



Pan-Lancashire Child Death Overview Panel

Neonatal Deaths Form A/B

The security of any system for transferring the information on these forms must be clarified and agreed with the Caldicott guardian.

Please complete this form based on the information you have and return it quickly to the CDOP Coordinator at: email:

Danielle.mcmillan@ I&S If in doubt about what information to provide, please discuss with your manager.

Each agency representative is to complete this form to summarise information available within their agency. Each representative should complete only those sections for which they have information. If you do not have information for any particular item, please circle NK (Not Known), it is preferable to circle not known as this indicates to the CDOP that you have considered the question but have no information. The CDOP Coordinator will collate the information from the different agency reports to provide an overall case record.

Confidentiality: The information requested on this form will be used for the purposes of child death review as outlined in chapter 5 of Working Together. The nature of the information collected means it is likely that some of the information is personal/sensitive data and therefore CDOPs should be mindful of their obligations under the Data Protection Act (DPA) 1998 when processing that information. All information gathered will be stored securely and only anonymised data will be collated at a regional or national level.

Identifying, Reporting and Referral Details Child's Details

Name	Child E	Date and time of birth	PD / 7 / 2105 I&S
Gestation		Gestation	29+5
NHS No.	xxx	Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Date and time of death	04 / 08 / 2015 01:40	Age at death (yy/mm/dd)	PD
Home Address	PD		
Number of foetuses/ babies this delivery	2	Birth Order of this foetus/ baby	1

SUDC Nurse Contact Details: Sharon Hibbs - I&S		
Office - I&S		
Death expected?	<input type="checkbox"/> Expected <input checked="" type="checkbox"/> Unexpected but meets exclusion criteria	<input type="checkbox"/> Unexpected <input type="checkbox"/> NHS Commissioning Board notified
What was the mode of death?	<input type="checkbox"/> Planned palliative care <input type="checkbox"/> Withholding, withdrawal or limitation of life-sustaining treatment <input type="checkbox"/> Brainstem death <input checked="" type="checkbox"/> Failed Cardiopulmonary resuscitation <input type="checkbox"/> Witnessed event <input type="checkbox"/> Found dead <input type="checkbox"/> Not known	
Discussed with Coroner: Accepted by Coroner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK	Date: / / Name of Coroner:
Reported to Registrar	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NK	Date: / / Name of Registrar:
Post mortem examination:	<input checked="" type="checkbox"/> Offered <input type="checkbox"/> Accepted <input checked="" type="checkbox"/> Declined <input type="checkbox"/> Coroner's PM <input type="checkbox"/> NK <input type="checkbox"/> No	Date: / / Venue:
Has an inquest been held?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Yet <input type="checkbox"/> NK	Date of inquest if known: / / Conclusion: Venue:
Was the SUDC Service notified?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Please provided details:
Was a Rapid Response completed?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Please provided details:
Did an End of Case Discussion take place?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Please provided details: