



## Sudden Death – Forensic Notes

Apr 2024 Review date Apr 2027 - check [www.fflm.ac.uk](http://www.fflm.ac.uk) for latest update

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	
Absence of heart sounds over one minute	YES <input type="checkbox"/>	NO <input type="checkbox"/>	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: \_\_\_\_\_