



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.

Police	Warnings from scene coordinator:	Deceased
Death reported by		Name if known
Date		Age
Time called		DOB
Time of arrival		Unique Ref
Time of examination		Address
Death confirmed at		GP:
Officer in case		Practice details:
Coroner's office involved		

History

Briefed by Name (ID if applicable): _____ Contact details: _____

Role: Police Ambulance Carer Relative Other

Terms of Reference

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

Last seen alive: _____

History: _____

Documents found

Post: _____ Bills: _____

Notes: _____ Dates: _____

Has the body been moved? YES NO Not Known From where? _____

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: _____

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 <input type="checkbox"/>	NO <input type="checkbox"/>	Time: _____
Are there any suspicious circumstances?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Coroner's office informed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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 and regulatory registration: _____

Signed: _____ Date: _____ Notes Completed at time: _____