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| **CORONERS REFERRAL** |

**BEFORE REFERRING TO THE CORONER PLEASE ENSURE THAT YOU ARE AWARE OF ALL CIRCUMSTANCES RELATING TO THE DEATH, HAVING FULLY CONSIDERED THE NOTES AND ANY OTHER RELEVANT INFORMATION.**

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| **Identification of the Deceased** | |
| Surname  First Name  Date of Birth  NHS Number  Male  Female | Date of Death  Time of Death  Place of Death  Who confirmed Death? |
| Home address  Registered General Practice and Contact | Where did death occur?  Queen’s Medical Centre  Nottingham City Hospital  Other - please state: |
| Parent / Carer / Person with Parental Responsibility  Telephone Contact Details (essential)  Please include relationship to the deceased  Interpreter needed Yes  No  Language | Death was:  Expected  Unexpected  Name of Rapid Response Clinician for Unexpected Death  Name of Midwife/Nurse providing bereavement support |
| If an accident, injury or traumatic event is believed to have contributed to the death, where did this event occur?  Admission was from another hospital. | |

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| **Person Referring** | |
| Name  Job title  Bleep or contact  Email  Date  Time | Consultant  Date & Time consulted  Contact  Name of Obstetrician /  Other Consultants where relevant |

**Checklist for Cases Requiring Coroners Referral**

**(check all that apply)**

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| Inadequate Knowledge |
| The cause of death is not known. |
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| In hospital for less than 24 hours.  Deceased had not been seen by a medical practitioner within 14 days prior to death.  It is not possible to call upon a doctor who has cared for the patient in life to certify the death. |
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| Deceased’s Age |
| All deaths less than 18 years including all registrable births. |
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| Deceased’s Past History |
| Death during pregnancy or within a year of giving birth. |
| Death may be related to an industrial disease or the deceased has died due to an injury sustained in employment. |
| Alcohol or any prescribed or non-prescribed drug is mentioned as contributing to the cause of death in proposed Part 1 of the Death Certificate. |
| Surgery or invasive procedure (GA or LA) in preceding 12 months (including endoscopies). |
| Deceased was a prisoner or was otherwise legally detained at the time of death, including detention pursuant to Mental Health legislation. |

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| Events Preceding the Death |
| Death may be due to trauma or unnatural cause. |
| Neglect may have caused or contributed to the death. |
| Death due to a fall OR there has been a fall in the three days prior to death. |
| At death Grade 3 or 4 (or more than one Grade 2) pressure sore is present. |
| A medical procedure or treatment which may have caused or contributed to the death. For the avoidance of doubt, a medical procedure includes chemotherapy, radiotherapy, biological/hormonal therapies, stem cell and bone marrow transplants. |
| Allegations of negligence have been made against the hospital or others involved in the care of the deceased, regardless of whether it is considered such allegations have merit. |
| Death associated with or occurs after a clinical incident. |
| Any other unusual circumstances. |
| Post-mortem plans |
| Organ donation is planned. |

**If any of the above applies, referral to the Coroner’s Office MUST take place and the rest of this form must be completed.**

**If none of the above applies, a medical certificate for cause of death may be issued as per your Proposed Cause of Death on Page 6. If unsure, complete this form and refer to the Coroner’s Office.**

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| **Hospital Admission Details** | |
| Date and Time of Admission  Admission was from another hospital.  Which hospital  When referred  Who referred (with contact details)  Reason for referral: | Previous admission to hospital in the last 12 months?  No  Unsure  Yes  Details: |
| **Circumstances of Death** | |
| **Outline a chronological account of significant events relevant to the Cause of Death. This should include reason for admission and the results of any important investigations or procedures.** | |

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| **Circumstances of Death (continued)** |
| **Outline any Past Medical History, which may have contributed to the patient’s death.**  **Date and time, explanation and performer, of any additional surgical or other invasive procedure, not already outlined above.** |

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| **Medical Certificate of Cause of Death** |
| Clinician:  Is able to complete the Medical Certificate of Cause of Death as proposed below, with HM Coroner approval.  Is unable to complete the Medical Certificate of Cause of Death. For example death was unnatural or clinician has uncertainty or concerns around the cause of death.    Is unsure if the Medical Certificate of Cause of Death can be completed, and wishes HM Coroner to advise. |
| **For Children over 28 days - Taking into account your knowledge of the case, please propose your clinical opinion as to the cause of death:** |
| **1a**  **1b**  **1c**  **2** |
| **If Neonates - Taking into account your knowledge of the case, please propose your clinical opinion as to the cause of death:** |
| **(a) main diseases or conditions in infant**  **(b) other diseases or conditions in infant**  **(c) main maternal diseases or conditions affecting infant**  **(d) other maternal diseases or conditions affecting infant**  **(e) other relevant conditions** |
| **Coroner’s Office Comments and Recommendation** |
| **Coroner’s Officer:**  **Date Returned:** |
| Coroner will take the case. Do NOT complete Medical Certificate of Cause of Death. |
| Issue Medical Certificate of Cause of Death as proposed by the clinician above. |
| Issue as:  **1a**  **1b**  **1c**  **2** |

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| **Submission** |
| **To comply with Information Governance please submit in the following way:** |
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| **A Coroner’s Officer will review email and respond, Monday – Friday in working hours**  **For URGENT discussion with HM Coroner please phone: 0115 8415552**  This should be in exceptional circumstances where an urgent response is required from the Coroner.  Examples:   * Discussion about organ donation * Where body needs to be released on religious grounds |
| **Comments** |