



SUDDEN AND UNEXPECTED DEATHS IN CHILDHOOD-

PROFORMA

Please fill online form to report death to coroner. Steps are:-

- 1.Go to intranet, Search for Coroner referral in Policies and document library.**
- 2.Click and fill the online form to inform the coroner.**
- 3.Please send a copy of the notes for post-mortem.**

Unique Identifier NO:

Sudden Child Death Folder

(Patient ID Label)

Name:

DOB:

NHS Number:

Hospital Number:

Date of Death:

Emergency Department Section

Role of the Nurse Caring for the Child:

Name:

Sign:

(Tick boxes when completed)

Ensure the child continues to be cared for with dignity and respect.

Keep covered with gown and blanket once clothing has been removed.

Ensure clothing and any disposable equipment (eg Drains/ET tubes) is retained for possible forensic examination. Do not throw away until permission from coroner has been given.

Remove E.T Tube, lines and electrodes with permission from Coroner or Coroner's Officer. (Ensure this is recorded in clinical notes on EPR)

Apply dressings to any puncture wounds (e.g. Cannulation attempts/ Intraosseous sites). Ensure this is documented in clinical notes on EPR.

Document a child's core temperature and weight. Rectal probe can be found in the Paediatric Bay in Resus. (Document on EPR)

Place 2 I.D bands on the child.

Consider hand/footprints and a lock of hair. (**only with consent of Parents and Coroner's Officer**):
State name of Coroner's Officer who gave consent:

(This can often be done much better at funeral director).

Escort the child for any further investigations (e.g. skeletal survey)

Ensure Death Notice is completed

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Escort the child to the mortuary with copy of this folder. Ensure staff contact list is removed
(Original to be retained by Consultant Paediatrician.)

Role of the Nurse Caring for the family

Name:

Sign:

(Tick boxes when completed)

Ensure the family are kept fully informed of what is happening

Explain the process of informing the coroner's officer and the role of the police

Complete the Demographic Details sheet in the folder

Complete a Paediatric Liaison form

Facilitate access to a telephone if required.

Offer religious leader contact: Name:

Give information leaflet as appropriate. (back of this folder)

Consider on-call chaplain support even if family is not religious. They are often helpful in providing
pastoral care to staff and family.

Ensure drinks are available.

Allow family supervised time to hold their child and say goodbye
in agreement with coroner.

Consider offering '4-Louis' box

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Role of the Nurse In-Charge:

Name:

Sign:

(Tick when completed)

Ensure the ED and Paediatric Consultants are contacted.

Contact Social Services to see if child is known to them: Document Name of contact and time on EPR.

Ensure the Duty Matron is informed. Document on EPR

Inform Mortuary Staff on-call.

Ensure all notes are photocopied prior to originals leaving department.

Ensure a request is made for a staff debrief. Email Victoria Stead (Debrief Lead)

Victoria.stead@cht.nhs.uk

If a change of shift occurs prior to family or child leaving the department, please document who responsibility has been handed to:

Nurse Caring for the child on arrival:	Nurse Taking Handover	Date and Time
Nurse Caring for the family on arrival:	Nurse Taking handover	
Nurse In-Charge on arrival:	Nurse Taking Handover	

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Role of Senior ED Doctor

Name:

Sign:

(Tick when completed)

Ensure full EPR documentation of consultation and any resuscitation attempt including medications given and timings.

Support junior medical staff involved.

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Section for Paediatrician

Role of Consultant Paediatrician:

Name:

Sign:

(Tick boxes when completed)

Inform Coroner's Officer/Police: Name:

Log No:

Where a child's death is planned or expected the Paediatrician may decide not to call the Police.
Complete Medical History and Examination Proforma

Request appropriate investigations (e.g. Skeletal Survey) and document when done so.

Take appropriate specimens (Bloods/swabs) for investigations and document what has been taken and when.

Ensure family are aware of procedures that will be followed and when they can expect to be contacted and by whom.

If it is a death at home- talk to parents about police process – Home visit, collecting bedding, asking questions of family.

If it is a non-trauma death- complete SUDIC referral form

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Name:

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Date of Death:

Referral form for SUDIC Team

Name

Address

DOB

DOD

Brief outline of death – history / any abnormalities in examination

Social concerns

Consultant Paediatrician responsible / on call

SpR Involved

Any other Drs

Full report and copy of the Medical Proforma should also be sent to Dr Abdul Shameel Mattara
(Abdul.Mattara@cht.nhs.uk)

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Notification List

In addition to ED Consultant and Paediatric Consultant, please make sure the following are notified of death.

CDOP administrators at respective LA territory are notified using child death notification form (Appendix- Child death notification form) To be attached

	Time and Sign when contacted
Coroner	
Police	
Social services/ OOHs- EDT	
Alistair Morris Paeds – ED link	Alistair.morris@cht.nhs.uk
Victoria Stead Debrief Lead	Victoria.stead@cht.nhs.uk
On- call chaplain	Consider for support staff or family
GP/HV*	(Will be contacted by safeguarding team)
Child health records*	(Will be contacted by safeguarding team)
Named nurse for Safeguarding Children *	cah-tr.chftsafeguarding@nhs.net
Chief Nurse or deputy*	
SUDIC Paediatrician*	Abdul.Mattara@cht.nhs.uk

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Sudden Death in Childhood Check List

Child's Name: DOB:	Ethnicity
Address:	GP Name / Practice
NHS number	Hospital Number
Adults with Parental Responsibility and Relationship to Child	
Name Date of birth	Relationship Contact Tel No:
Name Date of Birth	Relationship Contact Tel No:
Supportive Family Members – Name, Relationship to Child, Contact number	Paediatric Consultant: ED Consultant: Staff Involved in Resuscitation <i>(please record all names and contact details)</i>
Where are parents going to be staying? Address / Telephone Contact	

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Police involved: Names: Contact Number:	Outcome of check made with Children's Social Care If known – Name and contact detail of allocated worker:
Interpreter Required Yes No Families first language	Is the child known to have a Learning Disability? Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion	Religious leader contacted Yes <input type="checkbox"/> No <input type="checkbox"/>

The following checklist must be filled out for all deaths of children (<18 years of age)

Post Mortem required	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Memory Box - Handprints, footprints and other mementos' may be taken if the death is not suspicious in line with HM Coroner's Memorandum of Understanding		
Mementos' taken with consent of family	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transfer of the child to the mortuary :- Within working hours – Contact Mortuary Technician Out of hours – Contact Out of Hours Management Team		
Clothes / Personal Items left with the child and family	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Date of Death:

Decision to undertake a Joint Visit to the scene where the child died agreed between

Police and Lead Consultant:

Visit to be undertaken:

Yes

No

Information leaflets given to the family

Yes

No

Please record detail of information given

SUDIC CONTACT DETAILS

	<u>Calderdale</u>	<u>Kirklees</u>
Coroner	Online referral	
Police	01422337086 Duty CID Detective Sergeant	01924 431193 Safeguarding Detective Inspector
Children's Social Care Office hours Out of hours	01422393336 01422288000	01484414960 01484414933
SUDIC Paediatrician	Dr Mattara: 01422224450 Dr Ohadike: 01422224146 Alternatively contact via switchboard	
GP	Practice contact telephone	
Head of Children's nursing	Via switchboard	

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Date of Death:

CHFT Safeguarding Team

cah-tr.chftsafeguarding@nhs.net

01422 22 4570

SUDIC HISTORY

Details of transport of infant to hospital

Place of Death (Home address/different location)	
Time Found	
Time Arrived in Emergency Department	
Resuscitation at scene of Death / Ambulance/ED Carried out by whom?	

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Date of Death:

Confirmation of Death:

Date

Time

Confirmed by

Events surrounding the death

Who found the child, where and when,
appearance of child when found

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Who called emergency services	
When was the child last seen alive and by whom	
Details of any resuscitation at home by parents or relatives	

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Date of Death:

Detailed account of the last 24-48 hours

To include all activities and carers during the last 24-48 hours.

Any alcohol or drugs consumed by the child or carers

Details of when last seen by a doctor or other professional

Further details of previous 2-4 weeks, including health and changes to routine

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For infant deaths (children up to 1 year age), include details of last sleep including where and how put down, where and how found, any changes, details of feeding and care given.

