



Audit tool for Rapid Response

MSCB Reference

CD11/12 xxxx

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 <input type="checkbox"/>
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)		
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)		
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)		
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)		

6.	Were appropriate laboratory investigations carried out?		
	All investigations according to local protocol	<input type="checkbox"/>	Not appropriate <input type="checkbox"/>
	Some investigations	<input type="checkbox"/>	Not known <input type="checkbox"/>
	No investigations	<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)
	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)
	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)			
	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)			
	If so, when did this take place?			
	Same day	<input type="checkbox"/>	Later (please specify)	
	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)	
	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)			
	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)			
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"/>		