Pathway developed by the Somerset Sudden Cardiac Death Working Group 2009

Algorithm - Sudden Death 16 to 35 years

Death reported to Coroner via Hospital, GP, Police 425 form, Out-of-Hours (OOH) Service

Coroner may contact GP/hospital Dr for likely cause of death and to sign Medical Certificate of Cause of Death

If seen by a doctor within last 14 days etc and death natural and expected, body released for disposal

If PM ascertains a cause of death and no inquest opened -

- Positive ICC diagnosis
- Cardiomyopathy any age
- MI / Ischaemic Heart Disease and 35 and under, but over 16

Coroner’s pathologist post mortem (PM) examination – ideally within 3 days

Under 16 PM to be carried out in Great Ormond Street or Birmingham Children’s Hospital

Lack of diagnosis, suspicion cardiac in origin and 35 or under: Coroner seeks permission to take heart, skin biopsy and or fresh frozen spleen tissue for storage and genetic testing at Bristol

Refer heart to Mary Sheppard at Brompton Hospital, ideally whole heart

Positive ICC diagnosis
- Cardiomyopathy any age
- MI / Ischaemic Heart Disease and 35 and under, but over 16

Coroner refers relatives to BHF Genetic Information Service (GIS) 0300 456 8383 www.bhf.org.uk

Refer heart to Coroner and deceased’s GP

Coroner refers on to Arrhythmia nurse specialists (ANS)

PM report to coroner and deceased’s GP

Coroner refers relatives to Arrhythmia Nurse Specialists

Refer relatives to specialist centre, MPH Cardiology (including visiting Paediatric Cardiologist) for appointment with cardiologist and clinical genetics

Key:
- Step
- End for purpose of this pathway
- Information