Family history

Details of all family and household members including dates of birth, health and any previous or current illness including mental health, medications, occupation.
(include children with other partners)

Any previous childhood deaths in the family

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Date of Death:

Genogram

--

Past medical history

Obstetric history	
Perinatal History	
Pregnancy and delivery	
Growth and development	
Feeding	
Medical History of the Child to include:- Health and any previous or current illnesses, hospital admissions and medication	

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Routine checks and immunisations	
Systems Review (Information retrieved from electronic records)	
Behaviour and Educational History where appropriate	

Social history

Type and Nature of Housing Any major life events (bereavements, parental separation, address change, etc)	
Any travel abroad	
Family history of :- Alcohol Smoking Recreational drug use Domestic violence Mental health issues Etc	
Wider family support networks	

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Name:

DOB:

NHS Number:

Hospital Number:

Date of Death:

Any other relevant histories

Notes:

Unique Identifier NO:

Sudden Child Death Folder

(Patient ID Label)

Name:

DOB:

NHS Number:

Hospital Number:

Date of Death:

Notes:

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Date of Death:

Physical examination

To be carried out by the Consultant Paediatrician and Police Investigator – forensic investigators to be used for photographs where relevant (eg, to document compression marks, position of livido, bruises, bites etc)

Name of Child	
NHS number	
Physical examination carried out by	
Date	Time
Length (cm)	(Centile)
Weight (grams)	(Centile)
Head circumference	(Centile)
Retinal Examination	
State of Nutrition / hygiene	
Marks, livido, bruises or evidence of injury – to include any medical puncture sites and failed attempts (Also should be drawn on body chart)	
Mouth – is the fraenum of lips/tongue intact?	

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Further details, observations, Comments

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

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

Document any cannula, nasogastric tubes, and any other medical intervention prior to removal

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Name:

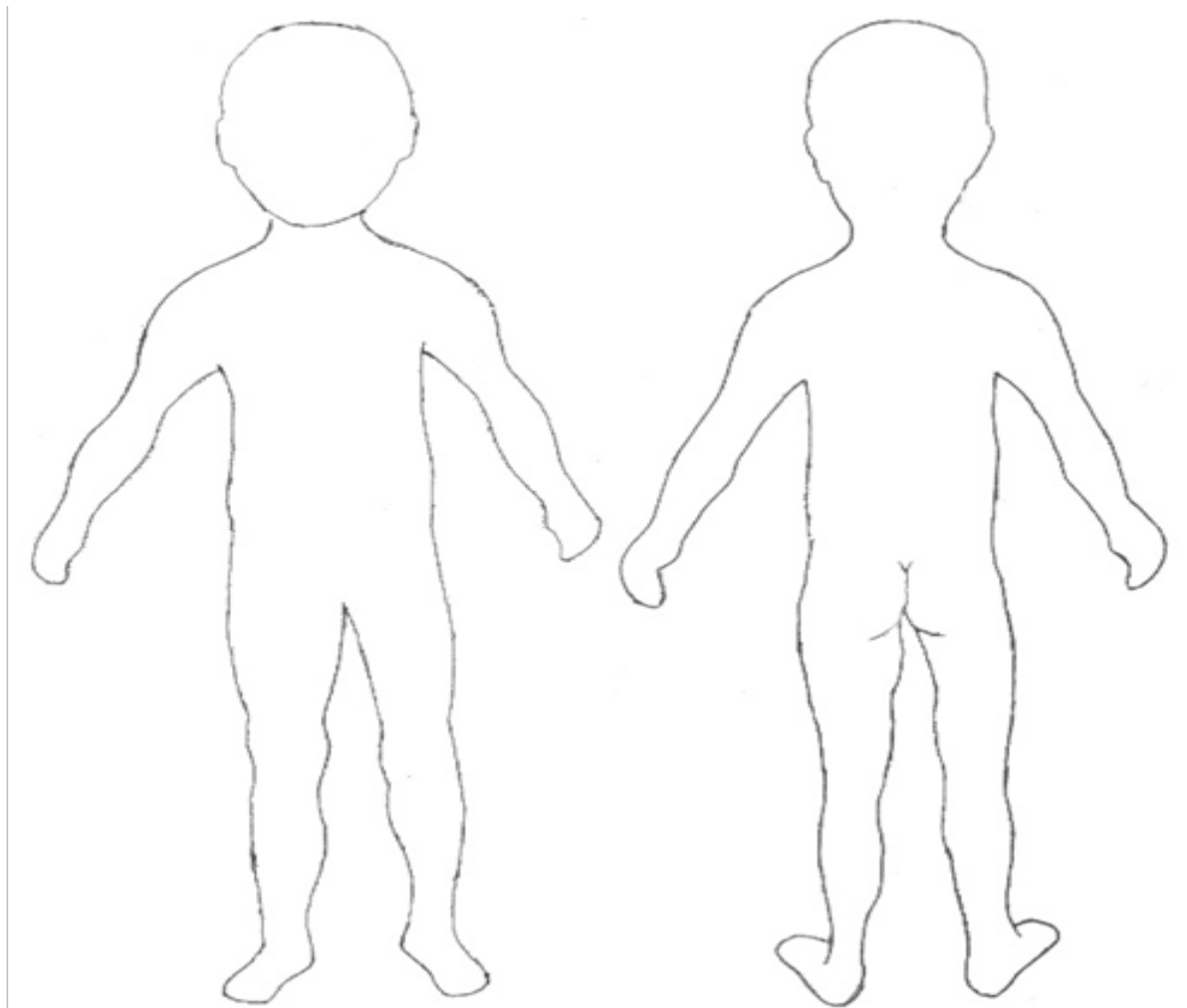
DOB:

NHS Number:

Hospital Number:

Date of Death:

BODY CHART 1



Unique Identifier NO:

Sudden Child Death Folder

(Patient ID Label)

Name:

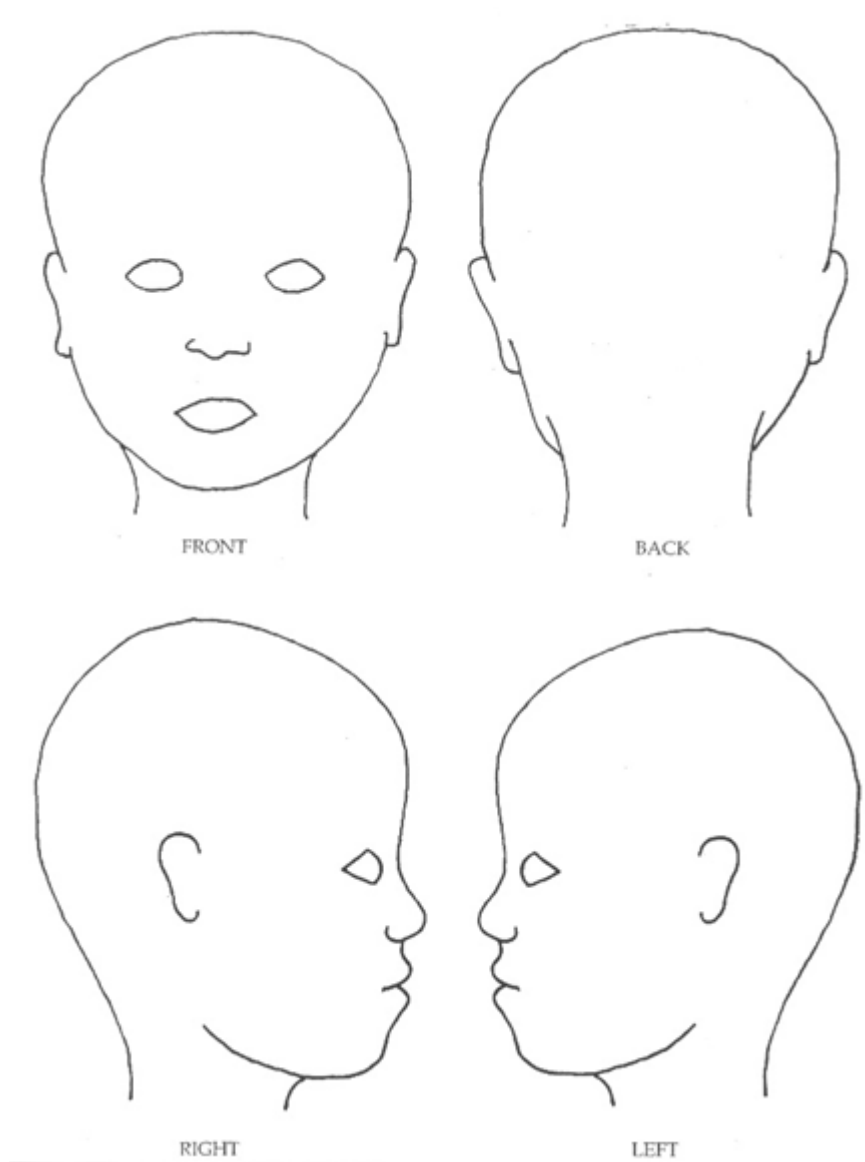
DOB:

NHS Number:

Hospital Number:

Date of Death:

