

Filed within 1st spine



Royal Cornwall Hospitals
NHS Trust

NHS number: _____
 Name of patient: _____
 Address: _____
 Date of birth: _____
 CR number: _____

AFFIX PATIENT LABEL

BACKGROUND INFORMATION SHEET (To be completed by allocated nurse)

Infant / Child Name:	D.O.B.
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Address:

	Postcode:
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Date and Time of death:

Name of GP (and practice):	Religion:
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Parents/ Carers

1. Name: _____
 Relationship: _____ DOB: _____
 Address: _____
 (If different)
 Tel No: _____ Landline: _____ Mobile: _____

2. Name: _____
 Relationship: _____ DOB: _____
 Address: _____
 (If different)
 Tel No: _____ Landline: _____ Mobile: _____

Siblings	1	2	3	4
Name	_____	_____	_____	_____
DOB	_____	_____	_____	_____
Address	_____	_____	_____	_____

Address at which family will be staying:
 Contact number at which family will be staying:

Consultant Paediatrician: _____
 Duty Ed Consultant: _____
 Lead Nurse: _____
 Social Worker: _____
 Lead Police Officer (& rank): _____
 RRT Member: _____
 Other Team Members: _____

affix patient label

CHECKLIST (for Nursing Staff)		Signature	Date/time
1	Check if child subject to Child Protection Plan		
2	Clothing removed and placed in labelled brown paper bag		
3	Background information completed (Appendix 4).		
4	List names / titles of staff at resuscitation:		
5	List names and relationship of family / friends present at resuscitation:		
6	Contact numbers provided Written information provided		
7	Mementoes taken; List: Bereavement support leaflet, (incl telephone numbers) FSID The Lullaby Trust's leaflet 'The Child Death Review - A guide for parents and carers' is available in ED		
8	Contact family, friends and religious leaders as requested		
9	Photocopy medical records originals go with child to mortuary.		
10	Confirm arrangements for family to get home.		
11	Consider advice on lactation/ school nurse.		