**Appendix 1: Immediate Decision Making Proforma**

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| Immediate Decision Making Proforma | | | | |
| **Name DOB**  **Address**  **(Or affix label)**  **Tel:** | | | | |
| Actions to be completed within 1-2 hours of death being declared | | | | |
|  | **Decision** | **Circle as appropriate** | **Action** | **Action complete?** |
| 1 | Does death meet criteria for a Joint Agency Response?  *(death due to external causes, or sudden with no apparent cause, or in custody, or suspicious circumstances, or stillbirth with no healthcare professional in attendance)*  *If uncertain, please discuss urgently with SUDC paediatrician* | Yes / No | If Yes, contact on-call paediatrician, police, duty social worker and request they attend hospital |  |
| 2 | Can a MCCD be issued? | Yes / No | If No, or if death meets criteria for referral to coroner contact the coroner’s office |  |
| 3 | Has a Datix form been completed? (Should be completed for all unexpected deaths, and deaths where there are concerns about care or service delivery) | Yes / No |  |  |
| 4 | Has a 72 hour report meeting been arranged? | Yes / No / NA |  |  |
| 5 | 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 | If yes, describe here ….. | |
| 6 | Who has been identified as a key worker? |  | | |
| 7 | Who is the medical lead for this child? |  | | |
| Completed on \_ \_\_/\_ \_\_/\_\_ \_\_ by  Signed ….…………………………………………………………………………………  Please PRINT name …………………………………………………………………………..  Designation ……………………………………………………………………………………. | | | | |