This form is used in the child death review process to gather detailed information about children who die suddenly and unexpectedly. 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 |  |

|  |  |
| --- | --- |
| Was this child under 5 years old at the time of death? | ☐ Yes☐ No |
| Which sub-category does this child’s death fall into? Please choose from the following options: | ☐ Explained (categorised)☐ Unexplained:☐ SIDS - Sudden Infant Death Syndrome☐ SUDIC - Sudden Unexplained Death in Childhood☐ Unascertained☐ Other *(please specify)* |
| **Section A: Predisposing Risk Factors** |
| Was this child from a twin, triplet or higher order birth? | ☐ Yes☐ No |
| Had this child experienced a previous life-threatening event? | ☐ Yes☐ No☐ Not known |
| If **yes**, did this result in the child being seen in A&E or in hospital admission? | ☐ Yes☐ No☐ Not known |
| Was the child under medical or health visitor attention for poor growth? | ☐ Yes☐ No☐ Not known |
| Was the child breast fed for more than 1 day? | ☐ Yes☐ No☐ Not known☐ Not applicable as child <1 day old |
| Was the child still breastfeeding at the time of death? | ☐ Yes☐ No☐ Not known☐ Not applicable |
| Did the child regularly use a pacifier (dummy)? | ☐ Yes☐ No☐ Not known☐ Not applicable |
| Did the child use a pacifier (dummy) during the final sleep? | ☐ Yes☐ No☐ Not known☐ Not applicable |
| Has this child experienced any convulsions (including febrile convulsions)? | ☐ Yes☐ No☐ Not known |
| Has there been a previous unexpected infant or child death in a first or second degree relative (i.e. parent, sibling, grandparent, aunt, uncle or cousin)? | ☐ Yes☐ No☐ Not known |
| Has there been an apparent life-threatening event in a first or second degree relative? | ☐ Yes☐ No☐ Not known |
| Is there a history in the immediate family of convulsions of any type (including febrile convulsions)? | ☐ Yes *(please specify)*☐ No☐ Not known |
| **Section B: Circumstances of Death** |
| Had any signs of illness been identified in the baby/child in the last 24 hours by the family, carers or professionals? | ☐ Yes *(please specify)*☐ No☐ Not known |
| How much time elapsed between the time when the baby/child was last seen / heard alive and being found dead?  | ☐ None, child observed at time of death☐ 10 minutes☐ 10 minutes to <1 hour☐ 1 to <2 hours☐ 2 to <4 hours☐ 4 to <6 hours☐ 6+ hours☐ Not known |
| What time of day was the child found dead? | ☐ 24.00 to <06.00☐ 06.00 to <12.00☐ 12.00 to <18.00☐ 18.00 to <24.00☐ Not known |
| Was there any blood or blood-stained fluid noted on or around the face? | ☐ Yes *(please specify)*☐ No☐ Not known |
| Was the child found dead during or just after a sleep? | ☐ Yes *(please go to questions* ***Child*** ***found dead during or just after a sleep****)*☐ No *(please go to questions* ***All sudden***  ***unexpected deaths****)*☐ Not known *(please go to questions* ***All sudden***  ***unexpected deaths****)* |
| **Child found dead during or just after a sleep** |
| Did the carer consider this to be a day-time or night-time sleep? | ☐ Day-time sleep☐ Night-time sleep☐ Not known |
| If asleep, what position was the child in at the beginning of the sleep period?  | ☐ Prone (front)☐ Supine (back)☐ Side☐ Other☐ Not known |
| Is this the usual position the child would be placed for sleep? | ☐ Yes☐ No☐ Not known |
| When found, what position was the child in? | ☐ Prone (front)☐ Supine (back)☐ Side☐ Other☐ Not known |
| Is this the usual position the child would be found after sleep? | ☐ Yes☐ No☐ Not known |