BODY CHART 2



Unique Identifier NO:

Sudden Child Death Folder

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Name:

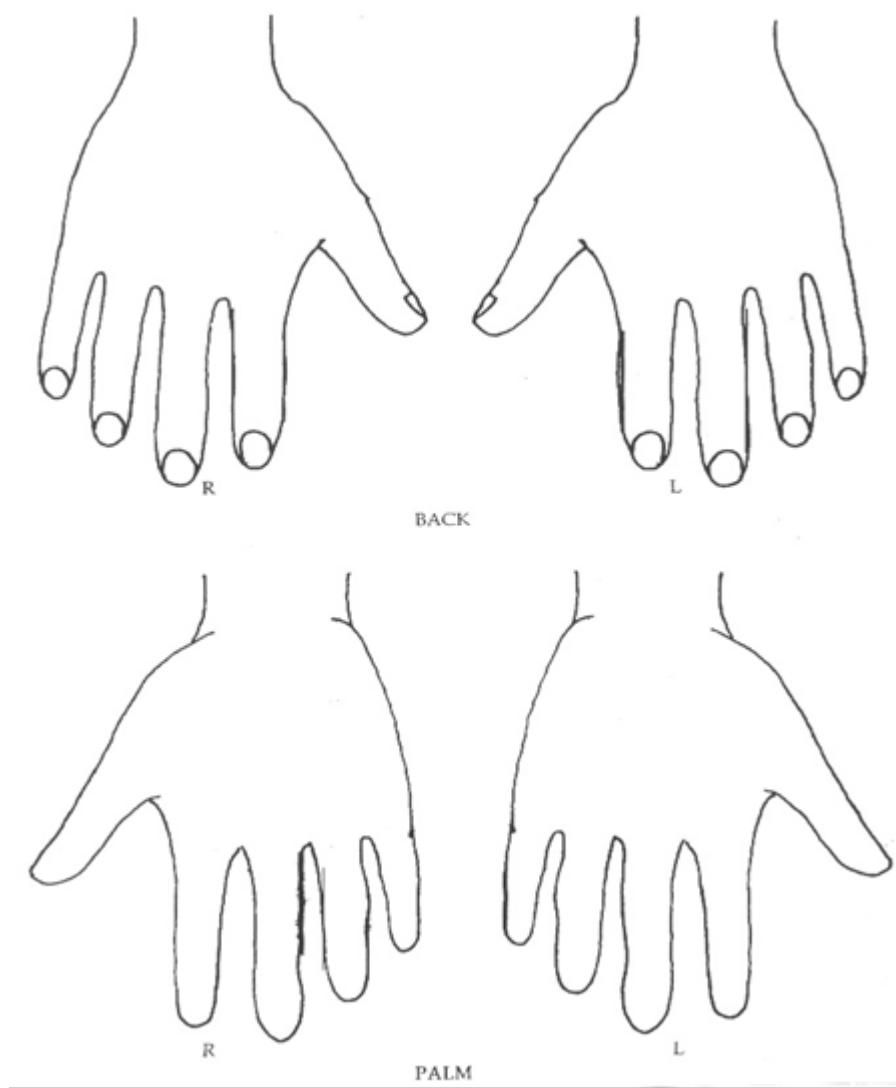
DOB:

NHS Number:

Hospital Number:

Date of Death:

BODY CHART 3



Unique Identifier NO:

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Name:

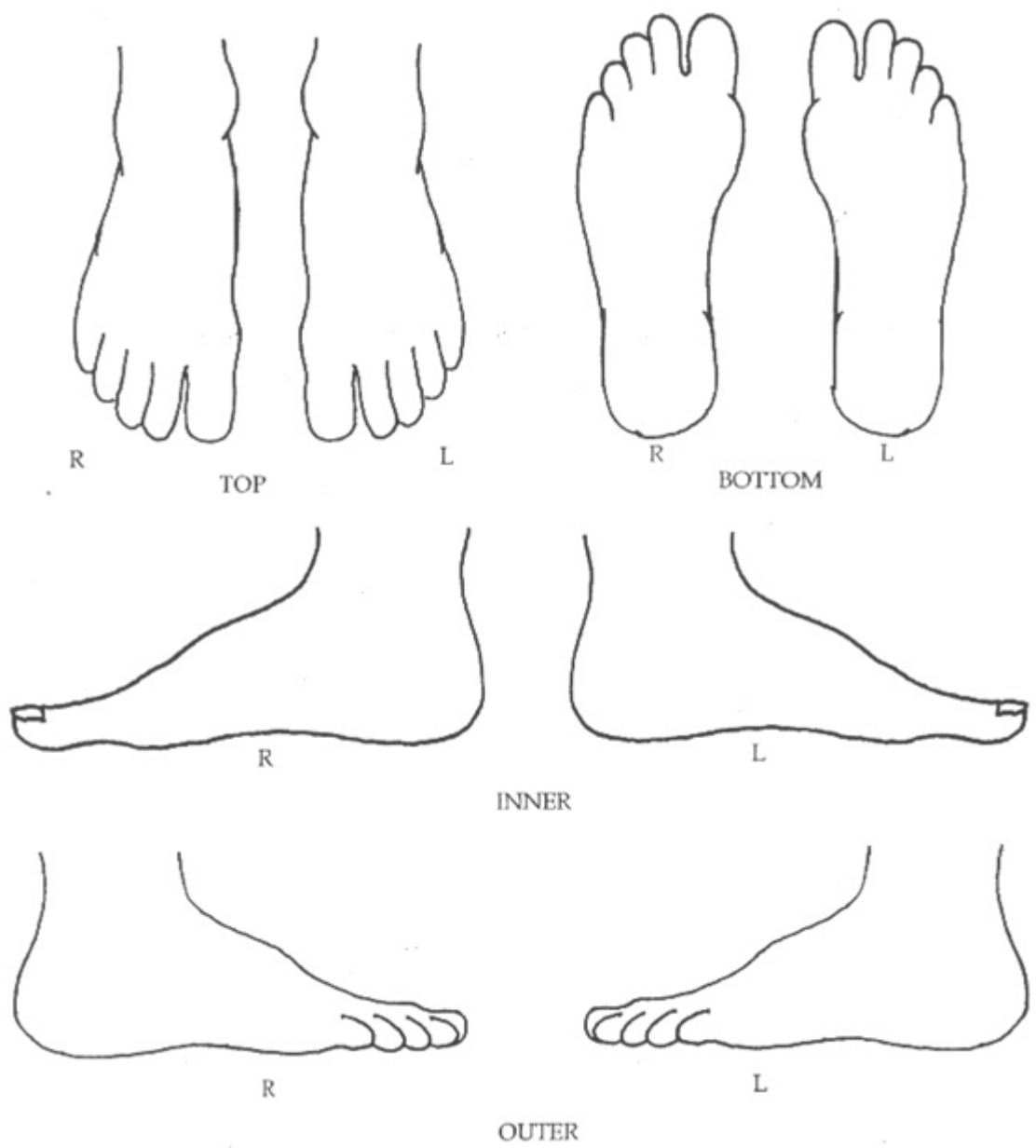
DOB:

NHS Number:

Hospital Number:

Date of Death:

BODY CHART 4



Unique Identifier NO:

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Name:

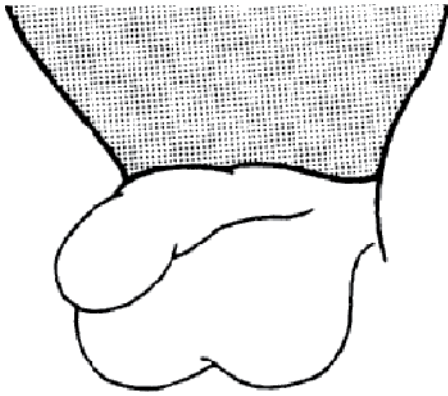
DOB:

NHS Number:

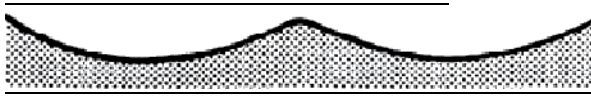
Hospital Number:

Date of Death:

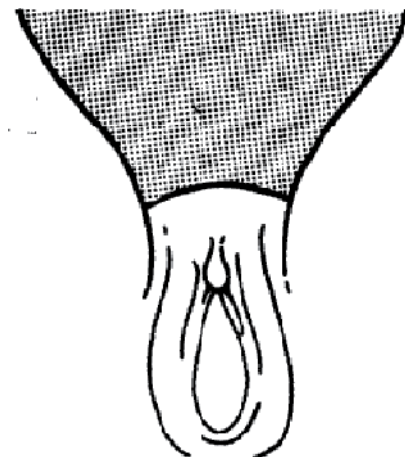
BODY CHART 5



Draw shape of anus and any lesions on genitalia, perineum and buttocks



Draw shape of hymen and anus and any lesions genitalia, perineum or buttocks



Unique Identifier NO:

