First Floor

Century House

The Lakes

Northampton

NN4 7SJ

01604 654040

www.safe-child-northants.org.uk



**Child Death Review**

**Data Collection Form**

**Do not keep any copies**

**or duplicates of this form**

**If you have any queries, please contact the LSCBN Administrator**

**GUIDELINES FOR COMPLETION OF DATA COLLECTION FORM**

Questions marked with an **\*** are referenced in the guidelines

**13 Death certification**

**18 Developmental delay, impairment or disability**

**Guidance**

Please complete directly from the death certificate. If you do not have a copy of the death certificate, leave

blank for the LSCBN Administrator to fill in.

This should be based on a clinical diagnosis or as judged by the Child Development Clinic, Child Health System, Social Services or Local Education Authority

**19 Special educational**

**provision**

**20 Medication**

**24 Mode of death**

**25 Location of death**

**28 Traveller**

**29 Asylum seeking status**

**38b Pond or pool secured**

**47 Original certification**

**of death**

For children under two – educational provision of any kind

For children over two – educational provision which is additional to or otherwise different from the

educational provision made generally for children of their age in schools maintained by the Local Education

Authority (other than special schools in the area).

Special educational provision may or may not be set out in a statement of special educational need.

Provision may be provided directly by the school or by the Local Education Authority with the support of

other agencies and includes in-school support, advice and consultation services, therapy etc.

**Source:** *Special Educational Needs Code of Practice, DfES, November 2001.*

Please include all chronic medication and medication prescribed prior to the child’s death. Do not include

medication given during resuscitation.

Mode of death refers to the way in which the child died, particularly the way in which treatment was

provided immediately before the death. This item is particularly relevant for critical care and palliative care.

Where the child died based on the documentation available to the person completing the data collection

form. This is different from 11a which asks for place of death as recorded on the death certificate. If the

child died at home and the death certified in A&E, for example in the case of a sudden unexpected death

in infancy, the location of death should be filled in as community – home of normal residence.

Refers to a member of any of various groups of traditionally itinerant/nomadic people. Gypsy travellers are

the largest group among travelling communities in the UK and constitute a recognised minority ethnic

group.

**Source:** *Exchange House Travellers Service (*[*www.exchangehouse.ie*](http://www.exchangehouse.ie)*)*

Asylum seeker: A person who has applied to the government of a country other than their own for

protection or refuge (‘asylum’) because they are unable or unwilling to seek the protection of their own

government.

Refugee: A former asylum seeker who has been recognised by the government as meeting the definition of

a refugee set out in the United Nations Convention Relating to the Status of Refugees 1951. On being

recognised by the government as a refugee, the person is conferred with ‘refugee status’. In the UK,

recognition as a refugee leads to ‘indefinite leave to remain’ and attracts other rights, for example, family

reunion and issue of a refugee travel document.

Unaccompanied asylum seeking child: The definition for immigration purposes is given in the

Unaccompanied asylum seeking children: Home Office information note: ‘An unaccompanied asylum

seeking child is a person who, at the time of making the asylum application is, or (if there is no proof)

appears to be, under eighteen, is applying for asylum in their own right and has no adult relative or

guardian to turn to in this country.’ A child is not considered to be unaccompanied where there is an adult

prepared to take responsibility for them, although they will involve social services where there is a concern

about the child’s relationship with the ‘responsible’ adult.

**Source:** *Children’s Legal Centre (*[*http://www.childrenslegalcentre.com*](http://www.childrenslegalcentre.com)*)*

This refers to the pond or pool itself rather than the garden or surrounding area being secured.

This does not refer to verification of the fact of death but rather who originally certified the death on a

medical certificate of cause of death. In most cases this is done by the attending doctor but in some cases

no medical certificate of cause of death is issued but referred directly to the coroner.

