



SUDDEN UNEXPECTED DEATH IN CHILDHOOD (SUDC)

Full History Record

Following confirmation of a SUDC the SUDC Nurse/ SIO/ Designated Doctor/ Named Doctor/ Consultant on Call/ will begin to complete the relevant sections of the following document

The history record must be used as guidance to collate as much information as possible.

Please also read the **SUDC Protocol** for further information.

Child's Name: _____

Date of Birth: _____

Date of Death: _____

NHS No: _____

Address: _____

Child's NHS number:

Professional/s completing this SUDC history record should complete the table below:

Printed Name, Designation	Contact Details	Signature	Date
Name: Designation:	Phone No: Email:		
Name: Designation:	Phone No: Email:		
Name: Designation:	Phone No: Email:		
Name: Designation:	Phone No: Email:		

The SIO / DI should collate the following as available:

- G72
- STORM Incident Log
- Ambulance Record
- Previous information and family members from SLEUTH
- Relevant PNC information
- Accident and Emergency records (if available)

Police Officers / SIO / FLO	
Name:	Tel:
.....

Child's NHS number:

1. Parents/ Carers Details

	Mother	Father	Other adult
Name			
DOB			
Occupation			
Significant medical problems <i>(including mental health problems)</i>			
Domestic violence			
Smoking			
Alcohol <i>(amount, type & time last taken)</i>			
Prescription drugs / other drugs <i>(name & time last taken)</i>			
Feelings about the pregnancy and reaction to the baby if appropriate			

2. Siblings/ Other Children in the Family

Names:	Educational Setting:	Sex:	Date of Birth:	Residential address and carer (if different to mother):
1			___/___/___	
2			___/___/___	
3			___/___/___	
4			___/___/___	
5			___/___/___	
6			___/___/___	

Child's NHS number:

3. Details of Death

Place of death: Home address as above / another location (specify) / Hospital (specify)	
Date and Time found:	Date and Time arrived in ED and accompanied by:
Resuscitation carried out? Where? At scene of death / Ambulance / A&E By whom: Carers / GP / Ambulance Crew / Hospital Staff / Others (specify)	
Confirmation of death:	
Date:	Time:
Location:	By whom?

4. Examination of body

Body Photographed - YES / NO	LOCATION:		
Body Examined - YES / NO (Please use body chart / map if body not examined and injuries noted in A&E)	LOCATION:		
BY WHOM:			
Name:.....	Sig:.....	Date:.....	Time:.....
Name:.....	Sig:.....	Date:.....	Time:.....
Name:.....	Sig:.....	Date:.....	Time:.....
Observe and measure any visible bruises, lacerations or signs of injury, including sites of medical intervention (list and map on body chart on the next page).			
General Appearance (include clothing):			
Rectal Temperature (if applicable):			
State of nutrition:			

Child's NHS number:

Cleanliness:

Visible signs of injury/bleeding:

Ophthalmic:

E.N.T:

Mouth:

Skull/Scalp:

Spine:

Chest:

Abdomen:

Genitalia:

Upper Limbs:

Lower Limbs:

Child's NHS number:

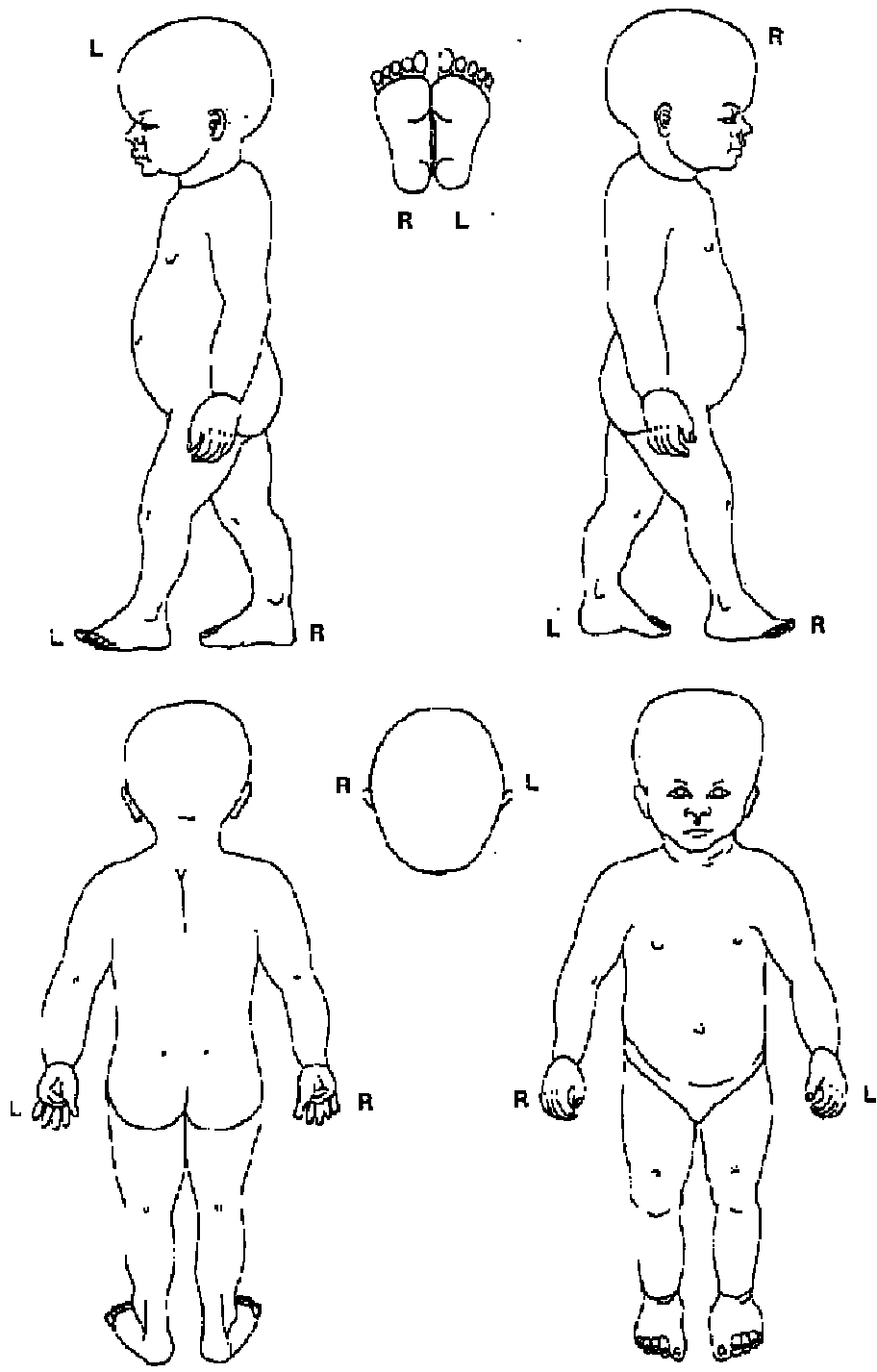
Samples taken (if any)

Blood Culture:	yes/no
Urine Culture:	yes/no
Blood Chemistry: U&E Glucose LFT's	yes/no
Haematology : FBC Blood Group Clotting screen	
Other(specify):	
Drug Assay: (for alcohol, Opiates, Benzodiazepines, Salicylates, Paracetamol) Blood (5 ml clotted blood) Urine	
Radiological Examination (as appropriate):	yes/no

Additional Information:

