

Filed within 1st spine



Royal Cornwall Hospitals  
NHS Trust

NHS number: .....

Name of patient: .....

Address: .....

Date of birth: .....

CR number: .....

AFFIX PATIENT LABEL

# Unexpected Child Death

## FULL HISTORY

Using parent interview and review of all medical records including parent-held records.

Surname:

First name:

Hospital Number:

Police Case Number:

Date of Birth:

Birthweight:

NHS Number:

Date of Death:

Deceased Weight:

Postcode:

Gestation at Birth:

Apgars:

Sex  M  F

Twin?  Yes  No  
Please circle

Congenital abnormality:

Allergies:

Neonatal problems:

Immunisations:

Feeding (SUDI)  Breast  Bottle

Age solids introduced:

Last seen by: (Circle as appropriate)  GP  HV  Child health clinic  School nurse

Current feeding:

NHS Direct?  Yes  No

Regular Health Check-Ups?  Yes  No

*affix patient label*

Illnesses (Medical history):

*affix patient label*

**Health in last 2 weeks:**

**Health in last 24 hours:**

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## EXAMINATION

- Rectal temperature should be taken with a low reading thermometer as soon as possible after the infant is brought into the ED.
- Record on body map any marks of abrasions, skin rashes, skin discolouration including dependent livido or identifiable injuries. Record all puncture sites including Note cleanliness, state of hydration, presence or absence of organomegaly. Weigh and measure head circumference.

## Physical Examination

Rectal Temp (low reading thermometer)

Date/ Time

Interval from death

## Full Growth Measurement

Length:

Head circumference:

Weight:

Centile:

- Retinal Examination
- State of nutrition and hygiene, evidence of dehydration?
- Any marks or evidence of injury: (Should also be drawn on body chart below)  
NB Check genitalia and back.  
Check mouth: Is the frenulum intact
- Look for petechiae behind ears, in axillae, palate and conjunctivae.
- Look for hepatomegaly
- Document presence of any discolouration of the skin, particularly dependent livido. (Where possible, it is important to document livido within a few hours of death to help identify the body's position at death.)

Date: ..... Time: .....

Signature: ..... PRINT NAME: .....

Title: .....

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## SAMPLES REQUIRED FOLLOWING SUDDEN UNEXPECTED INFANT DEATH (< 2 YEARS)

NOTE: After death is certified the body is under the jurisdiction of the coroner. The following investigations follow national guidelines and have been agreed by the Devon, Plymouth, Torbay and Cornwall Coroners. The femoral route is preferred for blood sampling. If after 2 attempts this is not successful, then the intra-cardiac route can be used but may affect cardiac integrity for the post-mortem examination.

BLOOD TESTS	SIGNATURE
<b>Haematology:</b> Plasma for FBC and save.	
<b>Biochemistry:</b> Electrolytes, CRP, LFTs, Magnesium, bone. Paracetamol and salicylate levels Glucose, Lactate, 3OH Butyrate, Free Fatty Acids Plasma amino acids Guthrie spots for DBS Acylcarnitine	
<b>Blood Culture</b>	
<b>Chromosomes</b> for cytogenetics if dysmorphic	
<b>URINE:</b> SPA only. Do not send the nappy. <b>Microbiology</b> for MC+S (Supra-pubic aspirate may fail as bladder usually empty) <b>Biochemistry</b> for 'Drugs of Abuse', urine amino and organic acids and urinary sugars.	
<b>CEREBRAL SPINAL FLUID: Microscopy</b> for MC+S and Viral PCR <b>Biochemistry</b> for save until further instructions	
<b>SWABS:</b> Throat for MC+S Any identifiable lesions on skin for MC+S	
<b>STOOL:</b> Culture for MC+S and virology, then freeze sample	
<b>NASOPHARYNGEAL ASPIRATE</b> <b>Microbiology</b> for MC+S, Viral culture and immunofluorescence	
<b>SKIN BIOPSY</b> for fibroblast culture if >24hrs to obtaining post mortem. Obtain written consent from parents. (See parent information sheet, consent form and skin biopsy SOP in Appendix 9, 10 and 11). Use punch biopsy set to take a full depth skin biopsy from the thigh, buttock or back of shoulder of infant. This should be approx 0.5 cms diameter. Place in sterile saline, fill in genetics form and send to biochem to be sent to Bristol Genetics laboratory, Southmead.	
<b>SKELETAL SURVEY</b> To be arranged by Acute Consultant Paediatrician with Dr Simon Thorogood	

All investigations for biochemistry and haematology have pre-prepared forms that can be found in the SUDI trolley in ED as a SUDI 'pack'. There are photographs of which bottles are required for these tests in the individual packs.

All the investigations for microbiology will need forms to be filled out. Please ensure that these are clearly labelled as 'child death' or 'SUDI'.

If you are using the last SUDI pack from the trolley please ensure that you let biochemistry know.

**If you feel that any other tests are required it is really important that you contact the coroner as well as the appropriate lab beforehand.**

**If there is any suspicion of Non-accidental Head Injury (NAHI) please see the link below for Bristol Childrens Hospital guidelines and possible investigations:**

<http://nwww.avon.nhs.uk/dms/download.aspx?r=1&did=6678&f=suspectednonaccidentaltraumaticbraininjuryinvestig-01.pdf>

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## Full History

Medication:

Contact with infection (including animals):

Circumstances of Scene:

Sleep routine and details of final sleep (SUDI)

Time found:

Time put to bed:

Position of body:

Last checked:

Blankets, bedding and clothing: (SUDI)

Night time feeds: (SUDI)

Last feed: (SUDI)

**Other Comments:**

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## Full History continued...

### The Mother

Age:

Total number of children:

Occupation:

Ethnic Group:

Drugs: (including habit forming)

Smoking:

Illnesses:

Alcohol:

Other Comments:

### The Father:

Age:

Total number of children:

Occupation:

Ethnic Group:

Past marriages / Live-in relationships? Yes / No

How long has father lived with mother?

Children from other partners? Yes / No

Was father living with child at time of death? Yes / No

Drugs: (including habit forming)

Smoking:

Illnesses:

Alcohol:

Other Comments:

### Other Children in the family: (Including any children by previous partners)

Name:

Age:

Health:

Name:

Age:

Health:

Name:

Age:

Health:

Name:

Age:

Health:

Other Comments:

*affix patient label*

**Full History continued...**

**Other relevant family history**

Recent Travel:

Cultural Practices:

Other adults live in household:

Religious faith / tradition:

Child Care Providers:

Social Issues:

Play groups / Schools:

Who child lives with:

Who had responsibility at time of death?

Who has legal parental responsibility?

Other Comments:

**Further family comments / verbatim description:**