| What was the child sleeping / lying on? | ☐ Cot, crib, carry cot, Moses basket☐ Car seat☐ Baby (cardboard) box☐ 3-sided baby bed attached to adult bed☐ Adult bed (alone) – please select: ☐ Single bed ☐ Double bed ☐ Queen size bed ☐ King size bed ☐ Other ☐ Not known☐ Adult bed (with another person(s)) – please select: ☐ Single bed ☐ Double bed ☐ Queen size bed ☐ King size bed ☐ Other ☐ Not known☐ Sofa (alone)☐ Sofa (with another person(s))☐ Floor☐ Travel cot – if yes, had any additional pillows or mattresses been added beyond the items provided by the manufacturer? ☐ Yes *(please give details)* ☐ No ☐ Not known ☐ Pod or nest – if yes, where was the pod or nest placed? ☐ In a cot ☐ On an adult bed ☐ On a sofa ☐ On the floor ☐ Other *(please specify)* ☐ Not known☐ Bouncy/baby chair☐ Buggy/pushchair☐ Pram☐ Sling or baby carrier☐ Other sleep environment, e.g. electronic settling device / play gym *(please specify and give the* *name and brand of the device if known)*☐ Not known |
| ***If in a car seat***, where was the car seat at the time of collapse? | ☐ In a vehicle☐ On the floor☐ On a sofa/chair☐ On a bed☐ Other *(please specify where)*☐ Not known☐ Not applicable |
| ***If in a car seat***, how long had the child been in the car seat before death? | ☐ Under 10 minutes☐ 10 to <30 minutes☐ 30 minutes to 1 hour☐ Over 1 hour☐ Not applicable |
| ***If in a car seat***, was the car seat in its fully-reclined position? | ☐ Yes☐ No☐ Not known☐ Not applicable |
| Was the child restrained (e.g. with straps in a pushchair) at the time of the final sleep? | ☐ Yes☐ No☐ Not known |
| Was the baby swaddled at the time of the final sleep? | ☐ Yes☐ No☐ Not known |
| If **yes**, how was the baby was swaddled? (If using a swaddling device, state the brand name and model if known) |  |
| Was the baby wearing a hat at the time of the final sleep? | ☐ Yes☐ No☐ Not known |
| Were there any concerns about overheating, e.g. many layers of clothing or high ambient temperature? | ☐ Yes *(please specify)*☐ No☐ Not known |
| Were any of the following present in the cot at the time of the final sleep? *(Tick* ***ALL*** *that apply)* | ☐ Cot bumper☐ Toys☐ Pillow(s)☐ Other *(please specify)*☐ Not applicable |
| Was there a change in normal routine at the time of death? | ☐ Yes – please specify: ☐ Holiday ☐ Party/Night Out/Event ☐ House move ☐ Parent or infant sleep disrupted ☐ Other *(please specify)*☐ No☐ Not known |
| Were any of the carers sleeping in the same room as the baby? | ☐ Yes☐ No☐ Not known |
| Was the sleeping place thought by those conducting the scene examination to be hazardous? If so, please specify in what way the environment was thought to be hazardous:  | ☐ Yes *(please specify)*☐ No☐ Not known |
| ***For infants only***: Was a sleep positioning device being used? (a sleep positioning device is something designed to hold the baby in a particular position, e.g. a foam wedge or device with straps) | ☐ Yes *(please give details including the brand / name* *of any device used if known)*☐ No☐ Not known |
| If sharing a sleeping surface with another person, who was that person? *(Tick* ***ALL*** *that apply)* | ☐ Mother☐ Father☐ Partner☐ Sibling(s)☐ Other *(please specify)*☐ Not known☐ Not applicable |
| If sharing a sleeping surface with more than one person, where was the child placed? | ☐ Sleeping between two people☐ Sleeping at the side of one person only☐ Other *(please specify)*☐ Not known |
| If sharing a sleeping surface with another person, was it planned or unplanned? | ☐ Planned☐ Unplanned☐ Not known |
| If sharing a sleeping surface with another person or people, had anyone sharing the sleep surface taken the following in the past 8 hours prior to sleep: | ☐ Alcohol ☐ Cannabis☐ Sedative drugs (prescribed or not)☐ Opiates☐ Other prescribed drugs *(please specify)*☐ Other illicit drugs / substances *(please specify)* |