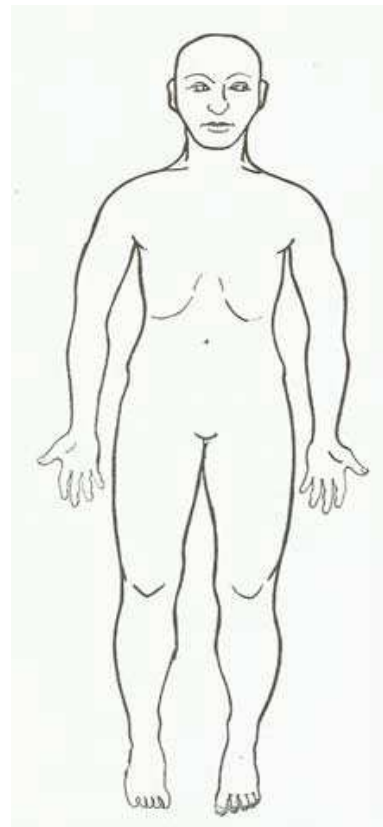
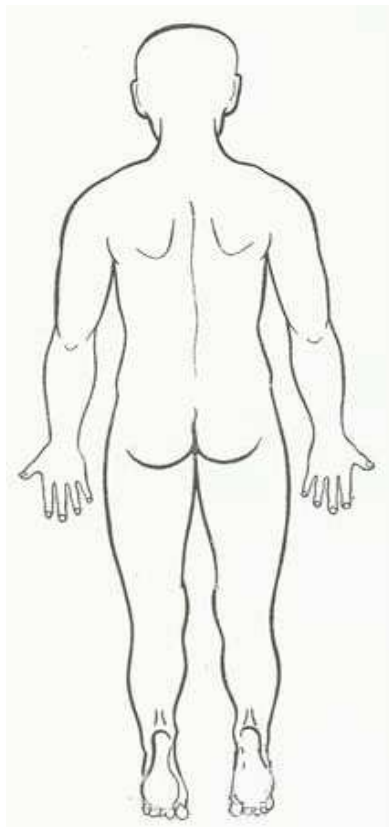
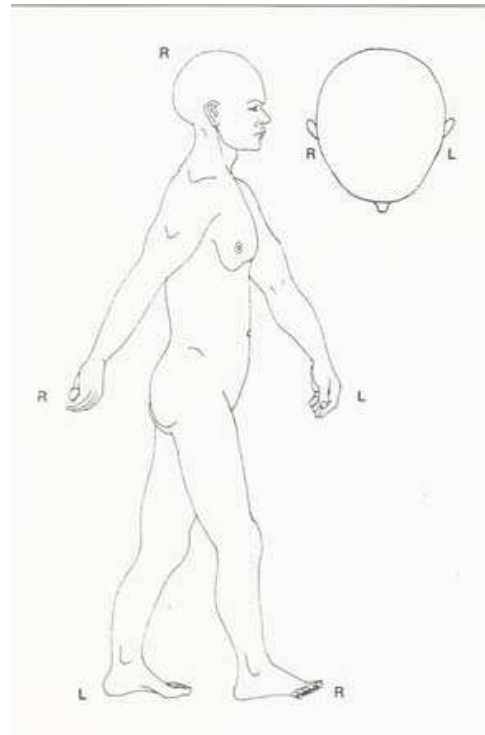
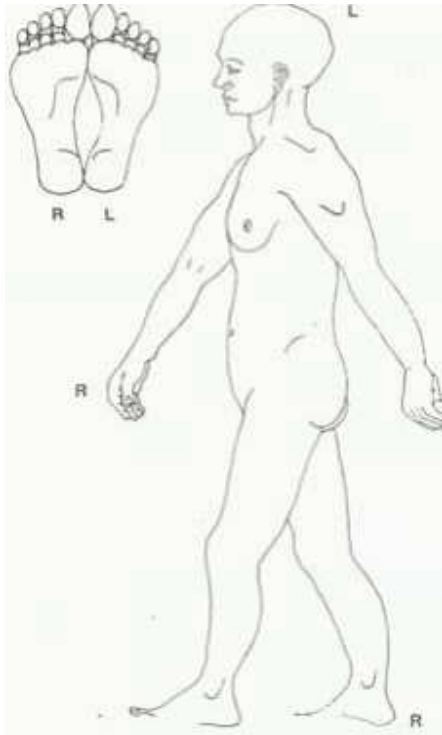
Child's NHS number:

