



## Form B4 – Sudden unexpected death in infancy

MSCB Reference

CD11/12 xxxx

### Form B4– Sudden unexpected death in infancy

(For unexpected deaths of infants and young children from birth to age 2 years)

**Form B4 is to be completed by the SUDI paediatrician or designated deputy**, and will almost always be completed at or immediately after the local case review meeting. In those rare instances where there is no local case review meeting the SUDI paediatrician or designated deputy should complete this form at the conclusion of the **investigation**.

Please answer all questions or circle or tick the “not known” option.

#### A. Predisposing or risk factors.

**Please circle or tick your responses**

##### Family:

Previous SUDI in first or second degree relative?  
(i.e. sibling, half sibling, parent’s sibling or half sibling) Y  N  Not Know

Apparent life-threatening events in first or second degree relative?  
(i.e. sibling, half sibling, parent’s sibling or half sibling) Y  N  Not Know

Mother smokes? Y  N  Not Know

Father smokes? Y  N  Not Know

Other smoking in household? Y  N  Not Know

Illicit substance use in household? Y  N  Not Know

##### This baby:

delivery at less than 37 weeks gestation? Y  N  Not Know

birthweight less than 2500g? Y  N  Not Know

twin, triplet or higher order birth? Y  N  Not Know

previous apparent life-threatening event? Y  N  Not Know

under medical or HV attention for poor growth? Y  N  Not Know

breast fed ? (more than 1 day) Y  N  Not Know

immunisations up to date?

Y  N  Not Know

regular pacifier (dummy) user?

Y  N  Not Know

**B. Circumstances of Death:**

Had any signs of illness been identified in the baby in last 24 hours by the family, carers or professionals?

Y  N  Not Know

Time from when the baby was last seen/heard to be alive and being found dead:

- 10 minutes
- 10 minutes – 1 hour
- 1-2 hours
- 2-4 hours
- 4-6 hours
- Not known.

Time of day found dead:

- 24.00 - 06.00
- 06.00 - 12.00
- 12.00 - 18.00
- 18.00 – 24.00
- Not known

Immediately before being found dead or collapsed was the child thought to be:

- Awake
- Asleep
- Not known

If asleep, what position was child put down in?

- Prone
- Supine
- Side
- Other
- Not known

When found what position was child in?

- Prone
- Supine
- Side
- Other
- Not known

If thought to be asleep, where was the child sleeping?

- Cot, crib, carry cot, Moses basket
- Car seat
- Adult bed (alone)
- Adult bed (with another person)
- Sofa (alone)
- Sofa (with another person)
- Floor
- Other place (please specify)
  
- Not known

If sharing a sleep surface with another person who was that person?

- Mother
- Father
- Both parents

- Sibling
- Other (please specify)
- Not known

If sharing a bed/other sleeping place with another person had that person taken the following in the past 8 hours:

- Alcohol (2 or more units) Y  N  Not Know
- Cannabis Y  N  Not Know
- Sedative drugs (prescribed or not) Y  N  Not Know
- Opiates Y  N  Not Know
- Other prescribed drugs (specify) Y  N  Not Know
- Other illicit drugs/substances (specify) Y  N  Not Know

Did the child have a dummy when put down for last sleep? Y  N  Not Know

If sharing a sleep environment with another person was there any evidence of overlying? Y  N  Not Know

If yes, please specify what this evidence was.

Was the sleeping place thought by those conducting the scene examination to be hazardous? Y  N  Not Know

If so please specify what was thought to be hazardous.

Was resuscitation attempted when the child was found? Y  N  Not Know

Was a spontaneous circulation and/or breathing re-established?  
Y  N  Not Know

How long after initial presentation to medical attention was the child declared dead?

- <1 hour

1-2 hours

2-6 hours

6 - 24 hours

24 > hours

Not known.

What samples/investigations were taken at time of presentation/resuscitation or after death identified but before transfer to mortuary?

Blood culture	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
CSF	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Blood for metabolic investigations	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Blood for toxicology	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Skin biopsy for fibroblast culture	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
X-ray skeletal survey	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Other (specify)	

Was an initial multi-agency discussion meeting held (telephone or face to face) in the first 24 hours after the death? Y  N  Not Know

Which agencies were involved in the initial discussion meeting?

Secondary (hospital) paediatrics	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
General practitioner	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Health visitor	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Community Paediatrics	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Other health professionals (specify)	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Police Child Abuse Investigation Team	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Other police (specify)	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Children's services (Social care)	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Other Social Care (specify)	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>

Other professional agencies (specify)	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Was a home/scene visit carried out by professionals after the death?	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
If a visit was carried out, how long after the death was this?	
<input type="checkbox"/> <4 hours	
<input type="checkbox"/> 4-12 hours	
<input type="checkbox"/> 12-24 hours	
<input type="checkbox"/> 24-48 hours	
<input type="checkbox"/> 48 -72 hours	
<input type="checkbox"/> >72 hours	
<input type="checkbox"/> Not known.	
If a visit was conducted, who attended?	
Police	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Paediatrician	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Social care	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
GP	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Specialist HV	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Child's own HV	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Other (specify)	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Was the death reported to the coroner?	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
If not – please specify why not.	
Who conducted the postmortem examination?	
Specialist paediatric pathologist	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Adult pathologist	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Forensic pathologist	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>
Other (please specify)	Y <input type="checkbox"/> N <input type="checkbox"/> Not Know <input type="checkbox"/>

What was the cause of death as given by the pathologist?

1a

1b

1c

2

Were there any significant additional pathological findings noted by the pathologist?

Y  N  Not Know

If so, please specify

## Final Case Review

### For final completion by the CDOP Chair

Was a final case review meeting held?

Y  N  Not Know

if so how long after the death was this meeting?

<2 months

2-3 months

3-4 months

4-6 months

>6 months

Who attended?

Police Y  N  Not Know

Paediatrician Y  N  Not Know

Social care Y  N  Not Know

Pathologist Y  N  Not Know

Coroner or coroner's officer Y  N  Not Know

GP Y  N  Not Know

Specialist HV Y  N  Not Know

Child's own HV Y  N  Not Know

Other (specify) Y  N  Not Know

What was the cause of death as ascribed by the local case review meeting?

1a

1b

1c

2

Were any significant contributory or causal factors identified at this meeting?  
Y  N  Not Know

Was the postmortem report available to this meeting? Y  N  Not Know

Was the Avon Clinicopathological classification scheme used?  
Y  N  Not Know

If so please give final classification of the death:

Was a report from this meeting sent to the relevant professionals?

Police Y  N  Not Know

Paediatrician Y  N  Not Know

Social care Y  N  Not Know

Pathologist Y  N  Not Know

Coroner or coroner's officer Y  N  Not Know

GP Y  N  Not Know

Specialist HV Y  N  Not Know

Child's own HV Y  N  Not Know

Other (specify) Y  N  Not Know

Were the parents/family offered the opportunity to meet with one or more of the professionals after the case review meeting?

Police Y  N  Not Know

Paediatrician Y  N  Not Know

Social care Y  N  Not Know

Pathologist Y  N  Not Know

Coroner or coroner's officer Y  N  Not Know

GP Y  N  Not Know

Specialist HV Y  N  Not Know

Child's own HV Y  N  Not Know

Other (specify) Y  N  Not Know