

## SUDDEN UNEXPECTED DEATH IN CHILDREN (SUDIC) Guidelines

Version	Date Implemented	Details of key changes
1.	September 2014	New document
2.	February 2017	<ol style="list-style-type: none"> <li>1. Protocol for forensic examination</li> <li>2. Reference from up to date Working Together to Safeguard Children document <b>March 2015</b>, DoE</li> </ol>

Forms for use and available to download on intranet along with guidelines:

- Checklist - p. 6
- LCOEF - p. 8
- History proforma with body maps - p. 9

## **SUDDEN UNEXPECTED DEATH IN CHILDREN (SUDIC)**

**Please note these instructions are not exhaustive and are intended as guidance only - Authors remain responsible for clinical content**

### **Background**

Working Together to Safeguard Children (2006) introduced responsibilities for local Safeguarding Children Boards in relation to the investigation of unexpected deaths in childhood, and also requires review of all childhood deaths as a separate but related exercise. Many of the requirements mirror those contained in the 2004 report of a working group convened by the Royal College of Pathologists and Royal College of Paediatrics and Child Health - Sudden Unexpected Death in Infancy (Kennedy Report).

This procedure outlines the multi-agency process for investigating unexpected deaths, described in Chapter 5 of **Working Together 2015**. It describes the rapid response by a group of key professionals who come together for the purpose of enquiring into and evaluating each unexpected death of a child. The detailed clinical guidelines to be followed within the appropriate hospital are contained in its clinical procedures.

### **Definition**

An unexpected death is defined as:

- The death of a child (from birth to 18th birthday) which was NOT anticipated as a significant possibility 24 hours before the death;  
OR
- A similarly unexpected collapse leading to or precipitating the events which led to the death.

The determination that the death of a child meets the definition of a sudden unexpected death will usually be made by the attending Paediatrician or Consultant in Emergency Medicine. If in doubt, this procedure should be followed, and discussed with the Designated Paediatrician for Sudden Unexpected Death in Childhood (SUDIC) on the next working day. In some cases, the procedure may need to be followed until available evidence enables a different decision to be made.

Children dying in hospital who fulfil the definition above (e.g. those who have been ventilated following an unexpected collapse or injury) will have some parts of the investigative pathway completed as part of their clinical care. In such cases, the body will not be taken to the Emergency Department, but this procedure for investigating deaths will be followed at the appropriate point in the pathway. In the event of an infant or child death (up to the age of 18 years) please use the flowchart A (page ) to determine whether the SUDIC Team should be notified.

### **Subsequent Management**

- Please use flowchart A for process in the event that a SUDIC has been identified
- Follow the paediatric protocol for samples/ investigations

- Use chain of evidence forms for all samples / investigations
- **COMPLETION OF ALL PROFORMAS** - Sudden Unexpected Death in Infancy – Checklist, Laboratory ‘Chain of Evidence’ Form (LCOEF) AND History Proforma

### **PAEDIATRIC PROTOCOL FOR SAMPLES/INVESTIGATIONS**

After a sudden unexpected death of a child is confirmed the body is under the jurisdiction of the Coroner. Most investigations will be undertaken by the Pathologist. However, the following have been locally agreed:

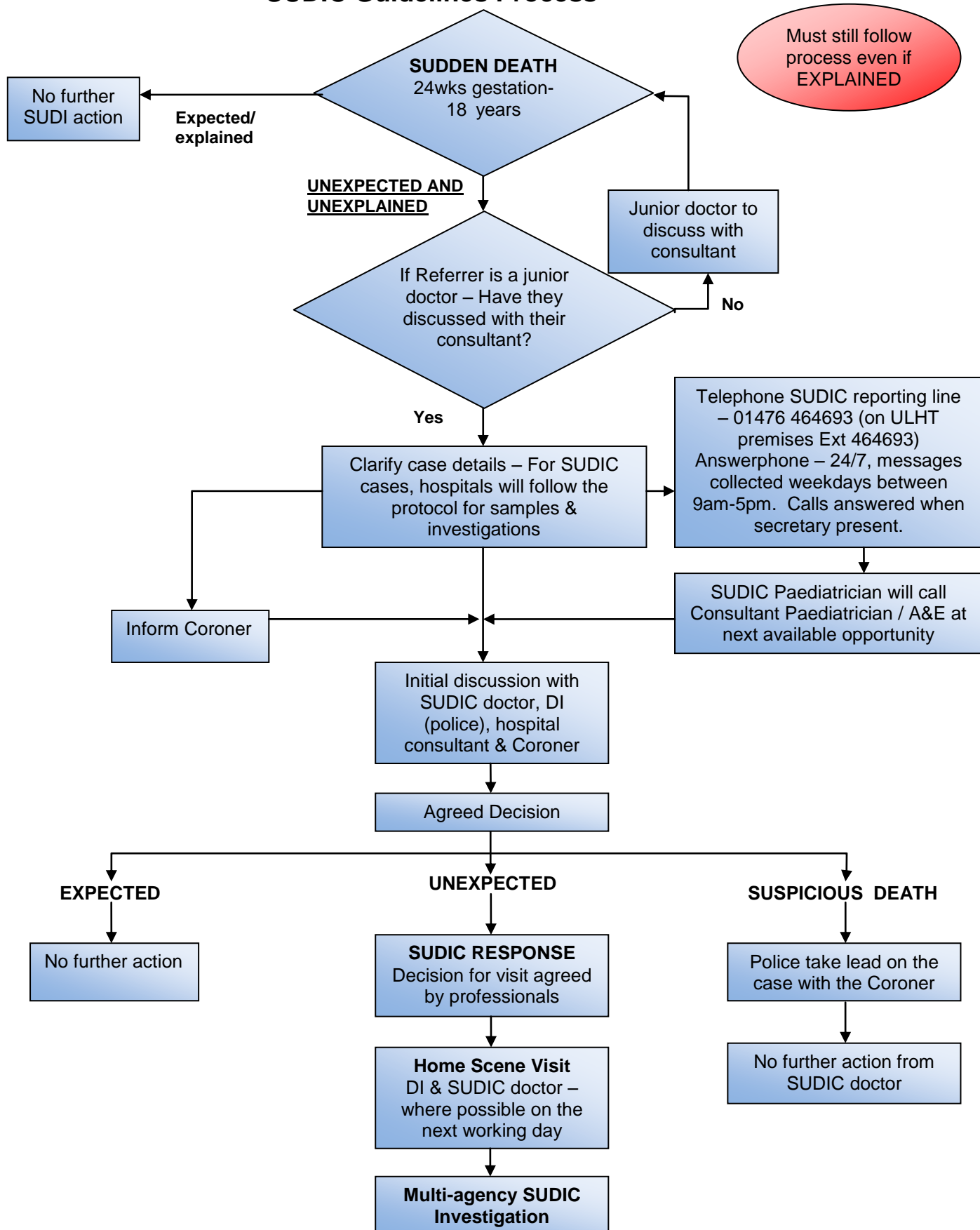
1. Ear, nose and throat swabs to Microbiology
2. Nasopharyngeal aspiration; RSV – Virology
3. For children aged under 2 years – full skeletal survey. There is a Radiology “voluntary on call” rota and process for SUDIC skeletal surveys (See Appendix 4) <http://ulhintranet/radiology-imaging-guidelines>

### **ON COMPLETION OF PAPERWORK AND NOTIFICATION OF SUDIC TEAM (01476 464693) PLEASE SEND A COPY OF THE RELEVANT NOTES AND COMPLETED PROFORMAS TO:**

Claire Oliver, SUDIC Administrator  
c/o Women’s & Children’s Directorate  
Grantham & District Hospital