Examination (continued)



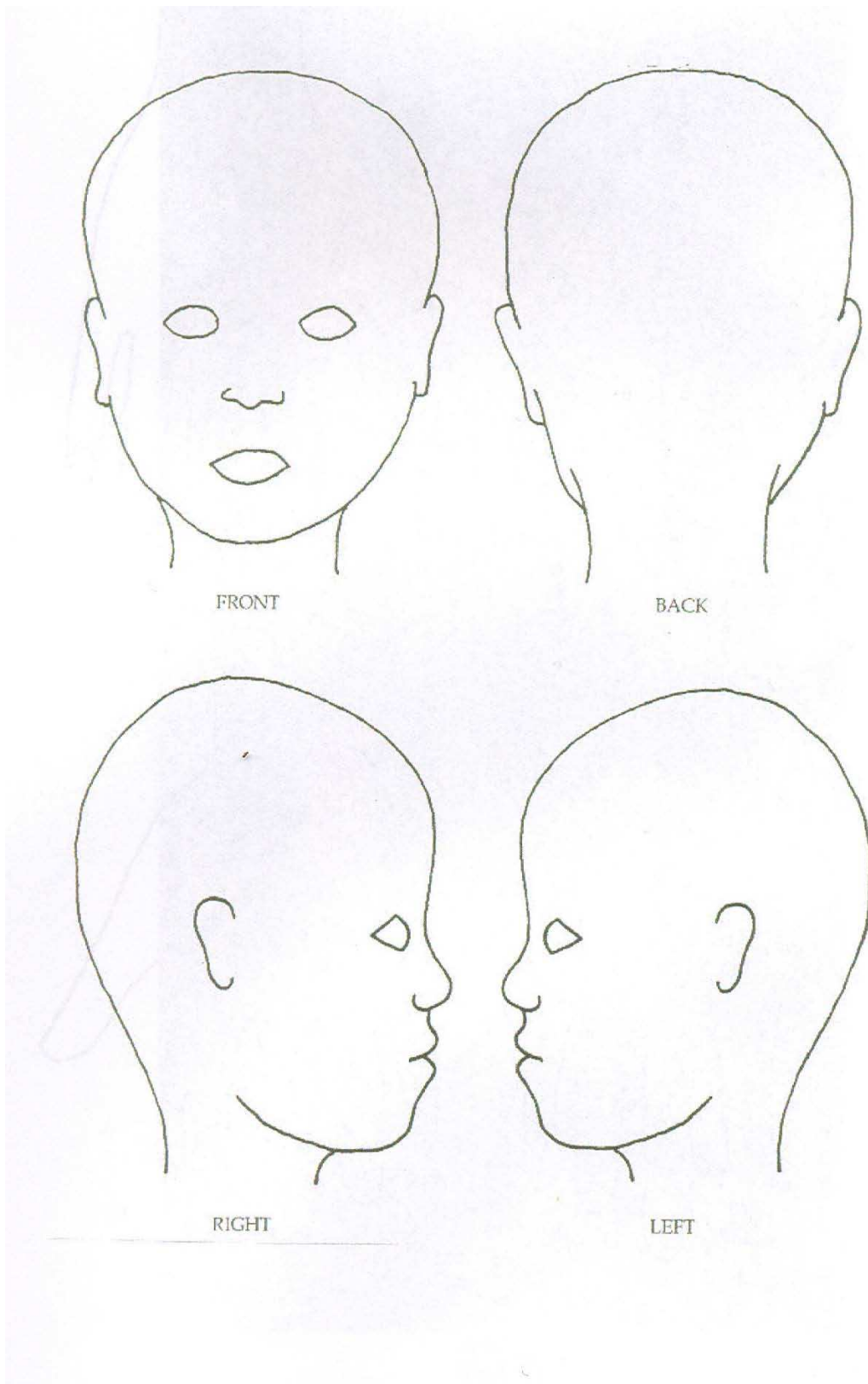
Child's NHS number:

Examination (continued)



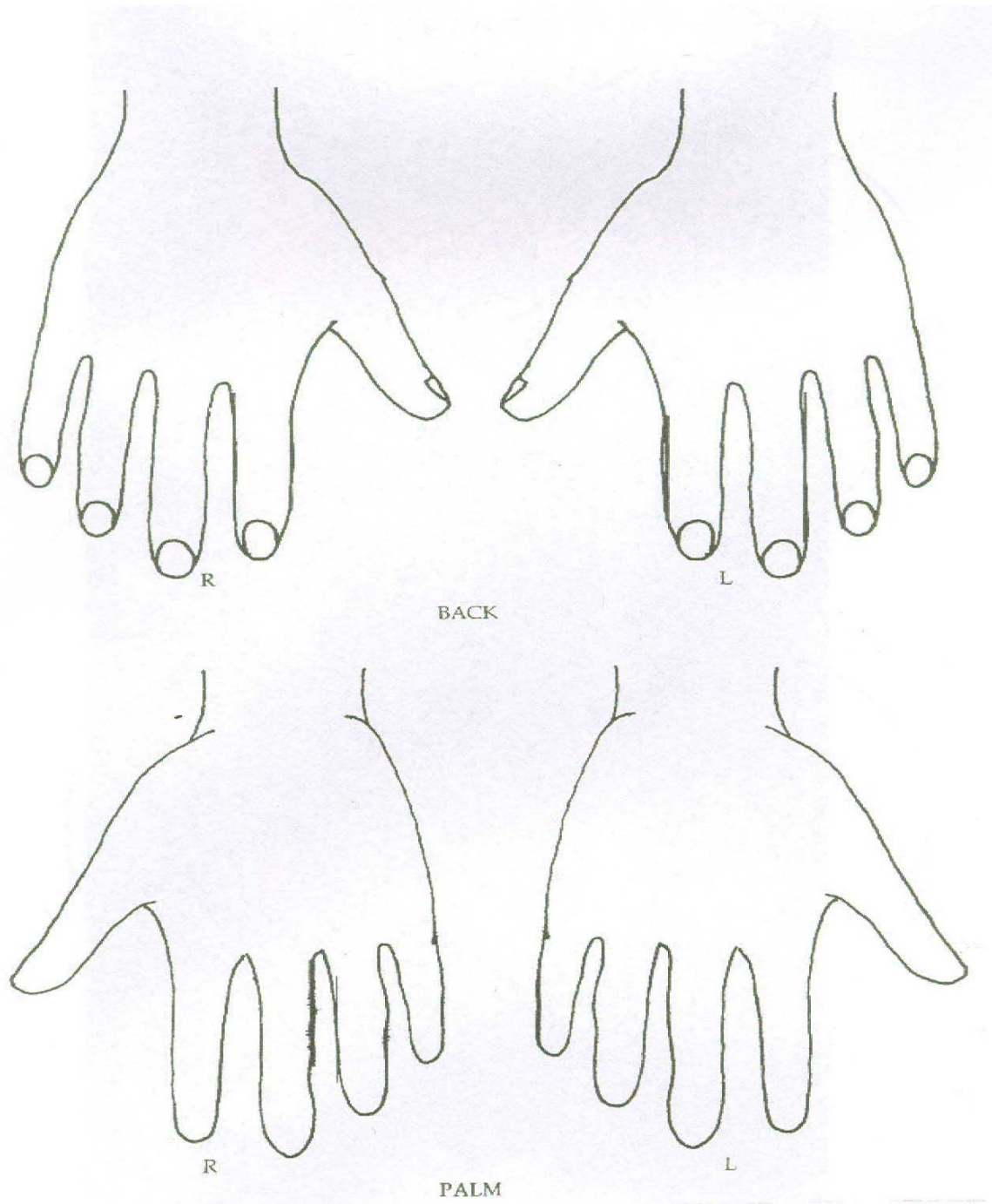
Child's NHS number:

