Working together to improve the diagnosis, treatment and quality of life for all those affected by arrhythmias

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
- Tissue samples must be taken within 3 days
- Relatives of those that died out of area
- Potential inherited cardiac condition (ICC) in family (not addressed)
- Traumatic death, difficult to identify cause of accidental and death
- If seen by a doctor within last 14 days etc and death natural and expected, body released for disposal
- 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
- If PM ascertains a cause of death and no inquest opened:
  - Positive ICC diagnosis
  - Cardiomyopathy any age
  - Mitral/Ischaemic Heart Disease and 35 and under, but over 18
- Coroner refers relatives to BHF Genetic Information Service (GIS) 0300 450 8383 www.bhf.org.uk
- 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 in Bristol
- Refer heart to Mary Sheppard at Brompton Hospital, ideally whole heart
- Coroner refers on to Arrhythmia nurse specialists (ANS)
- PM report to coroner and deceased's GP
- GP

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

Key: Stop End of purpose of this pathway Information

Pathway developed by the Somerset Sudden Cardiac Death Working Group 2009

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