

## Emergency Department Mortality Tool

**All deaths in the ED must be reviewed by an ED Consultant using this tool.**

PAS/NHS no. \_\_\_\_\_

Case reviewed by: \_\_\_\_\_

Patient Initials \_\_\_\_\_

GMC No \_\_\_\_\_

Date of Death \_\_\_\_\_

Date of Review \_\_\_\_\_

Q1. Was this a trauma patient?

YES ☐NO ☐

Q2. Was the patient dead on arrival?

YES ☐NO ☐If **YES**, Thank you for your time. Please stop here.If **NO**, Please continue to Q3.

Q3. At the time of clinical assessment was death the expected outcome?

YES ☐NO ☐If **YES**, Thank you for your time. Please stop here.If **NO**, Please provide a brief summary of events in the space below and then continue to Q4.

Q4. After your review of the case do you think this death was preventable or that there were issues that contributed to the death?

YES ☐NO ☐If **YES**, Please provide further details below