



Audit Tool for Rapid Response

To be completed for each unexpected child death

1. Date of Death:

Age of Child:

 y m d

Age Not known

2. Who notified the rapid response team of the death? (Please tick all that apply)

Ambulance Control	<input type="checkbox"/>	Hospital Emergency Dept	<input type="checkbox"/>
Not notified	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>		<input type="checkbox"/>

3. How soon after discovery of the death was the child notified to the team?

Within 2 hours	<input type="checkbox"/>	Within 24 hours	<input type="checkbox"/>
Next working day	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Later (please specify)	<input type="text"/>		

4. Was an initial history taken in hospital, if so by whom? (tick all that apply)

Paediatrician	<input type="checkbox"/>	Emergency Dept Doctor	<input type="checkbox"/>
Police Officer	<input type="checkbox"/>	No history taken	<input type="checkbox"/>
Not known	<input type="checkbox"/>		
Other (please specify)	<input type="text"/>		

5. Was the child examined in hospital, if so by whom? (tick all that apply)

Paediatrician	<input type="checkbox"/>	Child not examined	<input type="checkbox"/>
Emergency Dept Doctor	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Police Officer	<input type="checkbox"/>		
Other (please specify)	<input type="text"/>		

6. Were appropriate laboratory investigations carried out?

All investigations according to		No investigations	<input type="checkbox"/>
local protocol	<input type="checkbox"/>	Not appropriate	<input type="checkbox"/>
Some investigations	<input type="checkbox"/>	Not known	<input type="checkbox"/>

If any difficulties in carrying out investigations, what were the reasons for this?

7. Were the parents offered the following care and support? (tick all that apply)

- | | | | |
|--|--------------------------|--------------------------------|--------------------------|
| Allowed to hold their child | <input type="checkbox"/> | Offered written information | <input type="checkbox"/> |
| Offered photographs and mementos | <input type="checkbox"/> | Given contact numbers | <input type="checkbox"/> |
| Offered bereavement counselling or religious support | <input type="checkbox"/> | Informed about the post mortem | <input type="checkbox"/> |
| Given information about the rapid response process | <input type="checkbox"/> | Not appropriate | <input type="checkbox"/> |
| Not known | <input type="checkbox"/> | | |

8. Was an early multi-agency information sharing and planning meeting held, if so when was this held? (tick all that apply)

- | | | | |
|-----------------------------|--------------------------|------------------------|--------------------------|
| Yes – telephone discussions | <input type="checkbox"/> | Same day | <input type="checkbox"/> |
| Yes – sit down meeting | <input type="checkbox"/> | Later (please specify) | <input type="checkbox"/> |
| No | <input type="checkbox"/> | Not known | <input type="checkbox"/> |

9. Did a joint agency home visit take place?

- | | | | |
|-----|--------------------------|-----------------|--------------------------|
| Yes | <input type="checkbox"/> | Not appropriate | <input type="checkbox"/> |
| No | <input type="checkbox"/> | Not known | <input type="checkbox"/> |

If so, when did this take place?

- | | | | |
|------------------|--------------------------|------------------------|--------------------------|
| Same day | <input type="checkbox"/> | Later (please specify) | <input type="checkbox"/> |
| Next working day | <input type="checkbox"/> | Not known | <input type="checkbox"/> |

Who took part in the home visit? (tick all that apply)

- | | | | |
|---|--------------------------|----------------------------|--------------------------|
| General paediatrician | <input type="checkbox"/> | General practitioner | <input type="checkbox"/> |
| SUDI paediatrician | <input type="checkbox"/> | Health visitor / midwife | <input type="checkbox"/> |
| Police officer (Child Abuse Investigation Unit) | <input type="checkbox"/> | Bereavement support worker | <input type="checkbox"/> |
| Police officer (other) | <input type="checkbox"/> | Social worker | <input type="checkbox"/> |
| Scenes of crime/forensic officer | <input type="checkbox"/> | Not known | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | | |

If a joint agency home visit did not take place, please specify why.

10. Was an autopsy carried out? If so by whom? (tick all that apply)

- | | | | |
|------------------------------|--------------------------|------------------------|--------------------------|
| Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| General hospital pathologist | <input type="checkbox"/> | Paediatric pathologist | <input type="checkbox"/> |
| Forensic pathologist | <input type="checkbox"/> | Not known | <input type="checkbox"/> |
| Other (please specify) | <input type="checkbox"/> | | |

If so, when did this take place?

- | | | | |
|------------------|--------------------------|------------------------|--------------------------|
| Same day | <input type="checkbox"/> | Later (please specify) | <input type="checkbox"/> |
| Next working day | <input type="checkbox"/> | Not known | <input type="checkbox"/> |

11. Was there a final case discussion?

Yes	<input type="checkbox"/>	Not yet, but planned	<input type="checkbox"/>
No	<input type="checkbox"/>	Not known	<input type="checkbox"/>

How long after the death did this take place?

Within 2 months	<input type="checkbox"/>	Later (please specify)	<input type="checkbox"/>
2 – 4 months	<input type="checkbox"/>	Not known	<input type="checkbox"/>

If an inquest was held / planned, did the final case discussion precede or follow the inquest?

Preceded the inquest	<input type="checkbox"/>	Followed the inquest	<input type="checkbox"/>
No inquest held	<input type="checkbox"/>	Not known	<input type="checkbox"/>

Who attended the final case discussion? (tick all that apply)

General paediatrician	<input type="checkbox"/>	General practitioner	<input type="checkbox"/>
SUDI paediatrician	<input type="checkbox"/>	Health visitor / midwife	<input type="checkbox"/>
Police officer (Child Abuse Investigation Unit)	<input type="checkbox"/>	Bereavement support worker	<input type="checkbox"/>
Police officer (other)	<input type="checkbox"/>	Social worker	<input type="checkbox"/>
Scenes of crime / forensic officer	<input type="checkbox"/>	Not known	<input type="checkbox"/>
Other (please specify)	<input type="text"/>		

Were the family informed of the outcome of the final case discussion?

Yes – through a home visit	<input type="checkbox"/>	Yes – by letter	<input type="checkbox"/>
Yes – by telephone	<input type="checkbox"/>	Yes - other	<input type="checkbox"/>
No	<input type="checkbox"/>	Not known	<input type="checkbox"/>

12. What was the final cause of death?

Death from natural causes	<input type="checkbox"/>	SIDS	<input type="checkbox"/>
Accident	<input type="checkbox"/>	Homicide	<input type="checkbox"/>
Suicide	<input type="checkbox"/>	Cause of death not established	<input type="checkbox"/>
Not known	<input type="checkbox"/>		
Other (please specify)	<input type="text"/>		

13. Were any concerns of a child protection nature identified?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Not known	<input type="checkbox"/>		

14. Was the case referred on to the CPS for a criminal investigation?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Not known	<input type="checkbox"/>		