This form is used in the child death review process to gather detailed information about children who die as the result of trauma or external factors. 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 |  | | |

|  |  |
| --- | --- |
| Did the child follow the normal clinical pathway for the nature of their trauma? | ☐ Yes  ☐ No *(please give reason)*  ☐ Not known |
| Was a regional mobile trauma team involved? | ☐ Yes  ☐ No *(please give reason)*  ☐ Not known |
| Which sub-category does this child’s death fall into? Please choose from the following options: | ☐ Vehicle collisions *(please also complete the*  ***Vehicle Collisions*** *Supplementary Reporting*  *Form)* |
| ☐ Falls *(please also complete the* ***Falls***  *Supplementary Reporting Form)* |
| ☐ Death as a result of injuries sustained from a  falling object(includes walls, trees, TVs, furniture)  *(please also complete the* ***Death as a Result***  ***of Injuries Sustained from a Falling***  ***Object*** *Supplementary Reporting Form)* |
| ☐ Death as a result of fire / burns or electrocution  *(please also complete the* ***Death as a Result***  ***of Fire / Burns or Electrocution***  *Supplementary Reporting Form)* |
| ☐ Drowning *(Please also complete the* ***Drowning***  *Supplementary Reporting Form)* |
| ☐ Poisoning *(Please also complete the* ***Poisoning***  *Supplementary Reporting Form)* |
| ☐ Recognised complication of medical or surgical  procedure *(no further forms to complete)* |
| ☐ Animal attack *(no further forms to complete)* |
| ☐ Natural disaster *(no further forms to complete)* |
| ☐ Accidental strangulation / accidental suffocation  *(no further forms to complete)* |
| ☐ Other *(no further forms to complete)* |