**UNEXPECTED DEATH OF A CHILD**

**CLINICAL AND SOCIAL INFORMATION**

**THIS PROFORMA SHOULD BE USED TO RECORD MEDICAL INFORMATION IN A/E AND AT LATER CONSULTATIONS WITH PARENTS. A COPY SHOULD BE SENT TO THE PATHOLOGIST , CORONER’S OFFICER AND CHILD DEATH OVERVIEW PANEL CO-ORDINATOR**

**Name of child ……………………………………..... Age …......... Date of birth …………….**

**Address ……………………………………………… Date of death ……………**

**……………………………………………………………**

**GP ……………………………………………..............**

**HISTORY OF RECENT EVENTS – Obtained from ………………………………………………………**

**When and where child found and by whom? When child previously seen alive and by whom?**

**…………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………….**

**…………………………………………………………………………………………………………………….**

**Found prone/supine/on side? ……………………………………………………………………………**

**Sleeping arrangements / bedding ……………………………………………………………………….**

**What happened next** (eg*. Details of* *attempted resuscitation, ambulance / GP called, etc.)*

**……………………………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………………..**

**Infants - Breast / bottle fed ? ………………………… When was the last feed ? ……………**

**Was the last feed taken as usual? \* …………………………………………………………………**

**Any recent concerns or symptoms?** *(feeding, weight loss,, bowels, respiratory, apnoeas, colour change, temperature, sweating, irritability etc.)*

***Use other side if necessary***

Name of Child

**P.M.H.**

**Gestation and birth weight …………………………………………………………………………………..**

**Pregnancy and delivery ………………………………………………………………………………………**

**Neonatal problems …………………………………………………………………………………………….**

**Previous illnesses** *( visits to GP / A&E / Hospital)* **……………………………………………………...**

**………………………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………………..**

**Development………………………………………………………………………………………………………**

**………………………………………………………………………………………………………………………**

**FAMILY HISTORY**

**Mother Age ……………… Occupation ……………………………………………………………**

**Smoker Yes/No**

**Father Age ……………… Occupation ……………………………………………………………..**

**Smoker Yes/No**

**Does anyone smoke in the house? ……………………………………………………………………..**

**Siblings (names, ages, health) ……………………………………………………………………………..**

**……………………………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………………..**

**Any current illnesses in siblings / parents / extended family? ………………………………………**

**……………………………………………………………………………………………………………………..**

**Any history of child deaths or sudden unexpected adult deaths in extended family? (If so draw family tree) ………………………………………………………**

Name of Child

**……………………………………………………………………………………………………………………..**

**Family history of genetic conditions / multiple miscarriages? …………………………………………………………**

**…………………………………………………………………………………………………………………**

*Any information about substance misuse or other social / health issues from primary care or other sources?*

**……………………………………………………………………………………………………………………..**

**……………………………………………………………………………………………………………………..**

**Who was looking after the child in the previous 24 hours? ………………………………………….**

**Is there a social worker? (*details) …………………………………………………………………………***

**…………………………………………………………………………………………………………………….**

**Management at hospital**

**Time child arrived at A & E …**

**Information from ambulance service…………………………………………………………………….**

**……………………………………………………………………………………………………………………**

**Resuscitation attempts** *include details of any puncture marks and interventions on body map and attach copy of resuscitation record*

**……………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………**

**Initial observations**

1. *put any findings on body maps e.g. bruises, abrasions, discoloration,*
2. *note cleanliness, clothing, bedding, vomit, blood etc.*

**……………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………**

**……………………………………………………………………………………………………………………**

**Use other side if necessaryEARLY MEDICAL INVESTIGATIONS**

Take blood from a venous / arterial site if possible eg femoral vein. Cardiac puncture can make PM findings difficult to interpret – please record

Name of Child

**Routine minimum samples to be taken immediately after the sudden unexpected death of all children up to 2 years of age. These have been agreed by the Sussex Coroners.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Taken** | **Sample** | **Send to** | **Handling** | **Test** | **Results** |
|  | **Blood** (Fluoride)  1 ml | Clinical  Biochemistry | Spin, store  plasma at  -20 C | 3 OH butyrate,  sugar, FFA, Lactate |  |
|  | **Blood** cultures –  aerobic and anaerobic 1 ml | Microbiology, locally | If insufficient blood, aerobic only | Culture and  Sensitivity |  |
|  | **Blood** from syringe onto 2 Guthrie cards | Paediatric Clinical Biochemistry lab at St.Thomas’ Hospital | In usual Guthrie envelopes– do not put into plastic bag. | Acyl carnitines and other Inborn errors of metabolism (IEM) |  |
|  | **Blood** 1ml lithium heparin | Paediatric Clinical Biochemistry lab | Spin, store  plasma at  -20 C | Amino acids and other tests for Inborn errors of metabolism  (IEM) |  |
|  | **Blood** EDTA 1 ml | Genetics, Guys | Do not freeze | DNA extraction- ask lab to save |  |
|  | **Blood** (serum) 1– 2 ml (if  Sufficient) | Biochemistry, locally | Spin, store serum at  -20° C | Save for toxicology |  |
|  | **Blood**  1 – 2 ml  Lithium heparin | Cytogenetics, Guys Hospital | Normal – keep unseparated | Chromosomes |  |
|  | **CSF** a few drops  **Consider cisternal tap** | Microbiology locally | Normal | M.C.S. |  |
| Clinical biochemistry  locally | Freeze and save | Inborn errors of metabolism (IEM)  Toxicology |  |
|  | **Urine** if available (obtain by squeezing nappy) | Biochemistry | Spin, store supernatant at -20° C | Organic acids and  Other (IEM) |  |
|  | **Swabs** from any identifiable lesions | Microbiology | Normal | Culture and sensitivity |  |
|  | **Nasopharyngeal aspirate** | Microbiology | Normal | Viral cultures, immunofluorescence, DNA amplification. |  |
|  | **Nose and throat swabs** | Microbiology | Normal | Culture and sensitivity |  |
|  | **Skin biopsy** | Biochemical genetics lab Guy’s | **See below** | Fibroblast culture for IEM / chromosomal abnormalities |  |

**Prioritise cultures and metabolic investigations as delays can comomise or invalidate the results**

Name of Child

**Tick samples taken and record any needle sites on this proforma or on a body map.**

**SKIN BIOPSY for fibroblast culture** should be taken routinely. A full thickness elipse of skin needs to be taken using full aseptic technique, as contamination can interfere with successful fibroblast culture. Put in a sterile container, ideally in tissue culture, or in sterile saline, and keep in the fridge NOT THE FREEZER. Send urgently via the local biochemistry lab toGuy’s Hospital Biochemical Genetics (tissue culture) lab with the request- ‘Please culture and store pending further information. Unexpected child death’

Fatty change in the liver at post mortem is open to interpretation. If this is a finding at post mortem the local paediatrician should take responsibility for reviewing the medical history in liaison with the paediatric pathologist and a consultant in paediatric metabolic disorders.

**Skeletal survey**

A full skeletal survey will be arranged at post mortem. However if there is particular concern that the death of a young child may have unnatural causes, an early full skeletal survey, not a ”babygram”, and an urgent opinion from a specialist radiologist may be appropriate.Abnormal findings may affect the management of any siblings. Individual Coroners have their own arrangements for skeletal surveys.

**CHILDREN DYING UNEXPECTEDLY OVER THE AGE OF 2 YEARS**

*The Sussex Coroners have agreed that a Consultant Paediatrician should consider which of the investigations listed above are indicated on the basis of the medical history and findings and then proceed to taking samples.*

The following guidance about medical investigations in older children has been given by the Departments of Paediatric Histopathology Great Ormond Street and Paediatric Metabolic Medicine Guy’s Hospital :

1. Where there is any possibility of infection, taking samples as soon as possible after death improves the chances of growing a responsible organism. In these circumstances, blood cultures, throat and nose swabs and swabs of any skin lesions should be taken routinely in A/E. CSF should be considered if the medical information suggests that meningitis is a possibility.

2. Although inborn errors of metabolism are rare, unless the cause of death is clearly unnatural full metabolic investigations are indicated as described in the protocol above. Samples should be collected as soon as possible.

3. Consider sending blood or urine for toxicology.This can be done at post mortem

**Request that investigation results come to the Consultant Paediatrician. Notify the pathologist and Coroner.**

**MEMENTOS**

Mementos should be offered routinely. A photograph, lock of hair and hand or foot prints may be taken. If there are any findings ( eg substance, or mark) on the child’s body that might be masked by taking mementos, these areas must be avoided. In exceptional circumstances, in unnatural deaths, if police disagree with taking mementos, notify the Coroner’s officer who will arrange for these to be taken after the post mortem.

Details of mementos taken / offered and declined by family (delete if appropriate):

Name of Child

**Any other information ……………………………………………………………………………………………………………….**

**……………………………………………………………………………………………………………….**

**Information given to parents: …………………………………………………………………………**

**………………………………………………………………………………………………………………..**

**………………………………………………………………………………………………………………..**

**Coroner informed ……………………**

**GP informed ……………………………..**

**Health visitor informed ……………………………**

**Consultant Paediatrician involved/informed ………………………………..**

**Name and designation of professional(s)**

**completing form …………………………………………………………………………………………**

**Date ……………………………………………………**

**A copy of this record should go to the pathologist and Coroner via the Coroner’s officer**