FFLM Joint CED Working Group

Post Conducted Energy Device (CED) Assessment Form for Forensic Clinicians

This is an aide memoire and not all sections need to be completed, however all sections should be considered.

General Details

Location	**Cell**	**Reason for Arrest**
Name		**Arrest date/time**
Address		**Request Time**
		Time Commenced
		Time Completed
DOB		**Detainee's Occupation**
Registered with GP? Y□ N□	**GP Details**	
Examination Location: Medical Room □ Cell □ Other (please specify) □		
Persons Present:		**Risk assessment read?** Y□ No□

Consent

Concerns re mental capacity Y□ N□ If yes, is lack of capacity temporary □ or permanent □ (document reasons for lacking capacity)

Consent Obtained For (explain each point individually):

Medical assessment including history & examination? Y□ N□

Injuries being documented for & provided to police or court? Y□ N□

Information sharing with other clinicians e.g. GP? Y□ N□

A statement being written for police & court? Y□ N□

DP Signature:

Verbal Consent? Y□ N□

Understanding

First time in custody:? Y□ N□ Aware of reason for arrest? Y□ N□ Aware of consequences? Y□ N□

Aware of Rights? Someone informed? Y□ N□ Solicitor? Y□ N□ Codes of Practice? Y□ N□

Summary of events leading up to CED deployment

Information provided by officer (name) Collar number

Clinicians should consider the detainees demeanour prior to CED discharge, the environment, history of intoxication etc here

Clinician _____ Signed _____ Custody Number: _____

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CED Deployment Information

Time of discharge : **Date of Discharge** / / **Mode of Discharge** Probe / Drive Stun / Angled Drive Stun

Number and duration of discharges: **CED Model:** X26e □ X2 □ T7 □ T10 □

Number of probes fired **Probes Removed?** Y□ N□ **Who by?**

Other restraint used? **Irritant Spray?** Y□ N□ **Baton?** Y□ N□ **Spit/Biteguard?** Y□ N□ **Dog?** Y□ N□ **Cuffs?** Y□ N□

Other restraint or relevant information (please specify)? Y□ N□

Immediate Concerns expressed by detainee?

Acute symptoms?

Pain or injury?		History of	
Head:	Y□ N□	LOC:	Y□ N□
Neck:	Y□ N□	Amnesia:	Y□ N□
Right UL*:	Y□ N□	Seizure:	Y□ N□
Left UL*:	Y□ N□	Vomiting:	Y□ N□
Chest:	Y□ N□	Visual disturbance:	Y□ N□
Abdomen:	Y□ N□	Dyspnoea:	Y□ N□
Pelvis:	Y□ N□	Paraesthesia:	Y□ N□
Right LL*:	Y□ N□	Weakness:	Y□ N□
Left LL*:	Y□ N□		
Back:	Y□ N□		

If yes to any please elaborate here in addition to any other relevant history disclosed:
*UL = upper limb, LL= lower limb

Past Medical History

PPM: Y□ N□ **ICD:** Y□ N□ **IHD:** Y□ N□ **Diabetes:** Y□ N□ **Epilepsy:** Y□ N□ **Asthma:** Y□ N□ **Allergies:** Y□ N□

Implanted device: Y□ N□ **Pneumothorax:** Y□ N□ **Pregnant:** Y□ N□ **Osteoporosis:** Y□ N□ **Spinal/Neurosurgery?** Y□ N□

If yes to any of above or relevant other history please elaborate here:

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Prescribed Medication – specifically enquire re anti-coagulants

Drug	Dose	Frequency	Last Taken	Next Due	In Property?	Boxed & Labelled?
					Y□ N□	Y□ N□
					Y□ N□	Y□ N□
					Y□ N□	Y□ N□
					Y□ N□	Y□ N□
					Y□ N□	Y□ N□
					Y□ N□	Y□ N□
					Y□ N□	Y□ N□

Substance Misuse/Dependence Issues – please use continuation sheet if necessary and pay particular attention to stimulant use

Smoker? Y□ N□ **Alcohol Misuse Issues?** Y□ N□ **Other Substance Misuse Issues?** Y□ N□ **Currently** intoxicated? Y□ N□ withdrawing? Y□ N□

Details if yes

Examination – please use continuation sheet if necessary

Heart Rate:	Rhythm: regular / irregular	BP: /	RR:	Equal air entry? Y□ N□

Sats: %	Alertness: A□ C□ V□ P□ U□ **or** GCS /15 E: V: M:	BM:	Ketones if ↑BM:	Temp: °C

Mental State Examination

Appearance & Behaviour (gen. appearance, social interaction, movements etc)	Thoughts (delusions, paranoia, hallucinations etc)
Speech (Normal, slurred, pressured etc)	Concentration & Cognition (focussed, distracted, fund of information and intelligence, memory, intellectual disability)
Mood (Normal, elated, flat, irritable etc)	Judgement & Insight (Present or absent)

Physical Examination:

Barb site 1

Barb site 2

Head			Neck	
Pupils	Size	Reactive	Paraesthesia?	Y□ N□
Right	mm	Y□ N□	Midline tenderness?	Y□ N□
Left	mm	Y□ N□	ROM flex/extend	
Eye movements			ROM rotation R/L	
Diplopia		Y□ N□	ROM lat flex/extend	

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Examination Continued

Chest

Abdomen & Pelvis

Normal movements at

Shoulder	Y□ N□	Y□ N□	Hip	Y□ N□	Y□ N□
Elbow	Y□ N□	Y□ N□	Knee	Y□ N□	Y□ N□
Wrist	Y□ N□	Y□ N□	Ankle	Y□ N□	Y□ N□
Hand	Y□ N□	Y□ N□	Foot	Y□ N□	Y□ N□

Please note, a complete body diagram should be considered for all individuals assessed post CED exposure

Additional Information (if required)

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Conclusions

Health issues identified with potential to impact on custody stay & criminal justice process

		Copy of Conducted Energy Device Patient Factsheet provided? Y□ N□		
FTD? Y□ N□	**FTT?** Y□ N□	**FTI?** Y□ N□	**AA?** Y□N □	**FTC?** Y□ N□
If no to any of above, measures to be taken?:				**Self Harm/Suicide Risk** Std□ High□
				Level of Observation 1□ 2□ 3□ 4□
FTR? Y□	Y with measures documented in advice below □	N next steps documented in advice below □		

Advice to Custody Staff including details of any referrals made (CDAT/CJLT/A+E etc)

Visit www.fflm.ac.uk\CEDHub or scan the QR code below for additional information (including videos with guidance on barb removal) and the latest guidance

Produced by the CED Working Group (members listed on the CEDHub)

Send any feedback and comments to: forensic.medicine@fflm.ac.uk

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