Sudden Unexpected Deaths in Infants and Children*(SUDIC) & Acute Life-Threatening Events that remain unexplained and/or suspicious requiring resuscitation and intensive care / high dependency interventions in Children* (ALTE)

***(Children - Age under 18)**

APRIL 2023

Cheshire East, Cheshire West & Chester, Halton, and Warrington

(For deaths in children who are not normally resident in Cheshire, please also refer to relevant local guidelines where the child is normally resident if possible)

Section 1 – PAN CHESHIRE SUDIC / ALTE DOCUMENTATION PROFORMA (ALTE defined as acute life-threatening event that remains unexplained and/or suspicious requiring active intervention/resuscitation and intensive care / high dependency admission)

Section 2 – PAN CHESHIRE SUDIC / ALTE GUIDELINES

followed despite infant remaining alive, as important information might be found that can assist the treating team and police.

1.11.3 **The child with a life-limiting or life-threatening condition who dies suddenly and unexpectedly.** If a child with a recognised life-limiting or life-threatening condition dies suddenly or following a brief illness, a SUDI investigation might not be required. If there are concerns, the lead health professional should liaise with the Coroner. In any event, if the death was not expected, the lead health professional should have a discussion with other members of the joint agency response team, and the clinical team who know the child and family and reach a decision on whether a SUDI investigation should be initiated. Again, if in doubt, the designated lead health professional should consult with the Coroner / Designated Doctor for Child Deaths.

1.11.4 **Twins and multiples.** Twins and multiples have around twice the risk of Sudden Infant Death Syndrome (SIDS) compared with singletons. Components of risk vary in different studies and include preterm gestation, low birth weight and zygosity. The immediate concern of a family that lost one twin to SIDS is losing the surviving twin also to SIDS. The concordance rate for losing both twins to SIDS is difficult to estimate, due to small numbers, but was around four times that for the overall risk of a twin in one study. Malloy and Freeman found that the relative risk of a second twin dying in their study was eightfold; in one of their seven cases, the co-twins died on the same day, while the other six deaths were separated by a mean of 14 weeks. When one twin dies from SIDS, the surviving twin should be admitted to an inpatient paediatric unit for close monitoring for at least 24 hours. Investigations to exclude infection, inherited metabolic disease or an underlying cardiac condition should be undertaken. Follow-up support should be organised prior to discharge. In most areas, this will be provided by enrolling the infant on to the 'Care of Next Infant' (CONI) programme, a longstanding national programme managed by The Lullaby Trust, usually delivered by health visitors, which coordinates additional support to bereaved parents. This would also apply to surviving triplets and other multiples.

1.11.5 When a newborn infant suddenly collapses and dies in a neonatal unit, consideration must be given as to whether a joint agency response is required. In most situations this may not be necessary.

1.11.6 Still births where a health professional was not in attendance would require SUDIC process to be followed.

1.12 CHILD DEATH OVERVIEW PANEL (CDOP)

Child Death Overview Panel (CDOP) has a statutory responsibility to review all infant/child deaths 0-18 years who reside in Cheshire, regardless of where the death took place; this includes perinatal and neonatal deaths were registered as a live birth. Review of deaths below 22 weeks gestation or following a planned termination under the abortion Act 1967 will not be carried out.

2.2 RECOMMENDED SEQUENCE OF EVENTS FOR SUDIC PROCESS – FLOWCHART