**A. DEMOGRAPHIC AND DEATH CERTIFICATE INFORMATION**

*Please complete for all child deaths and attach a copy of death certificate*

**1. LSCBN identifier (Office use only)** \_ \_ \_ /\_ \_

**2. NHS no. (10 digits) \_ \_ \_/\_ \_ \_/\_ \_ \_ \_**

**3. Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. First name/s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5. Sex**

**6. Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

□ Male

□ Female

□ Not known

□ Not known

**7. Residential address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. Mother’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**9. Father’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. Date of death (dd/mm/yy)**

**11. Date of birth (dd/mm/yy)**

If date of birth or date of death not known

estimated age at death (yy) **\_ \_**

**12. Ethnic group**

□ White

□ Black African

□ Indian

□ Pakistani

/

/

\_ \_

/

/

□ Bangladeshi

□ Chinese

□ Black Caribbean

□ Black other

□ Not known

□ Mixed, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13. Death certification\*** (As stated on death certificate)

a) Place of death \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Cause of death I (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c) Cause of death I (b) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d) Cause of death I (c) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e) Cause of death II \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Death certificate not available

**14. Occupation**

a) Mother’s occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Father’s occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

or

c) Child’s occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. PREVIOUS MEDICAL / DEVELOPMENTAL HISTORY**

*Please complete for all child deaths*

**15. Birth history**

a) Birth weight (kg) \_ . \_ \_ \_

b) Gestational age at birth (completed weeks) \_ \_

\_ \_

□ Not known

□ Not known

c) Multiple birth

d) Mother’s date of birth (dd/mm/yy)

If DOB not known: estimated age (yy) at

the time of the child’s death:

e) Number of previous pregancies: **\_ \_**

□ Yes

\_

\_ \_\_

□ No

/ /

\_ \_

\_ \_□ Not known

□ Not known

**16. Did the child have any of the following medical conditions at the time of death?**

□ Perinatal condition, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Congenital condition, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Infectious disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Metabolic disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Endocrine disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Gastrointestinal / liver disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Renal / urinary disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Cardiac disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Respiratory disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Haematological disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Neurological disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Neoplastic disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Mental and behavioural disorder, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ None documented

**17. Did the child have a previous history of any of the following medical conditions?**

□ Perinatal condition, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Congenital condition, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Infectious disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Metabolic disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Endocrine disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Gastrointestinal / liver disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Renal / urinary disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Continued overleaf*

**PREVIOUS MEDICAL / DEVELOPMENTAL HISTORY continued**

*17. continued – Did the child have a previous history of any of the following medical conditions?*

□ Cardiac disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Respiratory disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Haematological disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Neurological disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Neoplastic disease, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Mental and behavioural disorder, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ None documented

**18. Did the child have developmental delay, impairment or disability?\***

□ Learning impairment, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Motor impairment, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Speech, language and communication disorder, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Visual impairment, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Hearing impairment, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Associated problem e.g. behaviour, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ None documented

**19. Was the child receiving special educational support?\***

□ Yes

□ No

□ Not known

**20. What medication was the child prescribed prior to his death (not including resuscitation)?\***

□ Antibiotics

□ Insulin

□ Asthma prevention / treatment, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Anticonvulsants, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Corticosteroids, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Antidepressants, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Major tranquilisers, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ None documented

**PREVIOUS MEDICAL / DEVELOPMENTAL HISTORY continued**

**21. Did the child have any surgery within the**

**last 30 days?** □ Yes □ No □ Not known

If yes, what was the most recent operation?

□ Intra-cranial

□ Intra-abdominal

□ Intra-thoracic

□ Not known

**22. Prior to the death, was the child in hospital**

**(including mental health in-patient care) for**

**longer than a three month period or continually**

**from birth?**

**23. Was the child seen by a primary care practitioner**

**within the three months prior to death?**

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Yes □ No □ Not known

□ Yes □ No □ Not applicable

□ Not known

If yes, specify primary care practitioner

**24. What was the mode of death?\***

□ General practitioner

□ School nurse

□ Not known

□ Health visitor

□ Practice nurse

□ Found dead

□ Death on arrival at hospital

□ Death during attempted resuscitation

□ Death following limitation of treatment

□ Death following active withdrawal

of treatment

□ Brain stem death

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**25. Where is the child believed to have died?\***

□ Community

□ Home of normal residence

□ Transit

□ Residential care

□ Hospice

□ Public place

□ School

□ Acute hospital

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Children’s ward □ NICU

□ Adult ward □ PICU

□ A&E □ ICU

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Mental health inpatient unit

□ Learning disability inpatient unit

□ Not known

**C. SOCIAL CIRCUMSTANCES OF CHILD**

*Please complete for all child deaths*

**26. Was the child living?**

□ With two natural parents

□ With one natural and one step-parent

□ With a lone parent – mother

□ With a lone parent – father

□ With grandparents, specify

□ Maternal

□ Paternal

□ Not known

□ With other relatives (not parents or grandparents), specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ With foster carers, specify

□ In a residential children’s home

□ In a secure unit

□ In a young offenders institution

□ Local authority

□ Private

□ Not known

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Not known

**27. How many other children in the child’s household?**

□None

□One

□Two

□Three

□More three, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Not known

**28. Was the child a member of a traveller community?\***

**29. Was the child an asylum seeker?\***

If yes, specify status

□ Yes

□ Yes

□ No

□ No

□ Not known

□ Not known

□ Part of an asylum seeking family

□ Part of a family with refugee status

□ An unaccompanied asylum seeking child

□ Not known

**30. Was the child on the Child Protection Register**

**/ subject of a Child Protection Plan**

**at the time of death?**

□ Yes □ No □ Not known

a) Reason for registration / plan

□ Neglect

□ Physical abuse

□ Not known

□ Sexual abuse

□ Emotional abuse

b) Was this a re-registration?

□ Yes

□ No

□ Not known

**31. Was the child looked after by the local authority?**

**32. Was the child subject to any legal order**

**at the time of death?**

If yes, type of legal order

□ Yes

□ Yes

□ No

□ No

□ Not known

□ Not known

□ Care order

□ Anti-social behaviour order

□ Supervision order

□ Parental responsibility order

□ Not known

□ Other court order, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**33. Had the child been assessed as a child in** □ Yes □ No □ Not known

**need under section 17 of the Children Act?**

If yes, when was the most recent assessment (yy) \_ \_ \_ \_

And which team carried out the assessment?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**34. Had enquiries been made to establish if the child was a child in need of protection under section 47 of the Children Act?**

If yes, when was the most recent enquiry (yy) \_ \_ \_ \_

And which team carried out the enquiry?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**35. What other agencies (e.g. police) were involved with the child and in what capacity?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Emergency protection order

□ Residence order

□ Contact order

□ Detained under Mental Health Act

**D. CIRCUMSTANCES OF DEATH – NON-NATURAL**

*Please complete for all child deaths as relevant*

**36. Were any of the following events known to have occurred? Tick all that apply**

□ Road traffic accident – complete 37 and proceed to Section E

□ Drowning – complete 38 and proceed to Section E

□ Fire / burns – complete 39 and proceed to Section E

□ Fall – complete 40 and proceed to Section E

□ Poisoning – complete 41 and proceed to Section E

□ Other accident e.g. bite or sting, suffocation, sports injury, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and proceed to Section E

□ Substance misuse – complete 42 and proceed to Section E

□ Apparent homicide – complete 43 and proceed to Section E

□ Apparent suicide – complete 44 and proceed to Section E

□ Sudden unexpected death in infancy – complete 45 and proceed to Section E

□ None of the above – proceed to Section E

**37. Circumstances – RTA** *First 11 items can be obtained from STATS 19 form*

a) Date of incident (dd/mm/yy)

b) Collision time (hh/mm – 24 hour clock)

c) Casualty class

□ Driver or rider

□ Vehicle or pillion passenger

***If child was driver or passenger or pedestrian***

d) Type of vehicle that hit the child

/

/

/

□ Pedestrian

□ Not known

□ Pedal cycle

□ Motorcycle 50 cc and under

□ Motorcycle over 50 cc and up to 125 cc

□ Motorcycle over 125 cc and up to 500 cc

□ Motorcycle over 500 cc

□ Taxi / Private hire car

□ Car

□ Minibus (8-16 passenger seats)

□ Bus or coach (17 or more passenger seats)

e) Age of driver of vehicle that hit the child (yy) \_ \_

f) Breath test of driver of vehicle that hit the child

□ Not applicable

□ Positive

□ Negative

□ Not requested

□ Other motor vehicle

□ Other non-motor vehicle

□ Ridden horse

□ Agricultural vehicle (include diggers, etc)

□ Tram / Light rail

□ Goods vehicle 3.5 tonnes mgw and under

□ Goods vehicle over 3.5 tonnes mgw and under

7.5 tonnes mgw

□ Goods vehicle 7.5 tonnes mgw and over

□ Not known

□ Refused to provide

□ Driver not contacted at time of accident

□ Not provided (medical reasons)

□ Not known

***If child was driver or passenger***

g) Type of vehicle child was in

□ Pedal cycle

□ Motorcycle 50 cc and under

□ Motorcycle over 50 cc and up to 125 cc

□ Motorcycle over 125 cc and up to 500 cc

□ Motorcycle over 500 cc

□ Taxi / Private hire car

□ Car

□ Minibus (8-16 passenger seats)

□ Bus or coach (17 or more passenger seats)

h) Breath test of driver of vehicle that child was in

□ Not applicable

□ Positive

□ Negative

□ Not requested

□ Other motor vehicle

□ Other non-motor vehicle

□ Ridden horse

□ Agricultural vehicle (include diggers, etc)

□ Tram / Light rail

□ Goods vehicle 3.5 tonnes mgw and under

□ Goods vehicle over 3.5 tonnes mgw and under

7.5 tonnes mgw

□ Goods vehicle 7.5 tonnes mgw and over

□ Not known

□ Refused to provide

□ Driver not contacted at time of accident

□ Not provided (medical reasons)

□ Not known

i) Did vehicle have restraints?

j) Were restraints used?

k) Did vehicle have air bags?

l) Did airbags deploy?

m) Was airbag switched on?

***If child was passenger:***

n) Age of driver of vehicle child \_ \_

was in (yy)

o) Passenger position

□ Yes

□ Yes

□ Yes

□ Yes

□ Yes

□ No

□ No

□ No

□ No

□ No

□ Not known

□ Not known

□ Not known

□ Not known

□ Not known

□ Front seat passenger

***If child was pedestrian:***

p) Pedestrian location

□ In carriageway, crossing on pedestrian

crossing facility

□ In carriageway, crossing within zig-zag

lines at crossing approach

□ In carriageway, crossing within zig-zag

lines at crossing exit

□ In carriageway, crossing elsewhere

□ On footway or verge

□ Rear seat passenger

□ On central refuge island or central reservation

□ In centre of carriageway, not on refuge island

or central reservation

□ In carriageway, not crossing

□ Not known

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If pedal cycle or motor cycle:***

q) Was a helmet worn? □ Yes □ No □ Not known

**38. Circumstances – drowning**

a) Type of drowning

□ Bath

□ Garden pond

□ River / lake / canal

□ Sea

□ Swimming pool

□ Domestic

□ Private

□ Municipal

□ Not known

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Not known

For garden pond / pool drowning:

b) Was the garden pond or swimming

pool secured (fenced)?**\*** □ Yes □ No □ Not known

**39. Circumstances – fire / burns**

a) Type of fire / burn

If fire:

□ Fire

□ Chemical

□ Hot liquid

□ Electrical

□ Other

□ Not known

b) Location of fire

□ Residential accommodation, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Main trade or business, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Mobile, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Not known

c) Was a fire / smoke alarm present?

d) Was fire / smoke alarm functional?

