This form is used in the child death review process to gather detailed information about children who die as the result of poisoning. Its primary purpose is to enable CDOP to review all children's deaths in this category in their area in order to understand patterns and factors contributing to children's deaths. Please complete those questions on which you hold information. If you do not have information for a particular item, please tick “Not known”.

Information on this form will be shared with other professionals for the purposes of the child death review process. All professionals are entitled to share this information without contravening laws on data protection. All information gathered will be stored securely and statutory safeguards (s251) are in place to allow the legal transfer, storage, analysis of identifiable data.

**Identifying details** **- to be removed for the purposes of anonymisation prior to discussion at the CDOP:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of birth  (dd/mm/yyyy) | / / |
| URN |  | Date and time of death | Date: / /  Time: **:** (24hr) |
| Postcode |  | | |

|  |  |
| --- | --- |
| What was the type of substance involved? *(Tick* ***ALL*** *that apply)* | ☐ Anti-depressant  ☐ Blood pressure medication  ☐ Pain killer (opiate)  ☐ Pain killer (non-opiate)  ☐ Methadone  ☐ Cardiac medication  ☐ Diet pills  ☐ Stimulants  ☐ Cough medicine  ☐ Children’s vitamins  ☐ Iron supplement  ☐ Other vitamins  ☐ Cosmetics / personal care products  ☐ Bleach  ☐ Drain cleaner  ☐ Alkaline based cleaner  ☐ Solvent  ☐ Plants  ☐ Alcohol  ☐ Illegal street drugs  ☐ New Psychoactive Substance (NPS)  ☐ Pesticide  ☐ Anti-freeze  ☐ Herbal remedy  ☐ Carbon monoxide  ☐ Other *(please specify)*  ☐ Unknown |
| Where was the substance stored? | ☐ Open area  ☐ Open cabinet  ☐ Closed cabinet (unlocked)  ☐ Closed cabinet (locked)  ☐ Other *(please specify)* |
| Was the product in its original container? | ☐ Yes  ☐ No  ☐ Not known |
| Did the container have a child safety cap? | ☐ Yes  ☐ No  ☐ Not known |
| What was the incident the result of? | ☐ Accidental overdose  ☐ Medical treatment error  ☐ Adverse effect but not overdose  ☐ Deliberate poisoning *(please also complete the*  ***Violent or Maltreatment Related***  ***Deaths*** *Supplementary Reporting Form)*  ☐ Acute intoxication  ☐ Other *(please specify)* |
| Were toxbase/toxicologists consulted? | ☐ Yes  ☐ No  ☐ Not known |
| For carbon monoxide poisoning, was a carbon monoxide detector present? | ☐ Not present  ☐ Present and functioning  ☐ Present but not functioning  ☐ Not known |
| For carbon monoxide poisoning, what was the highest measured carboxyhaemoglobin value after poisoning (before/after death)? |  |