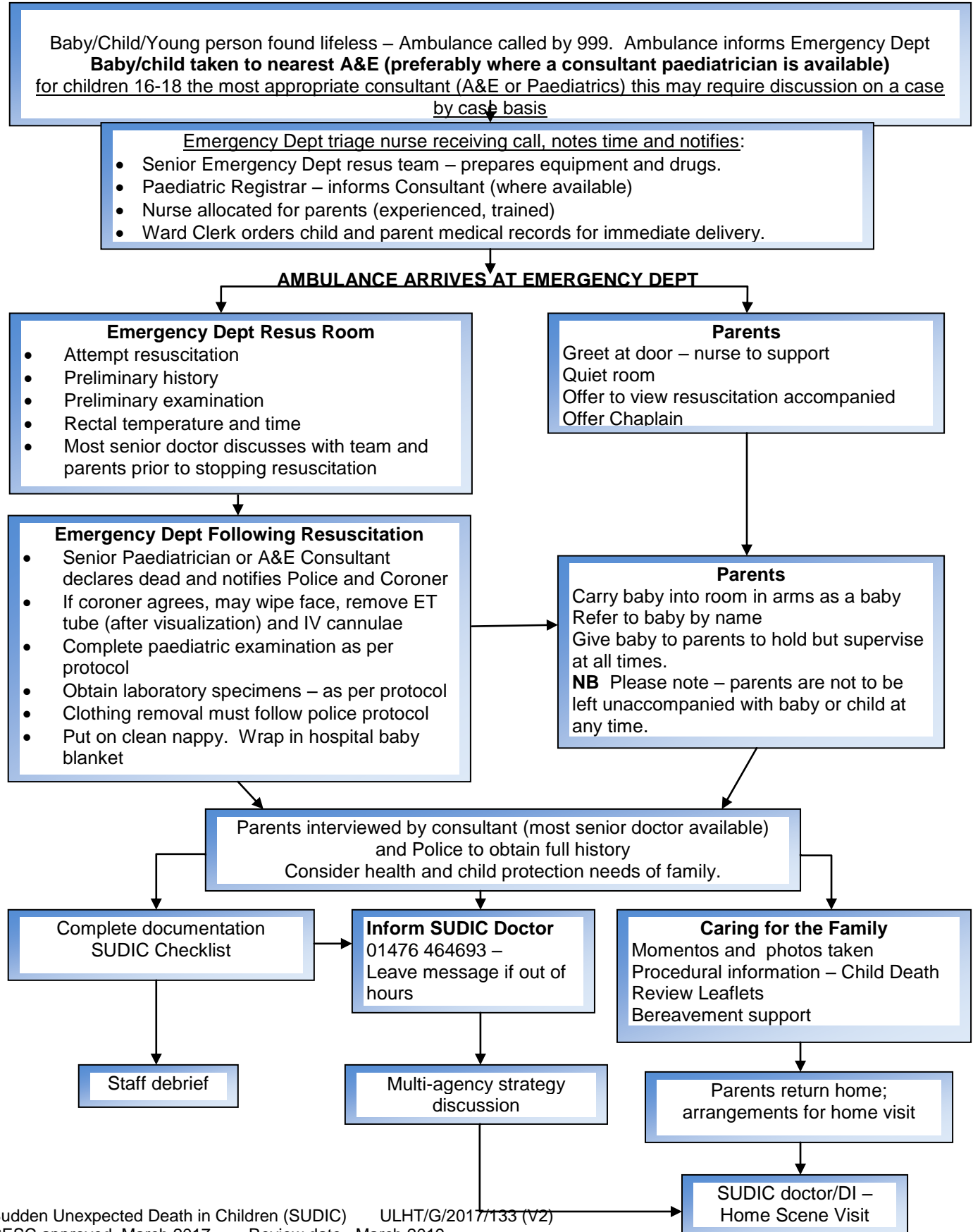
**FLOWCHART A**

**SUDIC Guidelines Process**



**FLOWCHART B**

**SUDIC (0-18 YEARS) FLOW CHART**



## Sudden Unexpected Death in Infancy – Checklist

<b>Child's details</b>	<b>Name:</b>			
	<b>DOB:</b>		<b>DOD:</b>	
	<b>Address:</b>			
<b>Name of Paediatrician:</b>				
<b>Name of Police officer in charge:</b>				

