CI Identifier..... (Office use only)

Confidential Inquiry Team
Norah Fry Research Centre
3 Priory Road
Bristol, BS8 1TX

Tel: 0117 331 0980
Fax: 0117 331 0978
Email: ci-team@bristol.ac.uk
Web: www.bris.ac.uk/cipold/

Improving Health and Lives: Confidential Inquiry

Confidential Inquiry into Deaths of People with Learning Disabilities

Form B12 Sudden unexpected death

	Yes	No	N/K
Had the person complained of any signs of illness			
Within 24 hours (1 day) before death	☐	☐	☐
24- 48 hours (2 days) before death	☐	☐	☐
48- 72 hours (3 days) before death	☐	☐	☐
3- 7 days before death	☐	☐	☐
If yes, were any actions taken (please describe)	☐	☐	☐

Had any signs of illness been recognised by the family, carers or professionals	Yes	No	N/K
Within 24 hours (1 day) before death	☐	☐	☐
24- 48 hours (2 days) before death	☐	☐	☐
48- 72 hours (3 days) before death	☐	☐	☐
3- 7 days before death	☐	☐	☐
If yes, were any actions taken (please describe)	☐	☐	☐

Was there:	Yes	No	N/K
No apparent illness	☐	☐	☐
Illness but not expected to cause death at that time (please describe)	☐	☐	☐

CI Identifier…… (Office use only)

Accident/incident (please describe)	☐ ☐ ☐
Had a request been made for the person to see a medical professional within the previous 24 hours 24-48 hours (1-2 days) 2-7 days If yes, please specify who and what the outcome was	**Yes No N/K** ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Had the person been seen by a medical professional within the previous 24 hours 24-48 hours (1-2 days) 2-7 days If yes, please specify who and what the outcome was	**Yes No N/K** ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Had the person experienced any previous apparent life-threatening events - e.g. seizures, aspiration, episodes of being found acutely unwell for any reason? If so, please describe.	**Yes No N/K** ☐ ☐ ☐

CI Identifier…… (Office use only)

Time from when the person was last seen/heard to be alive and being found dead 1 hour 2-3 hours 4-8 hours 9-12 hours 13-24 hours More than 1 day More than 3 days More than 5 days More than 7 days Not known	Please tick one box only ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Time of day found dead 24.00 – 6am 6am – 12md 12md – 6pm 6pm – 24.00 Not known	Please tick one box only ☐ ☐ ☐ ☐ ☐
Immediately before being found dead or collapsed, was the person thought to be: Awake Asleep Not known	Please tick one box only ☐ ☐ ☐
If asleep, had the person been helped into a particular position If yes, what position was the person thought to be in: Prone Supine Side Other Not known Had a sleep system been used to position the person when asleep If yes, please describe the sleep system and compliance with the sleep system: …… …… ……	**Yes No N/K** ☐ ☐ ☐ Please tick one box only ☐ ☐ ☐ ☐ ☐ **Yes No N/K** ☐ ☐ ☐

CI Identifier…… (Office use only)

Had any restraint been used to position the person when asleep If yes, please describe the restraint used …… …… ……	**Yes** ☐ **No** ☐ **N/K** ☐
Where was the person found:	Please tick one box only
Bed (alone) Bed (with another person) Sofa (alone) Sofa (with another person) Floor	☐ ☐ ☐ ☐ ☐
	Please tick one box only
Kitchen Lounge/sitting room Bedroom Toilet/bathroom Hall/stairs Other room in house (please specify)	☐ ☐ ☐ ☐ ☐ ☐
Outdoors – public place (please specify)	☐
Other place (please specify)	☐
Not known	☐
When found, what position was the person in:	Please tick one box only
Prone Supine Side Sleep system Other (please specify)	☐ ☐ ☐ ☐ ☐
Not known	☐

CI Identifier…… (Office use only)

	Yes	No	N/K
Was the environment thought by those conducting the scene examination thought to be hazardous? If yes (describe why)	☐	☐	☐

	Yes	No	N/K
Had the person taken any of the following in the 24 hours prior to their death			
Alcohol	☐	☐	☐
Prescribed drugs (please specify which)	☐	☐	☐
Illicit drugs/substances (please specify which)	☐	☐	☐
Smoked tobacco	☐	☐	☐
Opiates(please specify)	☐	☐	☐
Sedative drugs (prescribed or not – please specify)	☐	☐	☐

	Yes	No	N/K
Did the person have a history of epilepsy or fits?	☐	☐	☐
If yes, when was their last fit?	☐	☐	☐
Were their fits controlled by medication? If so, please specify which	☐	☐	☐

CI Identifier…… (Office use only)

Did the person have a risk assessment/action plan available (as part of a Health Action Plan or Care Plan) stating what to do if there was a rapid deterioration in that condition? If yes, was the plan followed?	**Yes** **No** **N/K** ☐ ☐ ☐ ☐ ☐ ☐
Did the person have any other long term condition such as asthma or diabetes? If yes, please name If yes, when was their last acute episode and how was that managed? Did the person have a risk assessment/action plan available (as part of a Health Action Plan or Care Plan) stating what to do if there was a rapid deterioration in that condition? If yes, was the plan followed?	**Yes** **No** **N/K** ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Was resuscitation attempted when the person was found?	**Yes** **No** **N/K** ☐ ☐ ☐
How long after initial presentation to medical attention was the person declared dead? <1 hour 1-2 hours 2-6 hours 6 – 24 hours More than 24 hours Don't know	Please tick one box only ☐ ☐ ☐ ☐ ☐ ☐

Thank you for completing this form. Please return it as soon as possible to the CI team.

You can return the form:

- by post: CI team, Norah Fry Research Centre, FREEPOST (SWB 1630) Bristol BS8 1ZZ
- by fax: 0117 3310978

Thank you.