

<b>Children's Services Sudden Unexpected Death in Children (SUDiC) Proforma</b>	Addressograph, or
	Name:
	DOB: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Unit No./CHI
Ethnicity:	
<b>To be completed by either the Paediatrician or ED Consultant, or under their supervision.</b> Only sections in <b>BOLD</b> are required to be completed	
<b>ED/IP Consultant:</b>	<b>Consultant responsible for follow-up:</b>
<b>Date of death:</b> /    /	<b>Time death confirmed (24hr clock):</b> : (If declared dead by SAS use this time)
<b>Death confirmed by:</b>	<b>Job title:</b>

Parent/Carer details	Parent/Carer details
<b>Surname:</b>	<b>Surname:</b>
<b>First name (s):</b>	<b>First name (s):</b>
<b>Age</b> <b>Date of Birth:</b>	<b>Age:</b> <b>Date of Birth:</b>
<b>Address:</b>	<b>Address:</b>
<b>Telephone number:</b>	<b>Telephone number:</b>
<b>Relationship to child:</b>	<b>Relationship to child:</b>

Sibling's details	Sibling's details
<b>Surname:</b> <b>First name (s):</b> <b>Age</b> <b>Date of Birth:</b> <b>Address:</b>	<b>Surname:</b> <b>First name (s):</b> <b>Age:</b> <b>Date of Birth:</b> <b>Address:</b>
<b>Surname:</b> <b>First name (s):</b> <b>Age</b> <b>Date of Birth:</b> <b>Address:</b>	<b>Surname:</b> <b>First name (s):</b> <b>Age:</b> <b>Date of Birth:</b> <b>Address:</b>

Primary History (obtained from police/other professionals in attendance e.g. paramedics, nurses)	
Details of where the child was found	
Time found (24hr clock)  :	Observation(s) when found:
Address:	
Who by?	Who else was present?
Action taken:	
Response to action:	



<b>Secondary History</b> (obtained from parent(s)/carer (s))
<b>Events leading up to death</b>
<b>Previous Medical History</b>
Details of last contact with healthcare:

<b>Allergies</b>	<b>Drug History/Medications</b>		
	Name	Dose	Frequency
<b>Immunisations</b>			
<b>Vaccinations up to date?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Known vaccinations missed:</b>			





