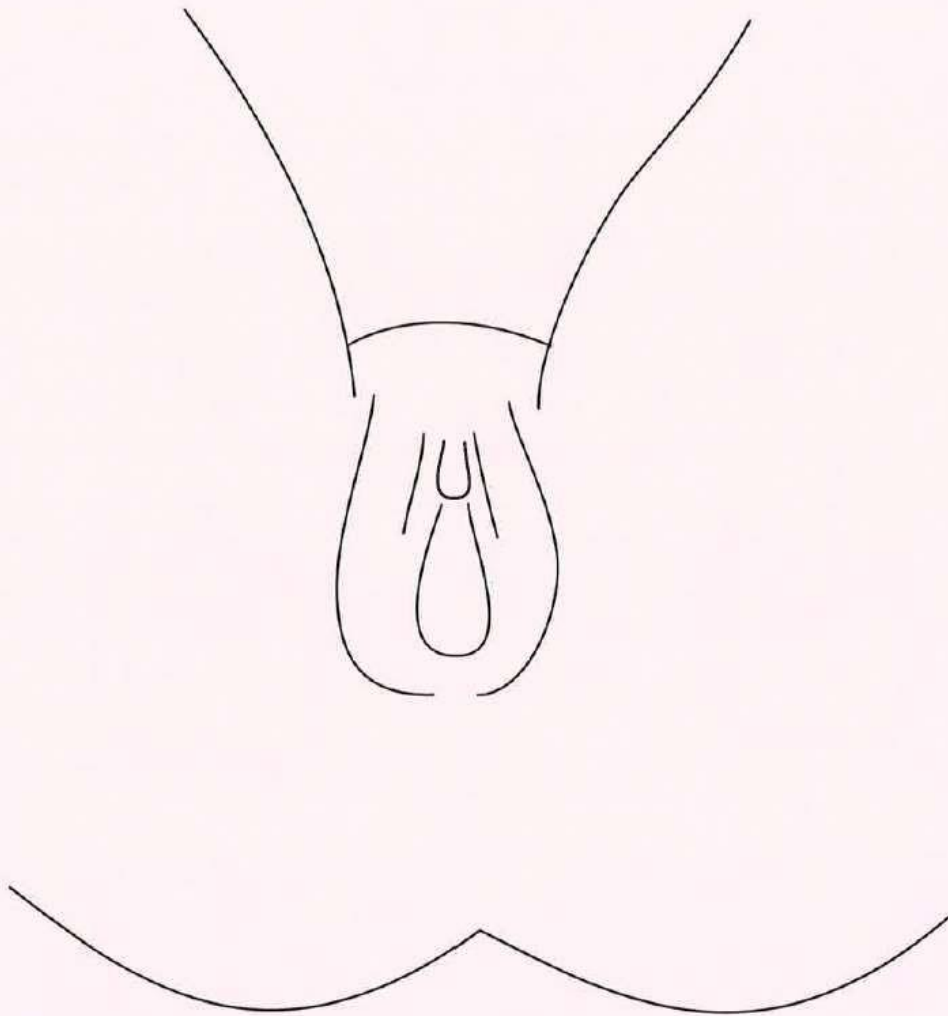


Child's Name ....

DOB ....

GENERAL EXAMINATION (Female genitalia)

Please draw in the hymenal shape, the urethra, the anus and any perineal injuries or abnormalities.

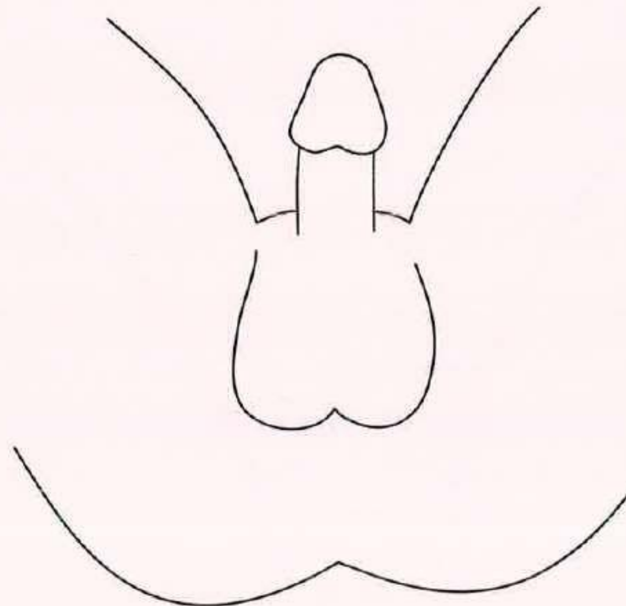


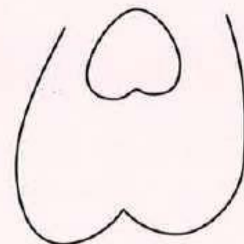
Child's Name ....

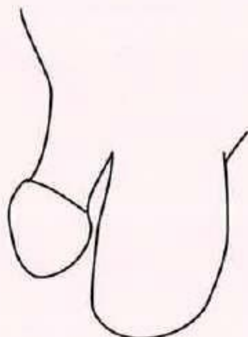
DOB ....

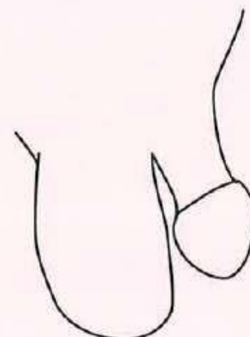
GENERAL EXAMINATION (Male genitalia)

Please draw in the anus and any genital or perineal injuries.









Appendix 6

Bereavement Support

Child Bereavement UK
Supports families and educates professionals when a baby or child dies or is dying, or when a child is facing bereavement www.childbereavementuk.org 0800 02 888 40 enquiries@childbereavementuk.org

Child Death Helpline For anyone affected by the death of a child of any age from any cause
www.childdeathhelpline.org.uk 0800 282986

Children of Jannah
A UK registered charity founded in 2011 to support Muslim bereaved parents and families following the devastation of the death of a child. Support and information line: 0161 480 5156 www.childrenofjannah.com

A Child of Mine
Help for Bereaved Parents. 07803 751229 Office hours: Monday – Friday 9am - 5pm. Out of hours leave a message and your call will be returned as soon as possible. www.achildofmine.co.uk

The Compassionate Friends Support for bereaved parents and their families
www.tcf.org.uk 0345 123 2304 helpline@tcf.org.uk

The Good Grief Trust www.thegoodgrieftrust.org

The Lullaby Trust
Support for anyone affected by the sudden and unexpected death of a baby or young child 0808 802 6868,
support@lullabytrust.org.uk
www.lullabytrust.org.uk

Winston's Wish Support, advice, information and resources for parents/carers and professionals supporting bereaved children and young people.
www.winstonswish.org 0808 802 0021 ask@winstonswish.org

Samaritans
Available 24 hours a day to provide confidential emotional support.
08457 909090 (UK) www.samaritans.org

Saying Goodbye
0845 293 8027
support@sayinggoodbye.org