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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 addressRegistered General Practice and Contact  | Where did death occur?[ ]  Queen’s Medical Centre[ ]  Nottingham City Hospital[ ]  Other - please state: |
| Parent / Carer / Person with Parental ResponsibilityTelephone Contact Details (essential)Please include relationship to the deceasedInterpreter needed Yes [ ]  No [ ] Language  | Death was:[ ]  Expected [ ]  Unexpected Name of Rapid Response Clinician for Unexpected DeathName 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 ContactName 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 |
| [x]  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[ ]  YesDetails: |
| **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
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| **Comments** |