

Child / Hospital Details			
Child's Name:		Date of Birth:	
Hospital Number:		Date of Death and Time:	
Hospital Name:		Place of Death e.g. ED / Other (specify):	

**Appendix 1A
Immediate Decisions
Proforma**

Child's Name	
Address	
NHS Number	

Actions to be completed with 1 2 hours of death being declared				
	Decision	Circle as appropriate	Action	Action completed?
1	Does death meet criteria for a Joint Agency Response? (death due to external causes, or in custody, or suspicious circumstances, or stillbirth with no healthcare professional in attendance)	Yes / No	If Yes, contact On-Call health professional, police, duty social worker and request they attend hospital	Yes / NA
2	Can a MCCD (Medical Certificate of Cause of Death) be issued?	Yes / No	If No, or if death meets other criteria for referral to coroner, contact the coroner's office	Yes / NA
3	Has a potential care or service delivery issue occurred?	Yes / No	If Yes, contact the Patient Safety Team	Yes / NA
3a	In relation to 3: Has a Datix form been completed?	Yes / No / NA		
3b	In relation to 3: Have obligations under the Duty of Candour been fulfilled? (family informed, offered apology, invited to submit questions)	Yes / No / NA		
4	Are there any immediate actions necessary to ensure the health and safety of others, including family or community members, healthcare, patients, and staff?	Yes / No / NA	<i>If Yes, describe here:</i>	
5	Describe the approach to supporting the family (key worker, end of life medical lead):			

Name of person completing form	
Job title	
Date	