

MEDICAL INTERVENTIONAL EQUIPMENT RECORD SHEET



Insert addressograph label, or:
 Pt Name:
 Pt Address:
 CHI No:
 OR DOB/UHPI:

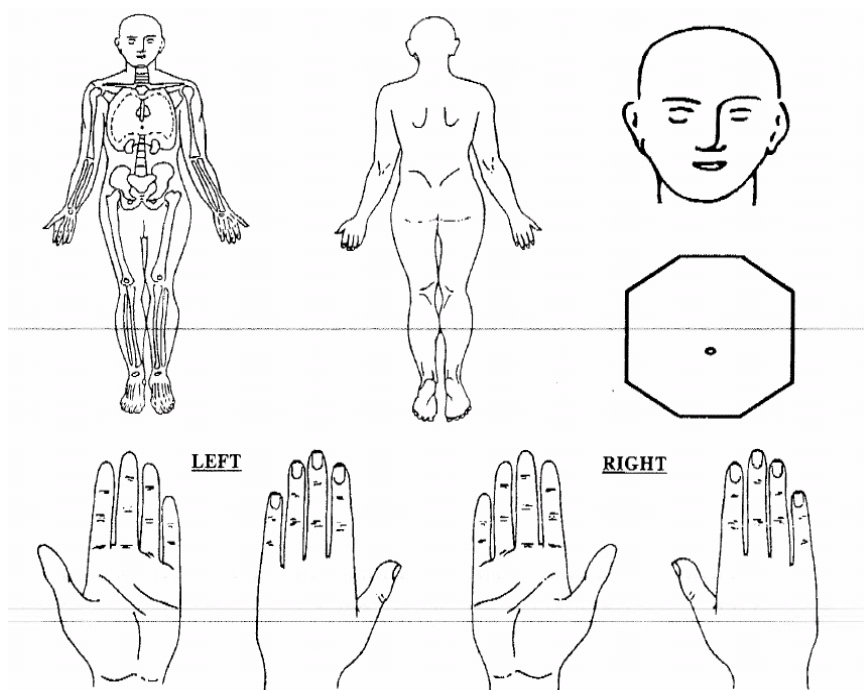
Hospital..... Ward.....

Consultant.....

TO BE COMPLETED FOR SUSPICIOUS DEATHS REFERRED TO THE PROCURATOR FISCAL

Medical interventional equipment should be removed prior to transfer of the body to the mortuary. Where an endotracheal tube is *in situ*, a consultant is required to examine and verify that the tube is correctly positioned prior to it being removed.

Please use the body map and space below to clearly and accurately record the sites of insertion (or attempted insertion) of medical interventional equipment.



Comments:

Signature:

Name:

Date: