	Addressograph, or Name:		
Children's Services Sudden Unexpected Death in Children (SUDiC) Proforma	DOB: DOB: DOB: DOB: DOB: DOB: DOB: DOB:		
To be completed by either the Paediatrician	or ED Consultant, or under their supervision.		
Only sections in <b>BOLD</b> are required to be completed			
ED/IP Consultant:	Consultant responsible for follow-up:		
Date of death: / /	Time death confirmed (24hr clock): : (If declared dead by SAS use this time)		
Death confirmed by:	Job title:		

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

NHS

Lothian



Sibling's details	Sibling's details
Surname:	Surname:
First name (s):	First name (s):
Age Date of Birth:	Age: Date of Birth:
Address:	Address:
Surname:	Surname:
First name (s):	First name (s):
Age Date of Birth:	Age: Date of Birth:
Address:	Address:

<b>Primary History</b> (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:			



# Action taken by paramedics/nurses

Emergency Services/ 2222 call time:

Emergency Services/ 2222 arrival time:

Action during transport:

Please attach Ambulance sheet

Infant Deaths	
Time last seen alive (24hr clock):	Position put down for last sleep:
: By whom:	Position found:
Room infant found in:	Dummy used? YES 🗆 NO 🗆
Place of sleep:	Used on day/night of death $\ \square$
If co-sleeping:	Presence of body fluids at nose/mouth when found? YES I NO I
adult bed 🗆 or sofa 🗆	Last feed:
with whom:	Time
between parents □ or on outside edge □	Туре
Bedding used:	Volume (mls)
Clothing used:	With whom



Drug History/Medications

Allergies	Drug History/Medications		
	Name	Dose	Frequency
Immunisations			
Vaccinations up to date? YES D NO D			

Any previous history of SUDiC or sudden death? YES  $\Box$  NO  $\Box$  If Yes, please specify:

Obstetric History			
Maternal health during pregnancy:		Where born:	
		Delivery type:	
Prescribed medication(s):		Gestational age:	
		Birth weight:	
		Resuscitation at birth? YES $\Box$ NO $\Box$	
Maternal smoking in pregnancy:	/day	If yes give details:	
Maternal alcohol in pregnancy:	U/week	Other special care required after birth:	
Other substance use:			



Social History				
Number of adults in household:	Relation to child:	Relation to child:		
Number of children in household	d: Age(s): Relation	to child:		
Do any members of household smoke? YES  NO  If yes, how many per day?:				
Mother's alcohol intake U/week	Father's alcohol intake U/week	Other carer's alcohol intake U/week		
Illicit drug use in household? YI	ES 🗆 NO 🗆 If yes, details:	·		

Resuscitation
Please include all interventions or procedures carried out, whether successful or not:



# **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:

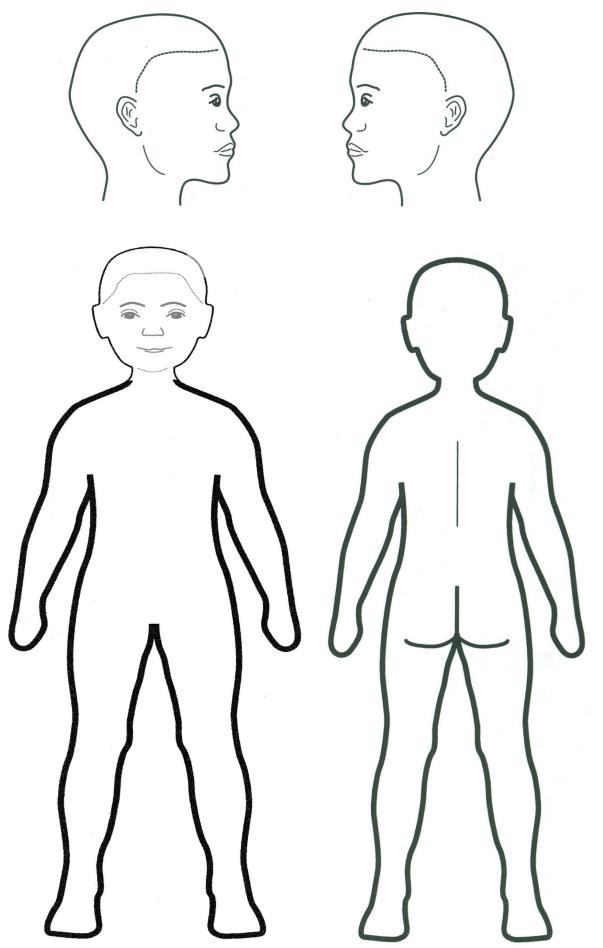
- Colour
- Rash
- Jaundice

Bruising

# Lacerations

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





		NHS
		Lothia
Disc	ussion with parent/s or carer/s	
	Need for Police involvement.	
	e will note statements from health staff to include any account given to them by nts/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	