



IMS Drug and Alcohol Related Deaths Reference Data Updates - Core Dataset B January 2024

Drug and Alcohol Related Death record **Case ID: 172** **Michael Test Test** Autosave ON Save & Close Close Flag Record

Form Completion 51%

Main Details | Employment & Housing | Details of Death | **Health & Medical** | Substance Misuse Service | Additional Information | Supporting Documents | Panel Case Report | Coroner Data

Health & Medical

Medical conditions at the time of death and date of diagnosis

Was the individual experiencing chronic pain? Yes No

Was there any concerns around the individual's weight? Yes No

Did the individual identify as being neurodiverse? Yes No

Mental health diagnosis as the time of death

<input type="checkbox"/> Schizophrenia/Schizoaffective disorders	<input type="checkbox"/> Delusional	<input type="checkbox"/> Depression	<input type="checkbox"/> Post-natal Depression	<input type="checkbox"/> Anxiety/Phobia/panic disorder/OCD	<input type="checkbox"/> Alcohol Misuse
<input type="checkbox"/> Alcohol dependence	<input type="checkbox"/> Drug Misuse	<input type="checkbox"/> Personality Disorder	<input type="checkbox"/> Adjustment disorder/reaction	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Eating disorder
<input type="checkbox"/> Dementia	<input type="checkbox"/> Other psychotic illnesses	<input type="checkbox"/> Aspergers/Autistic spectrum	<input type="checkbox"/> ADHD	<input type="checkbox"/> No Mental Disorder	<input type="checkbox"/> Other (Please specify)
					<input type="checkbox"/> Not Known

IMS Drug and Alcohol Related Deaths

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Added Data Items:

Gender-identification

Section: Main Details

Did the individual identify their gender with the same sex as registered at birth?

Possible response values -	
Yes	
No	
Not stated	

Bereavement:

Section: Main Details

Has the individual experienced issues related to bereavement during the last 24 months?

Possible response values -	
Yes	
No	
Not stated	

Weight:

Section: Health and Medical

Was there any concerns around the individual's weight?

Possible response values -	
Yes - Substantially underweight	
Yes - Substantially overweight	
No concerns	
Not stated	

Substance cohort:

Section: Substance Misuse Service

What substance group cohort did the individual present for treatment?

Possible response values -	
Opiates	
Non-opiate only	
Alcohol only	
Non-opiate and alcohol	
Not stated	

OST Titration:

(Only if answered “yes” to “Was the individual in receipt of a prescribed substitute OST drug?”)

Section: Substance Misuse Service

Was the individual’s OST dosage being titrated up or down?

<i>Possible response values -</i>	
Titrated upwards	
Maintenance	
Titrated downwards (reduction)	
Not stated	

Pain management:

Section: Health and Medical

Was the individual experiencing chronic pain? (may be either diagnosed or self-reported.)

<i>Possible response values -</i>	
Yes	
No	
Not stated	

Neurodiversity:

Section: Health and Medical

Did the individual identify as being neurodiverse? (Examples of Neurodiversity can include Autism, ADHD, ADD, Dyslexia, Dyscalculia and Dyspraxia)

<i>Possible response values -</i>	
Yes	
No	
Not stated	

Case summary / Internal review learnings:

Section: Substance Misuse Service

What were the learnings from this case?

<i>Possible response values -</i>
Free text response– (multi-line text box)

Method of last contact:

Section: Substance Misuse Service

What was the method of last contact? (if this was anything other than face-to-face, please include in the additional details when the last face to face contact occurred)

<i>Possible response values -</i>	
Face to face	
Telephone	
Text message	
Letter	
Other (please specify)	

Removed Data Items:

Actions Taken <i>Section: Details of Death</i>
Past psychiatric status (includes contact before the 12 months prior to death) <i>Section: Health and Medical</i>
If applicable, had there been face to face contact with the patient by mental health provider within 48 hours of discharge from in-patient care? <i>Section: Health and Medical</i>
State the number of days between discharge and first contact <i>Section: Health and Medical</i>
Number of admissions to psychiatric in-patient ward in the past 12 months (including admission at the time of death) <i>Section: Health and Medical</i>
Date of last contact with GP <i>Section: Health and Medical</i>
Most recent AUDIT score <i>Section: Substance Misuse Service</i>
Referral Date <i>Section: Substance Misuse Service (referrals sub section)</i>
Referral Details <i>Section: Substance Misuse Service (referrals sub section)</i>
Ambulance attended? <i>Section: Coroner Information</i>
Resus attempted? <i>Section: Coroner Information</i>