Death of a Child, including Sudden Unexpected Death in Infancy, children and adolescents (SUDICA)

**General Guidance**

**SECTION 1**

**Arrive at scene**

- Expected child death
- Unexpected child death – questionable crime scene
- Unexpected child death – obvious crime scene

- Care plan available
- No care plan available

- Viable resuscitation

- Condition unequivocally associated with death

**YES**

- Recognise life extinct

**NO**

- Contact named clinician; leave child at home

- Commence resuscitation

- No obvious cause of death

- Obvious cause of death

**YES**

- Transport child and parents to ED; inform ambulance control to direct police to hospital

**NO**

- Ask ambulance control to contact police and await attendance or telephone advice of a child death DI* and follow instruction

- Advised by child death DI to take child and parents to ED

- Crime scene declared; leave child at scene; inform ambulance control

**Pre-alert and take to appropriate ED that is prepared to accept sudden deaths in children**

**Conditions unequivocally associated with death in children less than 18 years:**
1. Massive cranial and cerebral destruction
2. Hemicorporectomy or similar massive injury
3. Decomposition/putrefaction
4. Incineration

NB The Royal College of Paediatrics and Child Health is starting a review of the whole SUDICA process and its advice will be passed on to all pre-hospital clinicians in due course. In the meantime the presence of rigor mortis and hypostasis should not preclude resuscitation in children unless there is other substantial evidence to suggest that they are clearly beyond help.

*Child Death Detective Inspector – A Detective Inspector who is trained in the management of child death incidents to ensure the multi-agency investigation is commenced and evidence gathered to ascertain the full facts of the child’s death.

Figure 1.2 – Example of a local child death procedure from South Central Ambulance Service – reproduced with kind permission.