**40. Circumstances – fall**

a) Type of fall

□ Yes

□ Yes

□ No

□ No

□ Not known

□ Not known

□ Fall on same level

□ Fall on or from stairs

□ Fall on or from ladder or stepladder

□ Fall from building or structure

□ Other fall from one level to another

□ Unspecified fall

b) Specific location of fall \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Not known

**CUMSTANCES OF DEATH – NON-NATURAL continued**

**41. Circumstances – poisoning**

a) Form of substance

□ Solid

□ Liquid

b) Type of substance

□ Gas

□ Unspecified

□ Household products, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Prescription medicines, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Non-prescription medicines, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Not known

c) Location of poisoning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Not known

**42. Circumstances – substance misuse**

a) Was the child known to substance misuse services?

b) Was the child known to be currently using:

□ Heroin

□ Methadone

□ Other Opiates

□ Benzodiazepines

□ Yes

□ Ecstasy

□ Cannabis

□ Solvents

□ Alcohol

□ No

□ Not known

□ Amphetamines (excluding Ecstasy)

□ Cocaine (excluding Crack)

□ Crack

□ Hallucinogens

□ Major Tranquilisers

□ Anti-depressants

□ Barbiturates

□ Not known

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**43. Circumstances – apparent homicide**

Method

□ Strangulation, asphyxiation or drowning

□ Sharp instrument

□ Blunt instrument

□ Shooting

□ Hitting or kicking

□ Fire

□ Poisoning, specify type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Not known

**CIRCUMSTANCES OF DEATH – NON-NATURAL continued**

**44. Circumstances – apparent suicide**

Method (If more than one, give direct cause)

□ Self-poisoning

□ Household products, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Prescription medicines, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Non-prescription medicines, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Not known

□ Carbon monoxide poisoning

□ Hanging / strangulation

□ Drowning

□ Firearms

□ Jumping from a height

□ Jumping / lying before a train

□ Jumping / lying before a road vehicle

□ Suffocation

□ Burning

□ Electrocution

□ Cutting or stabbing

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Not known

**45. Circumstances – SUDI**

a) In what position was the child put to sleep?

b) Was the child sleeping with another person

at the time of death?

c) Where was the child put to sleep?

□ Back

□ Side

□ Yes

□ Bed

□ Sofa

□ Car chair

□ Cot

□ No

□ Front

□ Not known

□ Not known

□ Carry cot

□ Moses basket

□ Pram

□ Not known

d) Did any of the main carers or household

members smoke?

e) Had anyone with care of the child used prescription/illicit drugs or alcohol in the 24 hour period prior to the death?

If yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Yes □ No □ Not known

□ Yes □ No □ Not known

**E. OTHER RELEVANT INFORMATION**

*Please complete for all child deaths*

**46. Please document any further information you think is relevant to the child’s death:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F. PROCESSING OF DEATH**

*Please complete for all child deaths*

**47. Who originally completed the certification**

**for cause of death?\*** □ Doctor □ Coroner □ Uncertified

**For doctor’s cases only:**

**48. Was the coroner consulted?**

□ Yes

□ No

□ Not known

**49. What further investigations were undertaken by the coroner?**

□ None

□ Post-mortem only

**50. Was a pathologist’s post-mortem done,**

**i.e. not mandated by coroner?**

Was a paediatric pathologist involved in

conducting the post-mortem?

□ Inquest with post-mortem

□ Inquest without post-mortem

□ Yes □ No

□ Yes □ No

□ Not known

□ Not known

**51. Who gave final certification of cause of death?**

**52. Is a police investigation in progress?**

**53. Is this death subject to a local enquiry?**

a) What local enquiry?

□ Doctor

□ Yes

□ Yes

□ Coroner

□ No

□ No

□ Uncertified

□ Not known

□ Not known

□ Serious case review

□ Criminal Investigation

□ Prison or Armed Service enquiry

□ Local morbidity and mortality meeting

□ HSE Investigation

□ Health Service Serious Adverse Incident enquiry

□ Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Specify the jurisdiction for the local enquiry i.e. name of service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**G. DOCUMENTS REVIEWED**

**54.** □ Death Certificate □ Hospital Records

□ Social Services records

□ Post mortem Report

□ General Practitioner records

□ Police Records

□ Health visitor records

□ Other, specify **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**H. DETAILS OF PERSON COMPLETING FORM**

**55. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**56. Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**57. Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**58. Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**59. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**