Examination (continued)



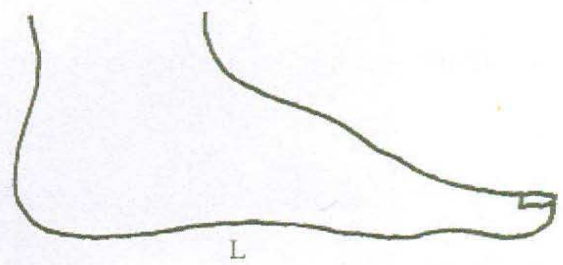
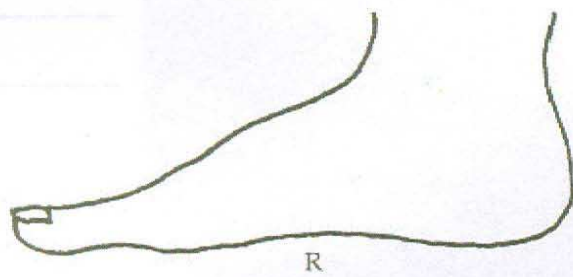
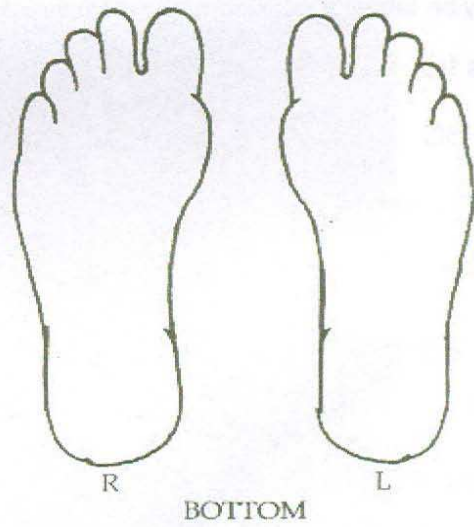
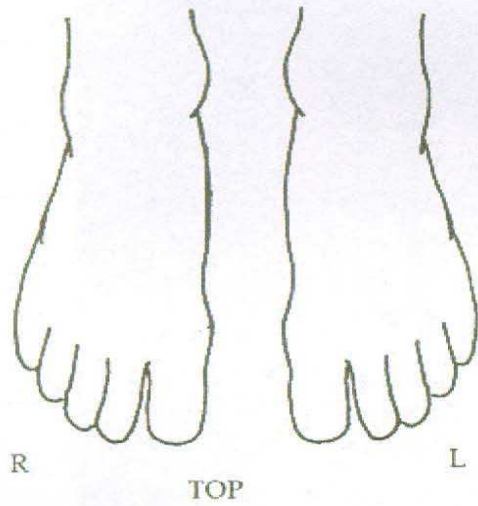
Child's NHS number:

Examination (continued)

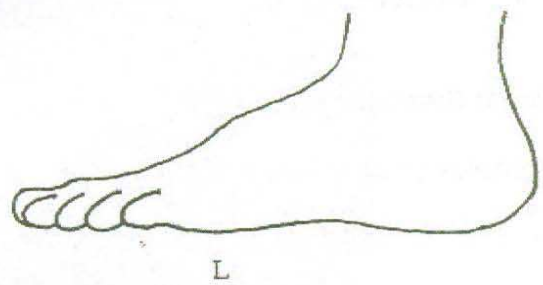
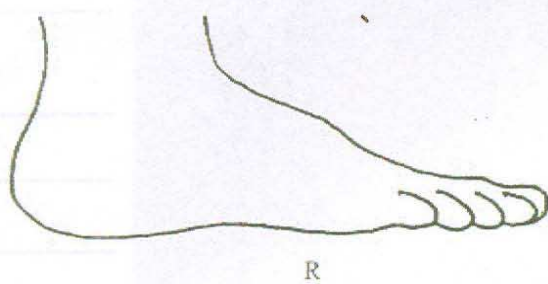