## Examination (IN THE PRESENCE OF THE POLICE)

**General subjective impression of nutrition and general care:**

**Rigor mortis:**

- Presence
- Pattern

**Livedo:**

- Presence
- Pattern

**Skin temperature** (inc part of the body where taken from):

**Vomit:**

**Secretions from mouth:**

**Secretions from nose:**

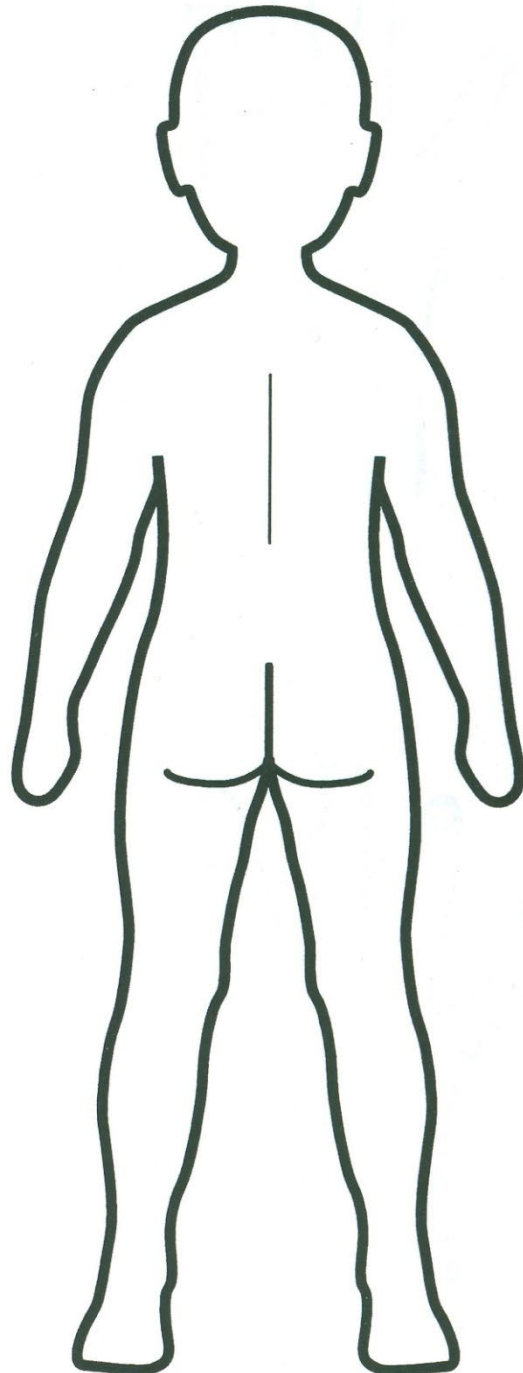
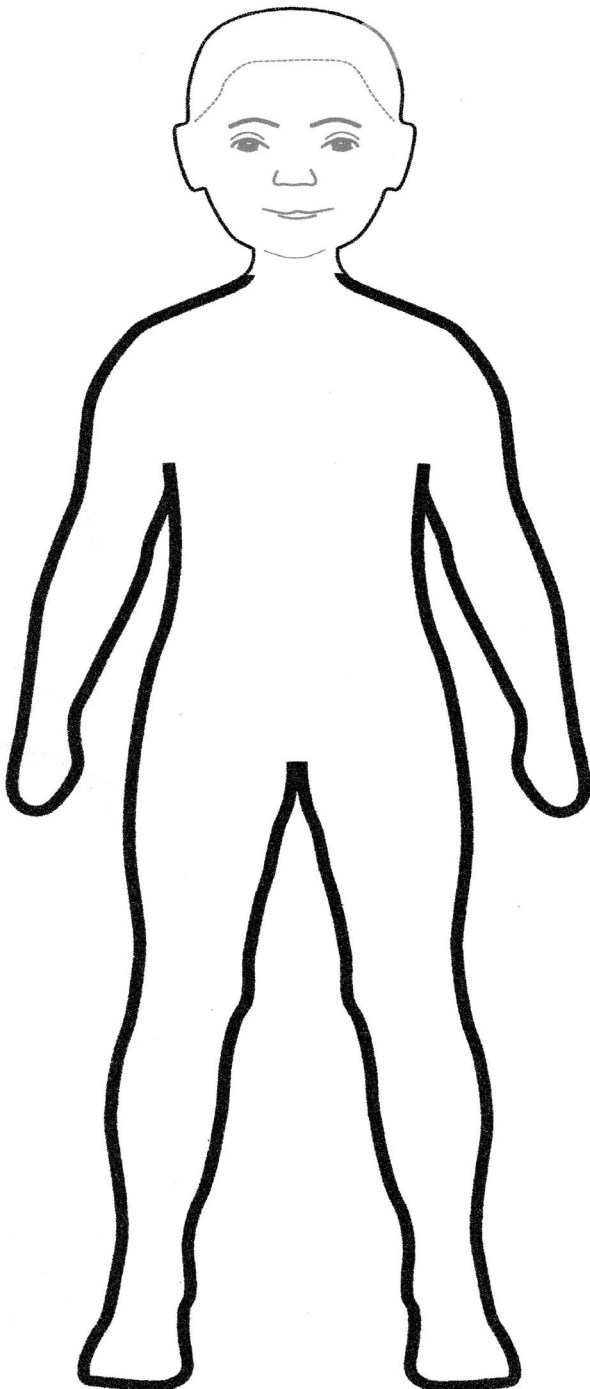
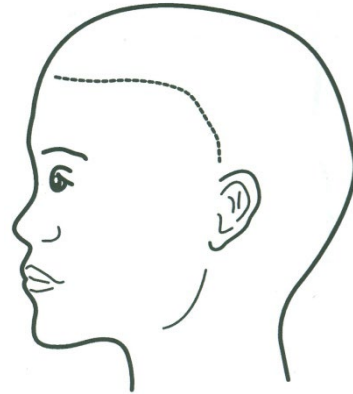
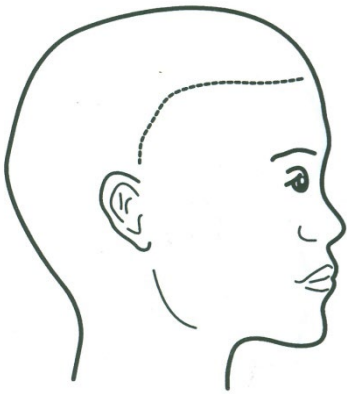
**Skin:**

- Colour
- Rash
- Jaundice

**Bruising**

**Lacerations**

**Any injuries? YES  NO  If Yes, please record on body diagrams on next page**





## Discussion with parent/s or carer/s

- Need for Police involvement.

Police will note statements from health staff to include any account given to them by parents/carers.

- Need for Procurator Fiscal involvement
- Need for post-mortem examination within the next week
- Link paediatric consultant for follow up/communications
- Nominated healthcare link – community midwife/health visitor/other
- SUDI review/Child Death review

**Any other observations/comments:**