



**Paediatric End of Life managed Care Network (PELiCaN)**

Clinical Lead Checklist – Post Child Death

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| **Child’s Name:** |  | **Date of Death:** |  |
| **DoB/CHI:** |  | **Place of Death:**  |  |

|  |  |  |
| --- | --- | --- |
| **1)** | **A responsible clinician has been identified for this patient** |  |
| Name: |  |
| Role: |  |
| **2)** | **All teams involved with caring for the child have been identified and contacted** (See list in Appendix 1 for suggested contacts) |  |
| Notes: |  |
| **3)** | **DATIX entry has been completed** |  |
| **4)** | **Completed Serious Adverse Event Review (SAER) briefing note***if applicable* |  |
| **5)** | **Completed referral to Procurator Fiscal (EF5 form)** *if applicable* |  |
| **6)** | **Hospital post-mortem considered (medical team must write a death certificate)** *if applicable* |  |
| **7)** | **Medical Certificate of Cause of Death (MCCD) Completed** |  |
| Completed by: |  |
| Role: |  |
| **8)** | **Immediate discharge letter Completed** |  |
| Completed by: |  |
| Role: |  |
| **9)** | **Agreement with family that following death the child’s body will be transferred to:** |
| Home (using a CuddleCot or Flexmort system) |  |
| Hospice (rainbow room- prior agreement required before offer)  |  |
| Hospital Mortuary |  |
| Funeral directors |  |
| Place of Spiritual Worship (e.g. Mosque) |  |
| Other: |  |
| ***Key Suggestion:*** *It may be useful to look at the* [*SCYPPCN guidance for taking a child home after death*](https://www.pelican.scot.nhs.uk/guidance-documents/) *document this point.* |
| **10)** | **Offer additional memory making to parents before child goes to mortuary/home/hospice (e.g., Hand and footprints, lock of hair)** |  |
| Notes: |  |
| **11)** | **Agree who will contact the family in 48 hours following death to offer support** |  |
| Name: |  |
| Role: |  |
| **12)** | **Agree who will offer the family follow up contact in the future?** *E.g., 6 weeks post-death, anniversaries, Christmas, 1-year post-death* |  |
| Name: |  |
| Role: |  |
| **13)** | **Ensure process of arranging funeral has been discussed with family and point out extra or hidden costs** *(see* [*Funeral Costs in Scotland*](https://www.pelican.scot.nhs.uk/guidance-documents/) *document)* |  |
| **14)** | **Funeral representation agreed within the team?** *If applicable* |  |
| **15)** | **Arrange a ‘hot’ debrief within 72 hours if there has been a sudden or traumatic event** *If applicable* |  |
| **16)** | **Arrange a holistic debrief in 4-6 weeks** *If applicable* |  |
| **17)** | **Arrange Local Team Based Quality Review presentation** |  |
| **18)** | **Notify child’s case to local Child Death Review team by email** |  |
| **19)** | **Consider family referral to Health Board Welfare Officers** |  |
| **20)** | **Close** [**occurrence marker**](https://www.pelican.scot.nhs.uk/guidance-documents/) **with police and SAS** |  |
| **21)** | **Provide Family with signposting to:** |  |
| * To report a death to most government organisations in one go- [‘tell us once’](https://www.gov.uk/after-a-death/organisations-you-need-to-contact-and-tell-us-once) phone line
 |  |
| * Search for local support on [the Hub of Hope website](https://hubofhope.co.uk/)
 |  |
| * [Cruse Bereavement Care](http://www.cruse.org.uk/) – support during loss and grief
 |  |
| * [The Compassionate Friends](https://www.tcf.org.uk/content/ftb-siblings/) – for parents and their families; including specific support for siblings
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| * Together for Short Lives – [When a child dies factsheet](https://www.togetherforshortlives.org.uk/get-support/supporting-you/family-resources/when-a-child-dies/)
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# Appendix 1- List of Possible Participants

* Allied Health Professionals – Dietician, Speech and Language Therapists, Physiotherapists, Occupational Therapist, Psychology
* Ancillary staff – Domestics, Porters, Technicians
* Community staff – General Practitioner (GP), Health Visitors, District Nurses, Paramedics, Community Childrens Nurses
* Carers- including 3rd Sector
* Chaplain or Faith Leaders
* Doctors (from any relevant specialty) at any stage in training, including Surgeons and Anaesthetists
* Education and School teams and staff
* Family Support Teams
* Nurses – Ward, Specialist, Students, Managers
* Non-clinical including Administrators, Secretaries and Ward Clerks
* Pharmacy teams
* Play teams
* Residential and respite staff- including 3rd Sector
* Social workers
* Specialist personnel – Physiologists
* Theatre staff