



# Sudden Death – Forensic Notes

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This form has been designed by Stephen Jennings and updated by Bernadette Butler and Margaret Stark on behalf of the Faculty of Forensic & Legal Medicine for use by Healthcare Professionals (HCPs) at the scene of sudden deaths. It is to be regarded as an aide-memoire and it is therefore not necessary for all parts of the pro forma to be completed. On completion this form is the personal property of the examining HCP.

<p><b>Police</b></p> <p>Death reported by _____</p> <p>Date of examination _____</p> <p>Time called _____</p> <p>Time of arrival _____</p> <p>Time death confirmed _____</p> <p>Officer in case _____</p> <p>Coroner's office involved _____</p>	<p><b>Warnings</b> from scene coordinator</p>          	<p><b>Deceased</b></p> <p>Name if known _____</p> <p>Age _____</p> <p>DOB _____</p> <p>Unique Ref _____</p> <p>Address _____</p>  <p>GP _____</p> <p>Surgery _____</p>
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**History**

**Briefed by**

Police   
  Ambulance   
  Carer   
  Relative   
  Other – Name & contact details \_\_\_\_\_

**Terms of reference**

Pronounce life extinct   
  Note injuries   
  Determine if any suspicious circumstances   
  Full examination

Last seen alive \_\_\_\_\_

History \_\_\_\_\_

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**Documents found**

Post \_\_\_\_\_ Bills \_\_\_\_\_

Notes \_\_\_\_\_ Dates \_\_\_\_\_

Has the body been moved? YES  NO  Not Known  Why? \_\_\_\_\_

By whom? \_\_\_\_\_

**Examination of scene** *Append sketch or photograph on separate sheet*

**Scene safety**

Precautions taken \_\_\_\_\_

Plating: YES  NO    
 Electricity off: YES  NO    
 Lighting quality \_\_\_\_\_

**Details**

Emergency services equipment \_\_\_\_\_

Medication \_\_\_\_\_   
 Drugs and/or drug paraphernalia \_\_\_\_\_

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Alcohol \_\_\_\_\_   
 Bloodstains \_\_\_\_\_

Other \_\_\_\_\_



**Examination of body** *Only examine after being briefed by the officer in charge. Do not move the body or disturb the locus without prior permission from SIO*

Condition of body (e.g. comment on rigor mortis, hypostasis, marbling, decomposition, petechiae, body fluids, state of dress, injuries seen, weapons present.)

Ambient temperature next to deceased if relevant, ask SOCO to record _____	Absence of respiratory movements and breath sounds over one minute	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Verification of death by HCP <input type="checkbox"/> Ambulance service <input type="checkbox"/>	Fixed, dilated pupils	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Absence of carotid pulse over one minute YES <input type="checkbox"/> NO <input type="checkbox"/>	Presence of rigor mortis	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Absence of heart sounds over one minute YES <input type="checkbox"/> NO <input type="checkbox"/>			

**Impression**

Can death be verified? YES  NO  Time \_\_\_\_\_

Are there any suspicious circumstances? YES  NO

Coroner's officer informed? YES  NO  By whom? Name & contact details \_\_\_\_\_

**Discussed with**

GP  Forensic Pathologist  SOCO  OIC  SIO Name & contact details \_\_\_\_\_

Further action needed? YES  NO  By whom? \_\_\_\_\_

Details (If further action needed, ask police to cordon off the area and ensure no one enters pending further discussion with forensic pathologist and coroner's officer.)

\_\_\_\_\_

\_\_\_\_\_

Secure cordon? YES  NO

Preliminary samples taken? *by specially trained staff only* YES  NO  Details \_\_\_\_\_

Date and time left scene

Name & regulatory registration \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Notes completed at time \_\_\_\_\_