ACTION	Y/N/NA	DATE	TIME	ACTIONED BY
Consultant Paediatrician called				
Police Child Protection team informed Name:				
Coroner's Officer informed Name:				
Specialist Paediatrician called Name:				
Named Nurse for Safeguarding Children informed				
Initial history taken and recorded				
Soiled or wet nappy bagged, labeled & stored				
Sites of vascular access during resuscitation documented				
Detailed physical examination of child				
Body map / diagrams				
Photographs				
Samples taken and sent for examination Details:				
Social Services enquires made				
GP informed				
HV informed				
Hospital chaplain or other religious leader contacted if appropriate				
Child Health Computer and hospital PAS system informed				
<b>Y- Yes, N-No, NA-not applicable</b>				

**CONTINUED OVERLEAF**

After Care for Parents				
ACTION / INFORMATION GIVEN	Y/N/NA	DATE	TIME	ACTIONED BY
Mementoes taken for parents:				
• Hair				
• Footprint				
• Handprint				
• Photograph				
• FSID Pack and contact details given to parents				
Post mortem information				
Allowed to hold and cuddle				
SUDI process explained				
Counselling/bereavement/religious support offered				
Written information/leaflets provided				
Coroner's Officer contact details provided				
<b>Y- Yes, N-No, NA-not applicable</b>				

**PAEDIATRIC / EMERGENCY  
DEPARTMENT PROTOCOL FOR  
SUDDEN UNEXPECTED DEATH IN  
INFANCY OR CHILDHOOD (SUDIC)**

**LABORATORY 'CHAIN OF EVIDENCE' FORM (LCOEF)**

Please complete a separate LCOEF for each specimen  
Staple LCOEF to request form

Date taken:	Time taken:	Doctor's name:
Patient's details (name/number, date of birth, sex):		Doctor's signature

Specimen type:	
Test(s) requested:	

**ALL NAMES MUST BE ACCOMPANIED BY A SIGNATURE**

Procedure	Name	Signature	Date	Time
Specimen taken by:				
Specimen delivered to laboratory by:				
Received by lab personnel: (on-call? Y/N)				
Senior lab personnel check at receipt				
Senior Lab personnel on completion				
Medical staff check on completion				

- For each sample a separate laboratory "Chain of Evidence" form (LCOEF) is completed and stapled to the request form
- The haematology, biochemistry and microbiology samples are sealed in separate bags
- The samples are sent to the laboratory with the porters and not through the CHUTE



## History Proforma

1 Identification Data:			
Name of Child:		Sex – M/F:	
Date of Birth:		Ethnicity:	
Address & Postcode:		Date of Death:	

Name of father (+address if different from child)		DOB	
Name of mother (+address if different from child)		DOB	
Name of partner (if relevant + address)		DOB	
GP Name & Address			
Consultant			
SUDIC Consultant			
Police Officer/Senior Investigating Officer			
Social Worker			
Coroner / Coroner's Officer			
Other Professionals			

2 Details of transport of child to hospital:				
Place of death : Home address as above / Another location (specify) / DGH (specify)				
Time found:		Time arrived in A & E:		
Resuscitation carried out?	Yes / No	Where? At scene of death / Ambulance / A & E		
By whom: Carers / GP / ambulance crew/hosp staff / others				
(specify)				
Confirmation of death	Date	Time	Location	By whom?

3 History	
Taken in A & E by:	Taken at home visit by:
History given by:	
Relationship to child:	

**Provide details of history on separate sheets under the following headings (overleaf). Sign and date all entries**

## Events surrounding death

**Note:** Who found the child, where and when; appearance of the child when found  
Who called emergency services?  
When child was last seen alive and by whom  
Details of any resuscitation at home, by ambulance crew and in hospital  
For accidental/traumatic deaths details of circumstances around the death; witnesses

### Detailed narrative account of last 24-48 hours

To include details of all activities and carers during last 24-48 hours  
Any alcohol or drugs consumed by child or carers  
For SUDIC, include details of last sleep including where and how put down, where and how found, any changes; details of feeding and care given  
Details of when last seen by a doctor or other professional  
Further details of previous 2-4 weeks, including child's health, any changes to routine

### Family History

Details of all family and household members including names; dates of birth; health – any previous or current illnesses, including mental health; any medications; occupation  
Maternal parity and obstetric history  
Parental relationships  
Children, including children by previous partners  
Household composition  
Any previous childhood deaths in the family

### Past Medical History

Of the child, to include pregnancy and delivery; perinatal history; feeding; growth and development  
Health and any previous or current illnesses; hospital admissions; any medication  
Routine checks and immunizations  
Systems review  
Behavioural and educational history where appropriate

### Social History

Type and nature of housing; any major life events  
Any travel abroad  
Wider family support networks

### Any Other Relevant History

May vary according to the age of the child, nature of the death

### Information Retrieved from Records

Hospital, GP, health visitor, Midwife, NHS Direct etc (include family held records such as health visitor red book)  
Ambulance crew  
Social Services, databases, case records, child protection register  
Police – intelligence, assist, PNC, domestic violence etc

## Physical Examination

**To be carried out by a senior paediatrician, ideally together with an officer from the police child protection team. Where necessary, photographs should be taken by a police forensics officer**

Physical examination carried out by:

Also present:

### Physical Examination

Date & Time:

Full growth measurements

Length		centile
Weight		centile
Head circumference		centile

### Findings

Include state of nutrition and hygiene; any skin markings, distribution of livido, bruises or evidence of injury (document all markings on accompanying body chart); retinal examination; oral examination (check lingual and labial fraenum); genitalia; back; any medical interventions (venepuncture sites and other interventions).

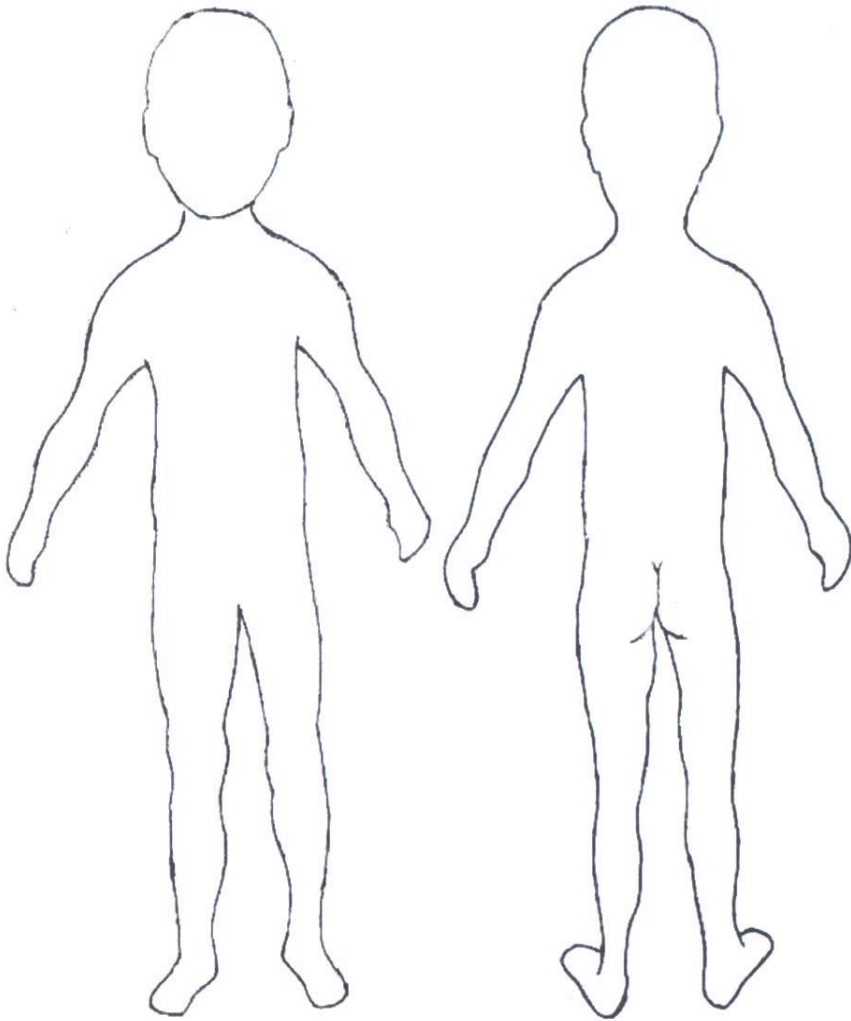
### Further details, observations and comments

Document all medical interventions; list all drugs given during resuscitation; if endotracheal tube inserted, document direct observation prior to removal; any other comments.

<b>Signature</b>	
<b>Date and time</b>	

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
(Or Hospital ID Label)

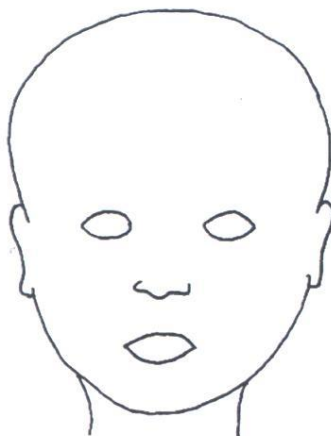
**PHYSICAL EXAMINATION**  
**BODY CHART**



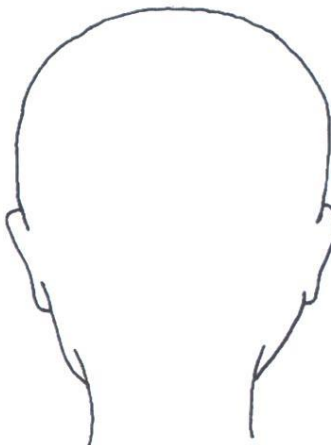
Date, Time \_\_\_\_\_  
Signature \_\_\_\_\_  
Title \_\_\_\_\_

Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
(Or Hospital ID Label)

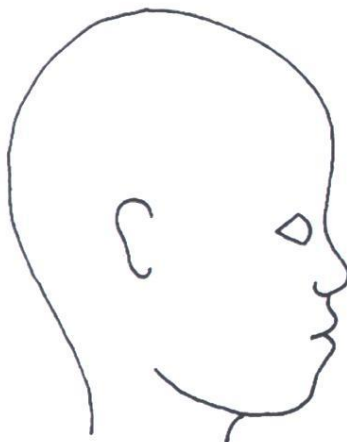
**BODY CHART 2**



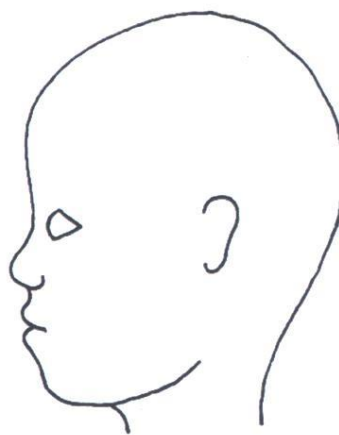
FRONT



BACK



RIGHT



LEFT

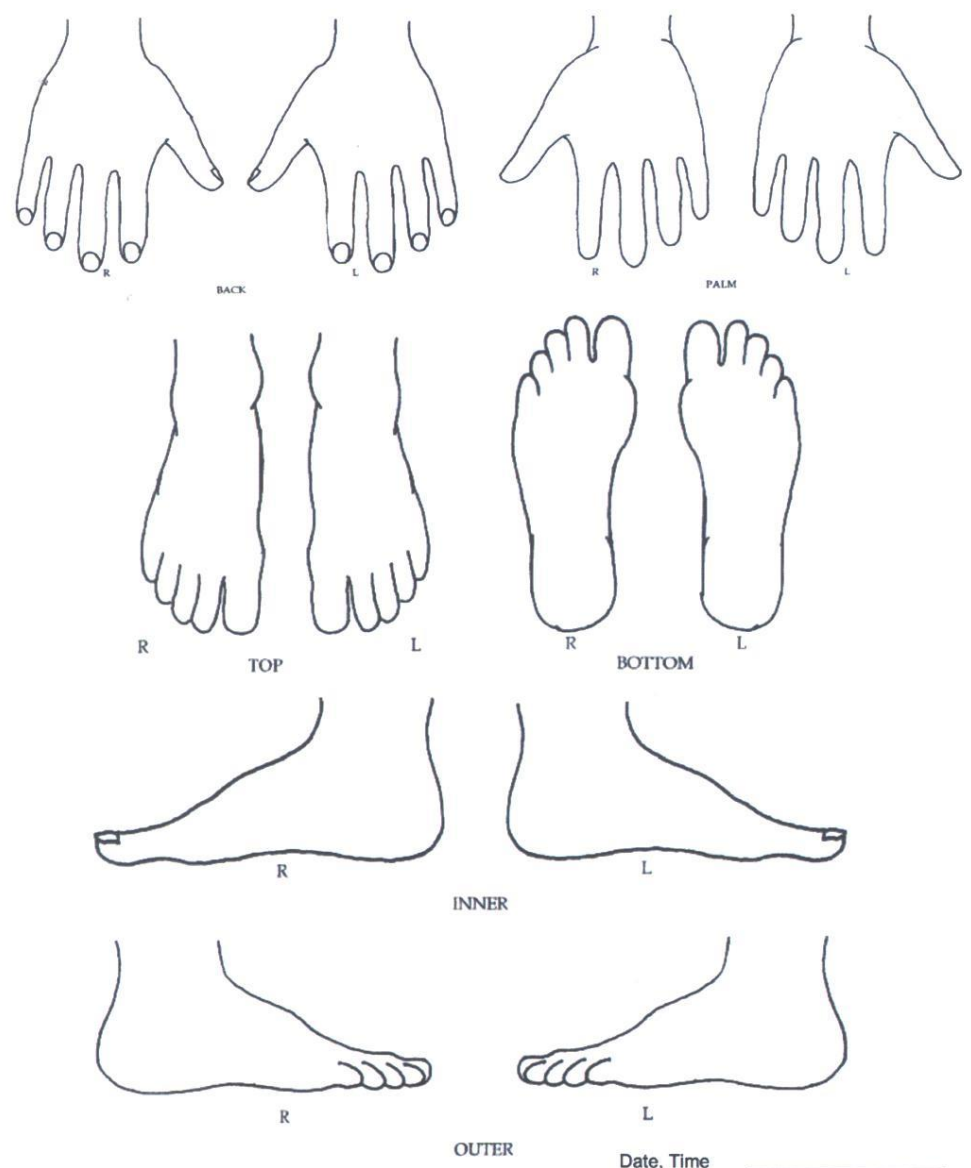
Date, Time \_\_\_\_\_  
Signature \_\_\_\_\_  
Title \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Or Hospital ID Label)

BODY CHART 3



Date, Time \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

## Document Control

### Target Staff Group

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Medical and nursing staff on Paediatric Wards and A&E Departments with ULHT.

### Auditable Standards and Frequency

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An annual audit is undertaken by the Designated SUDIC Doctor with feedback provided to the Lincolnshire Safeguarding Children Board and Child Death Overview Panel (CDOP).

### Implementation Strategy

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Guideline and proformas, with additional copies, will be forwarded to each A&E Dept and each Paediatric Ward. The guideline is available on the trust Intranet.

### Author(s)

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Dr Oluyinka Akinsoji, Consultant Community Paediatrician/ Designated Doctor for SUDIC

### References:

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Chapter 5 - Working Together to Safeguard Children March 2015, DoE

## Signature Sheet

### Clinical Document Title

Sudden Unexpected Death In Children (SUDIC)

### Date of Development

November 2014

Version 2 – February 2017

NAME	SIGNATURE	Job title	Site	Date
<b>Version 2</b>				
Sarala Gandhi	Approved by email	Consultant Community Paediatrician	LCH	12/12/2016
Mujeeb Pervez	Approved by email	Consultant Community Paediatrician / Head of Service	Boston	23/01/2017
Rahab Omer	Approved by email	Specialty Doctor Paediatrician	GDH	7/12/2016
Elaine Todd	Approved by email	Named Nurse for Safeguarding Children and Young People	Trust wide	22/12/2016

Author(s) confirm that they have collected all the signatures, as listed above, and posted to Clinical Governance Development Unit, Corridor F, Grantham Hospital.

**YES / NO**

**Chair of Clinical Effectiveness Steering Committee\***