



Confidential Enquiry into Maternal and Child Health

Improving the health for mothers, babies and children

Child Death Review Data Collection Form 2005–2006

**Do not keep any copies
or duplicates of this form**

**If you have any queries,
please contact your CEMACH Regional Manager**

GUIDELINES FOR COMPLETION OF DATA COLLECTION FORM

Questions marked with an * are referenced in the guidelines

Item	Guidance
11 Death certification	Please complete directly from the death certificate. If you do not have a copy of the death certificate, leave blank for the CEMACH Regional Manager to fill in.
16 Developmental delay, impairment or disability	This should be based on a clinical diagnosis or as judged by the Child Development Clinic, Child Health System, Social Services or Local Education Authority
17 Special educational provision	For children under two – educational provision of any kind For children over two – educational provision which is additional to or otherwise different from the educational provision made generally for children of their age in schools maintained by the Local Education Authority (other than special schools in the area). Special educational provision may or may not be set out in a statement of special educational need. Provision may be provided directly by the school or by the Local Education Authority with the support of other agencies and includes in-school support, advice and consultation services, therapy etc. Source: <i>Special Educational Needs Code of Practice, DfES, November 2001</i>
18 Medication	Please include all chronic medication and medication prescribed prior to the child's death. Do not include medication given during resuscitation.
22 Mode of death	Mode of death refers to the way in which the child died, particularly the way in which treatment was provided immediately before the death. This item is particularly relevant for critical care and palliative care.
23 Location of death	Where the child died based on the documentation available to the person completing the data collection form. This is different from 11a which asks for place of death as recorded on the death certificate. If the child died at home and the death certified in A&E, for example in the case of a sudden unexpected death in infancy, the location of death should be filled in as community – home of normal residence.
25 Traveller	Refers to a member of any of various groups of traditionally itinerant/nomadic people. Gypsy travellers are the largest group among travelling communities in the UK and constitute a recognised minority ethnic group. Source: <i>Exchange House Travellers Service (www.exchangehouse.ie)</i>
26 Asylum seeking status	Asylum seeker: A person who has applied to the government of a country other than their own for protection or refuge ('asylum') because they are unable or unwilling to seek the protection of their own government. Refugee: A former asylum seeker who has been recognised by the government as meeting the definition of a refugee set out in the United Nations Convention Relating to the Status of Refugees 1951. On being recognised by the government as a refugee, the person is conferred with 'refugee status'. In the UK, recognition as a refugee leads to 'indefinite leave to remain' and attracts other rights, for example, family reunion and issue of a refugee travel document. Unaccompanied asylum seeking child: The definition for immigration purposes is given in the Unaccompanied asylum seeking children: Home Office information note: 'An unaccompanied asylum seeking child is a person who, at the time of making the asylum application is, or (if there is no proof) appears to be, under eighteen, is applying for asylum in their own right and has no adult relative or guardian to turn to in this country.' A child is not considered to be unaccompanied where there is an adult prepared to take responsibility for them, although they will involve social services where there is a concern about the child's relationship with the 'responsible' adult. Source: <i>Children's Legal Centre (http://www.childrenslegalcentre.com)</i>
30 Child in need	A child is defined as being 'in need' if they require the provision of services from a local authority to ensure that they achieve or maintain a reasonable standard of health or development; if their health or development is likely to be significantly impaired or further impaired without such services, or if they are disabled. Source: <i>Children Act 1989, Section 17 (10); Children Order 1995, Section 17</i>
34b Pond or pool secured	This refers to the pond or pool itself rather than the garden or surrounding area being secured.
43 Original certification of death	This does not refer to verification of the fact of death but rather who originally certified the death on a medical certificate of cause of death. In most cases this is done by the attending doctor but in some cases no medical certificate of cause of death is issued but referred directly to the coroner.



A. DEMOGRAPHIC AND DEATH CERTIFICATE INFORMATION

Please complete for all child deaths and attach a copy of death certificate

1. CEMACH unique identifier office use only

2. NHS no. (10 digits)

3. Surname _____

4. First name/s _____

5. Sex Male Female Not known

6. Postcode Not known

7. Residential address _____

8. Date of death (dd/mm/yy) / /

9. Date of birth (dd/mm/yy) / /

If date of birth or date of death not known:
 estimated age (yy)

10. Ethnic group

<input type="checkbox"/> White	<input type="checkbox"/> Indian	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Chinese
<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Mixed, specify _____	
<input type="checkbox"/> Black other	<input type="checkbox"/> Other, specify _____	
<input type="checkbox"/> Not known		

11. Death certification* (As stated on death certificate)

a) Place of death _____

b) Cause of death I (a) _____

c) Cause of death I (b) _____

d) Cause of death I (c) _____

e) Cause of death II _____

Death certificate not available

12. Occupation

a) Mother's occupation _____

b) Father's occupation _____

or

c) Child's occupation _____



B. PREVIOUS MEDICAL / DEVELOPMENTAL HISTORY *Please complete for all child deaths*

13. Birth history

- a) Birth weight (kg) Not known
- b) Gestational age at birth (completed weeks) Not known
- c) Multiple birth Yes No Not known
- d) Mother's date of birth (dd/mm/yy) / / Not known
- If DOB not known: estimated age (yy) at the time of the child's death

14. Did the child have any of the following medical conditions at the time of death?

- Perinatal condition, specify _____
- Congenital condition, specify _____
- Infectious disease, specify _____
- Metabolic disease, specify _____
- Endocrine disease, specify _____
- Gastrointestinal / liver disease, specify _____
- Renal / urinary disease, specify _____
- Cardiac disease, specify _____
- Respiratory disease, specify _____
- Haematological disease, specify _____
- Neurological disease, specify _____
- Neoplastic disease, specify _____
- Mental and behavioural disorder, specify _____
- Other, specify _____
- None documented

15. Did the child have a previous history of any of the following medical conditions?

- Perinatal condition, specify _____
- Congenital condition, specify _____
- Infectious disease, specify _____
- Metabolic disease, specify _____
- Endocrine disease, specify _____
- Gastrointestinal / liver disease, specify _____
- Renal / urinary disease, specify _____

Continued overleaf



PREVIOUS MEDICAL / DEVELOPMENTAL HISTORY continued

15. continued – Did the child have a previous history of any of the following medical conditions?

- Cardiac disease, specify _____
- Respiratory disease, specify _____
- Haematological disease, specify _____
- Neurological disease, specify _____
- Neoplastic disease, specify _____
- Mental and behavioural disorder, specify _____
- Other, specify _____
- None documented

16. Did the child have developmental delay, impairment or disability?*

- Learning impairment, specify _____
- Motor impairment, specify _____
- Speech, language and communication disorder, specify _____
- Visual impairment, specify _____
- Hearing impairment, specify _____
- Associated problem e.g. behaviour, specify _____
- Other, specify _____
- None documented

17. Was the child receiving special educational support?* Yes No Not known

18. What medication was the child prescribed prior to his death (not including resuscitation)?*

- Antibiotics
- Insulin
- Asthma prevention / treatment, specify _____
- Anticonvulsants, specify _____
- Corticosteroids, specify _____
- Antidepressants, specify _____
- Major tranquilisers, specify _____
- Other, specify _____
- _____
- None documented



PREVIOUS MEDICAL / DEVELOPMENTAL HISTORY continued

19. Did the child have any surgery within the last 30 days?

If yes, what was the most recent operation?

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Intra-cranial | <input type="checkbox"/> Intra-thoracic | |
| <input type="checkbox"/> Intra-abdominal | <input type="checkbox"/> Not known | |
| <input type="checkbox"/> Other, specify _____ | | |

20. Prior to the death, was the child in hospital (including mental health in-patient care) for longer than a three month period or continually from birth?

- Yes No Not known

21. Was the child seen by a primary care practitioner within the three months prior to his death?

If yes, specify primary care practitioner

- | | | |
|---|---|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Not known | | |
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Health visitor | |
| <input type="checkbox"/> School nurse | <input type="checkbox"/> Practice nurse | |
| <input type="checkbox"/> Not known | | |

22. What was the mode of death?*

- | | |
|---|---|
| <input type="checkbox"/> Found dead | <input type="checkbox"/> Death following limitation of treatment |
| <input type="checkbox"/> Death on arrival at hospital | <input type="checkbox"/> Death following active withdrawal of treatment |
| <input type="checkbox"/> Death during attempted resuscitation | <input type="checkbox"/> Brain stem death |
| <input type="checkbox"/> Other, specify _____ | |

23. Where is the child believed to have died?*

- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> Community | <input type="checkbox"/> Home of normal residence | <input type="checkbox"/> Hospice |
| | <input type="checkbox"/> Transit | <input type="checkbox"/> Public place |
| | <input type="checkbox"/> Residential care | <input type="checkbox"/> School |
| | <input type="checkbox"/> Other, specify _____ | |
| <input type="checkbox"/> Acute hospital | <input type="checkbox"/> Children's ward | <input type="checkbox"/> NICU |
| | <input type="checkbox"/> Adult ward | <input type="checkbox"/> PICU |
| | <input type="checkbox"/> A&E | <input type="checkbox"/> ICU |
| | <input type="checkbox"/> Other, specify _____ | |
| <input type="checkbox"/> Mental health inpatient unit | | |
| <input type="checkbox"/> Learning disability inpatient unit | | |
| <input type="checkbox"/> Not known | | |



C. SOCIAL CIRCUMSTANCES OF CHILD *Please complete for all child deaths*

24. Was the child living:

- With two natural parents
- With one natural and one step-parent
- With a lone parent – mother
- With a lone parent – father
- With grandparents, specify
 - Maternal
 - Paternal
 - Not known
- With other relatives (not parents or grandparents), specify _____
- With foster carers, specify
 - Local authority
 - Private
 - Not known
- In a residential children's home
- In a secure unit
- In a young offenders institution
- Other, specify _____
- Not known

25. Was the child a member of a traveller community?* Yes No Not known

26. Was the child an asylum seeker?* Yes No Not known

If yes, specify status

- Part of an asylum seeking family
- Part of a family with refugee status
- An unaccompanied asylum seeking child
- Not known

27. Was the child on the child protection register at the time of death? Yes No Not known

- a) Reason for registration
- Neglect
 - Physical abuse
 - Not known
 - Sexual abuse
 - Emotional abuse

b) Was this a re-registration? Yes No Not known



SOCIAL CIRCUMSTANCES OF CHILD continued

28. Was the child looked after by the local authority? Yes No Not known

29. Was the child subject to any legal order at the time of death Yes No Not known

If yes, type of legal order

- | | |
|---|---|
| <input type="checkbox"/> Care order | <input type="checkbox"/> Emergency protection order |
| <input type="checkbox"/> Anti-social behaviour order | <input type="checkbox"/> Residence order |
| <input type="checkbox"/> Supervision order | <input type="checkbox"/> Contact order |
| <input type="checkbox"/> Parental responsibility order | <input type="checkbox"/> Detained under Mental Health Act |
| <input type="checkbox"/> Not known | |
| <input type="checkbox"/> Other court order, specify _____ | |

30. Had the child been assessed as a child in need under section 17 of the Children Act?* Yes No Not known

31. What other agencies (e.g. police) were involved with the child and in what capacity?

D. CIRCUMSTANCES OF DEATH – NON-NATURAL *Please complete for all child deaths as relevant*

32. Were any of the following events known to have occurred? Tick all that apply

- Road traffic accident – complete 33 (page 9) and proceed to Section E
- Drowning – complete 34 (page 11) and proceed to Section E
- Fire / burns – complete 35 (page 11) and proceed to Section E
- Fall – complete 36 (page 11) and proceed to Section E
- Poisoning – complete 37 (page 12) and proceed to Section E
- Other accident e.g. bite or sting, suffocation, sports injury, specify _____
 _____ and proceed to Section E
- Substance misuse – complete 38 (page 12) and proceed to Section E
- Apparent homicide – complete 39 (page 12) and proceed to Section E
- Apparent suicide – complete 40 (page 13) and proceed to Section E
- Sudden unexpected death in infancy – complete 41 (page 13) and proceed to Section E
- None of the above – proceed to Section E (page 14)