Sudden Child Death Folder

(Patient ID Label)

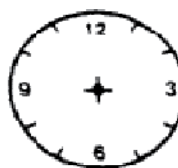
Name:

DOB:

NHS Number:

Hospital Number:

Date of Death:



Samples to be taken after sudden unexpected deaths in childhood where cause of death is not apparent

There is a Coroner's Memorandum to allow medical personnel to take samples as - we don't need to take coroner's permission. Please mark puncture sites on body map for all sampling. Samples should only be taken in Emergency Department as per Human tissue authority guidance

Any samples for forensics should be sent to lab with chain of evidence form. This must be handed on, NOT sent up a chute. Blood samples should be taken from a venous or arterial site (e.g. femoral vein). Cardiac puncture is acceptable as long as it is recorded that this has happened, and the pathologist informed.

	Department	Test	Handling information for lab	Sample taken
Blood (Serum, 0.5mls)	Biochemistry	U&E	Normal	
Blood (Serum, 1 mls)	Biochemistry	Toxicology	Spin,store serum at -20°C	
Blood (Lithium heparin, 1mls)	Biochemistry	Inherited metabolic diseases	Spin, store plasma at -20°C	
Blood (Guthrie card)	Biochemistry	Inherited metabolic diseases	Normal	
Blood (EDTA, 0.5mls)	Haematology	FBC	Normal	
Blood (culture bottles, 1ml)	Microbiology	Culture & sensitivity	Normal	
Blood (lithium heparin, 5mls)	Cytogenetics	Chromosomes	Normal	
Urine (catheter or supra-pubic aspirate)	Biochemistry (Plain bottle)	Toxicology	Spin,store supernatant at -200C	
Urine (catheter or supra-pubic aspirate)	Microbiology	Culture & Sensitivity	Normal	
Swab from lesion	Microbiology	Culture & Sensitivity	Normal	

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Nasopharyngeal aspirate/swab	Microbiology/ Virology	Culture & Sensitivity	Normal	
CSF (Lumbar Puncture)	Microbiology/ Biochemistry	Culture & Sensitivity, Cell count,Protein,Glucose	Normal	

A single attempt at cardiac puncture, suprapubic aspiration or lumbar puncture is acceptable to acquire necessary blood, urine and CSF sample respectively.

Radiological imaging

The lead health professional should arrange for a full radiological skeletal survey or other appropriate imaging to be undertaken. This may be undertaken at the local hospital prior to transfer of the infant for post-mortem examination. It should be performed and reported by an experienced paediatric radiologist prior to the post-mortem examination being commenced. For children over 24 months, the need for such imaging should be discussed with the designated paediatrician. Imaging investigations should be reported on as soon as possible in order to identify or rule out bony injuries, as this may change the focus of the investigation.

Additional samples to be considered after discussion with consultant paediatrician: -

- 1.Skin biopsies for cytogenetic and fibroblast culture.
- 2.Muscle biopsy if history is suggestive of mitochondrial disorder.
- 3.Hair samples for toxicology if suspected drug use.

If post-mortem is expected to be within 24 hours, only infection screen and radiological investigations are more urgent, and the rest could be done at post-mortem.

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Date of Death:

SCENE EXAMINATION

Name of Child	
NHS Number	
Date of birth	
Date of death	
Address	
Date of scene visit	
Professionals present	
Room Note size, orientation, contents, 'clutter', ventilation (windows door open or shut), Heating (timers switched on/off, measure drawer temperature °C PCHR (Red book) review	

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Sleep Environment

Note location of bed/cot in relation to other objects in room

was the child sleeping on a sofa, floor or elsewhere,

mattress, bedding, objects

Position of child

When put down, where found

Any evidence of over wrapping/over heating

Any restriction to ventilation or breathing

Any risk of smothering

Any potential hazards

Any evidence of neglectful care

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Diagram of Scene

Note

North/South orientation,
room measurements

Location of doors, windows,

Heating

Any furniture and objects in the room

Appendix 1- Coroner's office memorandum for SUDIC sampling

[Coroner's office memorandum for SUDIC sampling](#)

Appendix 2 -Child death notification form

Notification of child death

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