Child's NHS number:

Examination (continued)



INNER



OUTER

Child's NHS number:

SCENE SKETCH PLAN (not to scale)
Scene Photographed - YES / NO
Scene Video Recorded - YES / NO

Child's NHS number:

5. History

History given by: Mother Father Carer Other (specify)

Name: _____

Others present: _____

Address & Postcode:

Date of Birth:

Birth weight:

Place of Birth:

Ethnic Group:

Sex: M / F

Religion:

Twin? Y / N

HISTORY OF EVENT (including account preceding event and any relevant circumstances / illness / injury):

Child's NHS number:

History of event cont.....

Past History

Consider: birth history (for under 1 year old), developmental progress, ED attendances, hospital attendances, any allergies, medications, immunisations and relevant family history)

Child's NHS number:

6. Multi Agency Discussions

CDOP informed: YES / NO

CDOP Leaflet Given:
YES / NO

Social Care informed: YES / NO

Name:

Role:

Are family currently involved with CSC? YES / NO (provide any details if yes)

Name of allocated worker:

Contact Details:

Chronology of involvement:

Safeguarding Team informed: YES / NO

Name:

Role:

Address:

Tel:

Comments:

Child's NHS number:

Specialist Services

Are the child/ family involved with any other Services? YES / NO (If yes please list below, e.g. drug and alcohol services, child sexual exploitation, CAMHS, therapists etc)

Name:

Date last seen:

Contact Details:

Reason:

Name:

Date last seen:

Contact Details:

Reason:

Name:

Date last seen:

Contact Details:

Reason:

Name:

Date last seen:

Contact Details:

Reason:

Name:

Date last seen:

Contact Details:

Reason:

Child's NHS number:

GP informed: YES / NO

Name:

Address:

Tel:

Comments:

Midwife informed: *(as appropriate)* YES / NO

Name:

Address:

Tel:

Comments:

Child's NHS number:

Health Visitor informed: *(as appropriate)* YES / NO

Name:

Address:

Tel:

Comments:

Nursery / School / College attended:

Tel:

Name:

Role:

Comments:

Child's NHS number:

School Nurse informed: *(as appropriate)* YES / NO

Name:

Address:

Tel:

Comments:

Paediatric Consultant informed: YES / NO

Name:

Tel:

Comments:

Coroner:

Tel:

Coroner's Officer:

Tel:

Child's NHS number:

7. Post Mortem Examination

Home Office Pathologist: YES / NO Paediatric Pathologist: YES / NO

Notes:

Pathologist Details (Name and Contact Details) :

Date of PM: Time of PM:

Initial PM Findings:

Final PM Report Date: Attached: YES / NO Filed: YES / NO

Home Visit to discuss PM Findings: YES / NO Date:

Attendance:

Comments:

Child's NHS number:

8. Multi Agency Discussions

	AGENCIES INVOLVED	DATE	SIGNATURE
Initial Discussion			
Discussion following PM			
ECDM			

CONTACT LIST FOR END OF CASE DISCUSSIONS	
Name of professional:	Contact Details:
Name of professional:	Contact Details:
Name of professional:	Contact Details:
Name of professional:	Contact Details:
Name of professional:	Contact Details:
Name of professional:	Contact Details:
Name of professional:	Contact Details:
Name of professional:	Contact Details:

Child's NHS number:

NOTES			
Date & Time		Agreed Action	Signature

Child's NHS number:

Date & Time		Agreed Action	Signature

Child's NHS number:

Date & Time		Agreed Action	Signature