| If sharing a sleeping surface with another person, was there any evidence of overlaying? | ☐ Yes *(please specify what this evidence was)*☐ No☐ Not known |
| **All sudden unexpected deaths** |
| How long after initial presentation to medical attention was the child declared dead? | ☐ <1 hour☐ 1 to <2 hours☐ 2 to <6 hours☐ 6 to 24 hours☐ >24 hours☐ Not known |
| What samples / investigations were taken at time of presentation / resuscitation or after death, but before transfer to the site of the post-mortem? *(Tick* ***ALL*** *that apply)* | ☐ Blood culture☐ CSF☐ Blood for metabolic investigations☐ Blood for toxicology☐ Skin biopsy for fibroblast culture☐ X-ray skeletal survey☐ Other *(please specify)* |
| Was an initial multi-agency discussion meeting held (telephone or face to face) in the first 24 hours after death? | ☐ Yes☐ No☐ Not known |
| Was a home/scene visit carried out by professionals after the death? *(Tick* ***ALL*** *that apply)* | ☐ Yes: Joint agency *(please specify which agencies*  *involved)*☐ Yes: Single agency – police☐ Yes: Single agency – health☐ Yes: Single agency – other *(please specify)*☐ No☐ Not known |
| How long after death was the home/scene visit carried out? | ☐ <4 hours☐ 4 to <12 hours☐ 12 to <24 hours☐ 24 to <48 hours☐ 48 to 72 hours☐ >72 hours☐ Not known☐ Not applicable |
| Were parents/carers present for home/scene visit? | ☐ Yes☐ No☐ Not known☐ Not applicable |
| Who conducted the post mortem examination? *(Tick* ***ALL*** *that apply)* | ☐ Specialist paediatric pathologist☐ Adult pathologist☐ Forensic pathologist☐ Other *(please specify)* |
| What was the cause of death as given by the pathologist? | Ia:Ib:Ic:II: |
| Were there any significant additional pathological findings noted by the pathologist? | ☐ Yes *(please specify)*☐ No☐ Not known |
| **Section C: Final Case Review** |
| Was the post mortem report available to this meeting? | ☐ Yes☐ No  |
| ***For unexpected deaths in infants or young children (aged up to 5 years) only***: Was the Avon Clinico-Pathological Classification Scheme used? If so, please complete the following form: | ☐ Not used☐ Used *(please complete the following form)* |

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| **Avon Clinico-Pathological Classification System** |
| **Classification →** | **0** | **IA** | **IB** | **IIA** | **IIB** | **III** |
| **Criteria ↓** | Criteria not collected | No factors identified | Notable factors | Possible contributory | Probable contributory | Explained |
| **History** |
| Social |  |  |  |  |  |  |
| Child medical  |  |  |  |  |  |  |
| Family medical |  |  |  |  |  |  |
| Abuse/neglect |  |  |  |  |  |  |
| Final events or circumstances |  |  |  |  |  |  |
| **Death-Scene Examination** |
| Observation |  |  |  |  |  |  |
| Interview |  |  |  |  |  |  |
| Pathology |
| Radiology |  |  |  |  |  |  |
| Toxicology |  |  |  |  |  |  |
| Micro/Virology |  |  |  |  |  |  |
| Gross pathology |  |  |  |  |  |  |
| Histology |  |  |  |  |  |  |
| Biochemistry |  |  |  |  |  |  |
| Metabolic |  |  |  |  |  |  |
| Special Investigation |  |  |  |  |  |  |
| Other criteria |
| Specify… |  |  |  |  |  |  |
| Specify … |  |  |  |  |  |  |
| **Overall Classification\*** |  |  |  |  |  |  |
| **\* Equivalent to the highest classification in the grid** |

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| --- | --- |
| Were the family informed about appropriate support organisations – e.g. Lullaby Trust or SUDC group? | ☐ Yes *(please specify when and by whom)*☐ No☐ Not known |
| Please provide any additional information you think is relevant. |  |