

CO: YVONNE WILLIAMS		Division: CHESTER		HMC No: PD		Incident No - Date:	
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Single <input type="checkbox"/>
Baby <input checked="" type="checkbox"/>		MALE		Partner <input type="checkbox"/>			
Surname: Child E		Forename(s): Child E		Former name:			
Address: Personal Data							
DOB: PD 07/2015 AGE: 0		Place of birth:		Religion: NOT KNOWN		Occupation:	
GP: I&S		Address / Tel: I&S					
		Tel: 01 I&S					
Dr last seen alive by: Doctor ZA				Date: 04/08/2015			
Address / Tel: Countess of Chester Hospital, The Health Park, Liverpool Road, Chester, CH2 1UL Tel: 01244 365000							
Reporting Dr: Doctor ZA Bleep No: I&S				Address: Countess of Chester Hospital, The Health Park, Liverpool Road, Chester, CH2 1UL Tel: 01244 365000			
Date of death: 04/08/2015 Time: 01:40				Place of death: NEONATAL UNIT, COCH			
Consultant: DR GIBBS		Hospital No: PD		Date of admission: 29/07/2015			
Have the family been notified? YES <input checked="" type="checkbox"/>				NO <input type="checkbox"/>			
Next of kin: Father E&F Relationship: FATHER				Address / Tel: Personal Data			
				Tel:			
Name of Spouse		Occupation:		DOB:			
Identified by (if different from above):				Address:			
CIRCUMSTANCES SURROUNDING THE DEATH (write additional info overleaf if required) HIGH RISK PREGNANCY WITH A LOT OF MONITORING DUE TO PRECARIOUS NATURE OF BABY. KNOWN ABSENT END DYASTOLIC FLOW AND INTRA UTERINE GROWTH RETARDATION. ONE OF IDENTICAL TWINS. PD/7 C SECTION AT 29 WEEKS. WAS STABLE BUT 3/8 DEVELOPED NECROTISING ENTEROCOLITIS. SUDDEN AND STEADY DECLINE FOR 1-2 HOURS. ARRESTED AT 00.37. RESUSCITATED BUT ARRESTED AGAIN AT 01.23. RESUS ATTEMPTED BUT THEN STOPPED WITH CONSENT OF PARENTS.							
Past Medical History							
Medication							
Recommendation: PART A		Pacemaker: YES <input type="checkbox"/> NO <input type="checkbox"/>		Type:			
Reason/s for recommendation:		DR WILLING TO CERTIFY					
Industrial:		NO					
Approved by Coroner/Deputy:		Name: DR NAPIER		Signature:		Date: 04/08/2015	