CIRCUMSTANCES OF DEATH – NON-NATURAL continued

33. Circumstances – RTA First 11 items can be obtained from STATS 19 form

- a) Date of incident (dd/mm/yy) / /
- b) Collision time (hh/mm – 24 hour clock) /
- c) Casualty class
- | | |
|---|-------------------------------------|
| <input type="checkbox"/> Driver or rider | <input type="checkbox"/> Pedestrian |
| <input type="checkbox"/> Vehicle or pillion passenger | <input type="checkbox"/> Not known |

If child was driver or passenger or pedestrian

- d) Type of vehicle that hit the child
- | | |
|--|---|
| <input type="checkbox"/> Pedal cycle | <input type="checkbox"/> Other motor vehicle |
| <input type="checkbox"/> Motorcycle 50 cc and under | <input type="checkbox"/> Other non-motor vehicle |
| <input type="checkbox"/> Motorcycle over 50 cc and up to 125 cc | <input type="checkbox"/> Ridden horse |
| <input type="checkbox"/> Motorcycle over 125 cc and up to 500 cc | <input type="checkbox"/> Agricultural vehicle (include diggers, etc) |
| <input type="checkbox"/> Motorcycle over 500 cc | <input type="checkbox"/> Tram / Light rail |
| <input type="checkbox"/> Taxi / Private hire car | <input type="checkbox"/> Goods vehicle 3.5 tonnes mgw and under |
| <input type="checkbox"/> Car | <input type="checkbox"/> Goods vehicle over 3.5 tonnes mgw and under 7.5 tonnes mgw |
| <input type="checkbox"/> Minibus (8-16 passenger seats) | <input type="checkbox"/> Goods vehicle 7.5 tonnes mgw and over |
| <input type="checkbox"/> Bus or coach (17 or more passenger seats) | <input type="checkbox"/> Not known |
- e) Age of driver of vehicle that hit the child (yy)
- f) Breath test of driver of vehicle that hit the child
- | | |
|---|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Refused to provide |
| <input type="checkbox"/> Positive | <input type="checkbox"/> Driver not contacted at time of accident |
| <input type="checkbox"/> Negative | <input type="checkbox"/> Not provided (medical reasons) |
| <input type="checkbox"/> Not requested | <input type="checkbox"/> Not known |

If child was driver or passenger

- g) Type of vehicle child was in
- | | |
|--|---|
| <input type="checkbox"/> Pedal cycle | <input type="checkbox"/> Other motor vehicle |
| <input type="checkbox"/> Motorcycle 50 cc and under | <input type="checkbox"/> Other non-motor vehicle |
| <input type="checkbox"/> Motorcycle over 50 cc and up to 125 cc | <input type="checkbox"/> Ridden horse |
| <input type="checkbox"/> Motorcycle over 125 cc and up to 500 cc | <input type="checkbox"/> Agricultural vehicle (include diggers, etc) |
| <input type="checkbox"/> Motorcycle over 500 cc | <input type="checkbox"/> Tram / Light rail |
| <input type="checkbox"/> Taxi / Private hire car | <input type="checkbox"/> Goods vehicle 3.5 tonnes mgw and under |
| <input type="checkbox"/> Car | <input type="checkbox"/> Goods vehicle over 3.5 tonnes mgw and under 7.5 tonnes mgw |

Continued overleaf



CIRCUMSTANCES OF DEATH – NON-NATURAL continued

g) continued – Type of vehicle child was in

- | | |
|--|--|
| <input type="checkbox"/> Minibus (8-16 passenger seats) | <input type="checkbox"/> Goods vehicle 7.5 tonnes mgw and over |
| <input type="checkbox"/> Bus or coach (17 or more passenger seats) | <input type="checkbox"/> Not known |

h) Breath test of driver of vehicle that child was in

- | | |
|---|---|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Refused to provide |
| <input type="checkbox"/> Positive | <input type="checkbox"/> Driver not contacted at time of accident |
| <input type="checkbox"/> Negative | <input type="checkbox"/> Not provided (medical reasons) |
| <input type="checkbox"/> Not requested | <input type="checkbox"/> Not known |

- | | | | |
|---------------------------------|------------------------------|-----------------------------|------------------------------------|
| i) Did vehicle have restraints? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known |
| j) Were restraints used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known |
| k) Did vehicle have air bags? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known |
| l) Did airbags deploy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known |
| m) Was airbag switched on? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known |

If child was passenger:

n) Age of driver of vehicle child was in (yy)

o) Passenger position

- | | |
|---|--|
| <input type="checkbox"/> Front seat passenger | <input type="checkbox"/> Rear seat passenger |
|---|--|

If child was pedestrian:

p) Pedestrian location

- | | |
|---|--|
| <input type="checkbox"/> In carriageway, crossing on pedestrian crossing facility | <input type="checkbox"/> On central refuge island or central reservation |
| <input type="checkbox"/> In carriageway, crossing within zig-zag lines at crossing approach | <input type="checkbox"/> In centre of carriageway, not on refuge island or central reservation |
| <input type="checkbox"/> In carriageway, crossing within zig-zag lines at crossing exit | <input type="checkbox"/> In carriageway, not crossing |
| <input type="checkbox"/> In carriageway, crossing elsewhere | <input type="checkbox"/> Not known |
| <input type="checkbox"/> On footway or verge | |
| <input type="checkbox"/> Other, specify _____ | |

If pedal cycle or motor cycle:

q) Was a helmet worn? Yes No Not known



CIRCUMSTANCES OF DEATH – NON-NATURAL continued

34. Circumstances – drowning

a) Type of drowning

- Bath
- Garden pond
- River / lake / canal
- Sea
- Swimming pool Domestic Private Municipal Not known
- Other, specify _____
- Not known

For garden pond / pool drowning:

b) Was the garden pond or swimming pool secured (fenced)?* Yes No Not known

35. Circumstances – fire / burns

a) Type of fire / burn

- Fire Electrical
- Chemical Other
- Hot liquid Not known

If fire:

b) Location of fire

- Residential accommodation, specify _____
- Main trade or business, specify _____
- Mobile, specify _____
- Other, specify _____
- Not known

c) Was a fire / smoke alarm present? Yes No Not known

d) Was fire / smoke alarm functional? Yes No Not known

36. Circumstances – fall

a) Type of fall

- Fall on same level Fall from building or structure
- Fall on or from stairs Other fall from one level to another
- Fall on or from ladder or stepladder Unspecified fall

b) Specific location of fall _____

Not known

37. Circumstances – poisoning

a) Form of substance

- | | |
|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Solid | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Liquid | <input type="checkbox"/> Unspecified |

b) Type of substance

- Household products, specify _____
- Prescription medicines, specify _____
- Non-prescription medicines, specify _____
- Other, specify _____
- Not known

c) Location of poisoning _____

- Not known

38. Circumstances – substance misuse

a) Was the child known to substance misuse services? Yes No Not known

b) Was the child known to be currently using:

- | | |
|---|--|
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Ecstasy |
| <input type="checkbox"/> Methadone | <input type="checkbox"/> Cannabis |
| <input type="checkbox"/> Other Opiates | <input type="checkbox"/> Solvents |
| <input type="checkbox"/> Benzodiazepines | <input type="checkbox"/> Barbiturates |
| <input type="checkbox"/> Amphetamines (excluding Ecstasy) | <input type="checkbox"/> Major Tranquilisers |
| <input type="checkbox"/> Cocaine (excluding Crack) | <input type="checkbox"/> Anti-depressants |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Other, specify _____ | |

39. Circumstances – apparent homicide

Method

- | | |
|--|---|
| <input type="checkbox"/> Strangulation, asphyxiation or drowning | <input type="checkbox"/> Shooting |
| <input type="checkbox"/> Sharp instrument | <input type="checkbox"/> Hitting or kicking |
| <input type="checkbox"/> Blunt instrument | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Poisoning, specify type _____ | |
| <input type="checkbox"/> Other, specify _____ | |
| <input type="checkbox"/> Not known | |



CIRCUMSTANCES OF DEATH – NON-NATURAL continued

40. Circumstances – apparent suicide

Method (If more than one, give direct cause)

- | | |
|---|--|
| <input type="checkbox"/> Self-poisoning | <input type="checkbox"/> Household products, specify _____ |
| | <input type="checkbox"/> Prescription medicines, specify _____ |
| | <input type="checkbox"/> Non-prescription medicines, specify _____ |
| | <input type="checkbox"/> Other, specify _____ |
| | <input type="checkbox"/> Not known |
-
- | | |
|--|--|
| <input type="checkbox"/> Carbon monoxide poisoning | <input type="checkbox"/> Suffocation |
| <input type="checkbox"/> Hanging / strangulation | <input type="checkbox"/> Burning |
| <input type="checkbox"/> Drowning | <input type="checkbox"/> Electrocution |
| <input type="checkbox"/> Firearms | <input type="checkbox"/> Cutting or stabbing |
| <input type="checkbox"/> Jumping from a height | |
| <input type="checkbox"/> Jumping / lying before a train | |
| <input type="checkbox"/> Jumping / lying before a road vehicle | |
| <input type="checkbox"/> Other, specify _____ | |
| <input type="checkbox"/> Not known | |

41. Circumstances – SUDI

- a) In what position was the child put to sleep?
- | | |
|-------------------------------|------------------------------------|
| <input type="checkbox"/> Back | <input type="checkbox"/> Front |
| <input type="checkbox"/> Side | <input type="checkbox"/> Not known |
- b) Was the child sleeping with another person at the time of death?
- | | | |
|------------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known |
|------------------------------|-----------------------------|------------------------------------|
- c) Where was the child put to sleep?
- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Bed | <input type="checkbox"/> Carry cot |
| <input type="checkbox"/> Sofa | <input type="checkbox"/> Moses basket |
| <input type="checkbox"/> Car chair | <input type="checkbox"/> Pram |
| <input type="checkbox"/> Cot | <input type="checkbox"/> Not known |
| <input type="checkbox"/> Other, specify _____ | |
- d) Did any of the main carers or household members smoke?
- | | | |
|------------------------------|-----------------------------|------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not known |
|------------------------------|-----------------------------|------------------------------------|



E. OTHER RELEVANT INFORMATION *Please complete for all child deaths*

42. Please document any further information you think is relevant to the child's death

F. PROCESSING OF DEATH *Please complete for all child deaths*

43. Who originally completed the certification for cause of death?* Doctor Coroner Uncertified

For doctor's cases only:

44. Was the coroner consulted? Yes No Not known

45. What further investigations were undertaken by the coroner?

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Inquest with post-mortem |
| <input type="checkbox"/> Post-mortem only | <input type="checkbox"/> Inquest without post-mortem |

46. Was a pathologist's post-mortem done, i.e. not mandated by coroner? Yes No Not known

Was a paediatric pathologist involved in conducting the post-mortem? Yes No Not known

47. Who gave final certification of cause of death? Doctor Coroner Uncertified

48. Is a police investigation in progress? Yes No Not known

49. Is this death subject to a local enquiry? Yes No Not known

a) What local enquiry?

- | | |
|---|--|
| <input type="checkbox"/> Serious case review | <input type="checkbox"/> Prison or armed service enquiry |
| <input type="checkbox"/> Kennedy review | <input type="checkbox"/> Local morbidity and mortality meeting |
| <input type="checkbox"/> Local child death review under auspices of Local Safeguarding Children's Board | |
| <input type="checkbox"/> Other, specify _____ | |

b) Specify the jurisdiction for the local enquiry i.e. name of service



G. DOCUMENTS REVIEWED

50. Death Certificate Hospital Records Social Services records
 Post mortem Report General Practitioner records Police Records
 Health visitor records Other, specify _____

H. DETAILS OF PERSON COMPLETING FORM *For administrative purposes only. Not to be shared*

51. Name: _____

52. Job title: _____

53. Profession: _____

54. Phone number: _____

55. Date: _____