

	Subject: Patient Death	Number: I-A-11
	Function: Ethics, Rights and Responsibilities	Revised: 10-31-08
	Applies To: Corporate <input type="checkbox"/> CRH <input type="checkbox"/> MRC <input type="checkbox"/> UHC <input checked="" type="checkbox"/> UP <input type="checkbox"/>	

OBJECTIVE: To identify the correct procedure for the care and disposition of deceased patients and their belongings, as well as to respond to the needs of the bereaved family.

POLICY:

1. Procedures dealing with patient deaths that occur within University Hospitals and Clinics (UHC) will comply with Missouri statutes regarding death and will be consistent with patient care practice expectations within the institution.
2. UHC will work to collaborate and coordinate directly with the H. S. Truman VAMC morgue to manage patient remains for medical examiner's cases, a donor, autopsy case, and release to funeral homes.
3. The licensed physician who declares death is responsible for completion of the Death Certificate (unless the death is being investigated, in which case the death certificate will be completed by the medical examiner).
4. Body Substance precautions shall be followed when handling deceased patients.
5. An autopsy or a medical examiner's investigation does not prohibit organ, tissue, or eye donation, but does eliminate the option for whole body donation.
6. A physician or family member of the deceased can initiate request for an autopsy. A signed consent form is required from the highest order legal next-of-kin or from a notarized consent by the deceased. Telephone consent may be obtained if the legal next-of-kin is not present to sign in person. In a medical examiner case, an autopsy may be performed without obtaining consent from the family.
7. The patient remains will be released to the funeral home selected by the legal next-of-kin.
8. Completed sections of the death certificate are to be typed or printed in permanent black ink.
9. If the deceased patient contains radioactive substances (sealed or unsealed), the physician must notify the Pathology Resident before the patient remains is transferred from the nursing unit. The type of radioactive substance should be labeled on a piece of adhesive tape placed across the outside of the shroud and on the toe tag.
10. All patient remains transportation will be coordinated through Patient Support Services.
11. The Registered Nurse in charge of the patient's care is to complete the Deceased Patient Checklist in PowerChart.

DEFINITIONS:

Death

1. An individual who has sustained either of the following:
 - A. Cardiac Death:
 1. Irreversible cessation of circulatory and respiratory function.
 - B. Imminent Death:
 1. Neuro-injured patient, ventilator-dependent with Glasgow Coma Scale Score, GCS, of five (5) or less.
 2. A ventilator-dependent patient where mechanical and pharmacological support is being withdrawn.
 - C. Death by Neurological Criteria:
 1. Irreversible cessation of all functions of the entire brain including that of the brain stem.
 - D. Medical Examiner Cases
 1. Deaths in which the medical examiner from the county with jurisdiction over the patient remains chooses to investigate the cause/mechanism of the death with the potential of including an autopsy.

GENERAL PROCEDURES:

1. If the legal next-of-kin requests personal custody of the deceased for transport or burial, notify the House Manager.
2. If necessary, the department manager or house manager will assist the family with selecting a funeral home.
3. Medical Examiner Reporting:
 - A. Any person who is dead upon arrival at the hospital
 - B. Any patient that dies within 24 hours after admission
 - C. Deaths of children under the age of 19
 - D. Any person incarcerated at the time of their death
 - E. Any death, directly or indirectly, caused from trauma or suspicious circumstances including:
 1. Violence by homicide, suicide, accident, trauma, abuse, poison, etc.
 2. Thermal, chemical, electrical, or radiation injury
 3. Diseases thought to be hazardous or contagious
 4. ANY unusual or suspicious deaths occurring in the hospital
4. Disposition Authority of the patient remains
 - A. The order of legal authority to direct the disposition of the deceased person's remains is defined as listed below, with the expectation that direction on disposition should be obtained from the highest class available.
 - B. Class I – The deceased may consent to an autopsy, if in writing, duly signed, and notarized before his/her death.
 - C. Class II – A person designated by the deceased in a Durable Power of Attorney that expressly refers to giving of consent for an autopsy or a post-mortem examination.
 - D. Class III – The surviving spouse.
 - E. Class IV – If deceased is a minor, parent(s) shall direct disposition of the patient remains.

- F. Class V – If there is no surviving spouse (or the spouse is declared incompetent, or if whereabouts of spouse are unknown) then the disposition of the patient remains may be directed by any one of the surviving children, parents, or siblings (in that order).
- G. Class VI – If none of the previously mentioned persons can be reached by telephone, then any other relative, by blood or marriage, may direct the disposition of the patient remains.
- H. Class VII – If no relative assumes the right to control the patient remains, any friend(s) may assume such responsibility.

Physician Procedures

1. Notify the medical examiner of all appropriate deaths.
2. Notify the legal next-of-kin.
3. Request authorization for an autopsy from the legal next-of-kin, unless it is a medical examiner's case.
4. Obtain consent for the autopsy.
5. If the legal next-of-kin is present at the hospital, obtain a signature on the **Authorization for Autopsy** form.
6. Use the **Telephone Authorization for Autopsy** form to document consent by individuals not present at the hospital. Instructions are printed on each form.
7. Complete a written note of declaration of death in patient's medical record.
8. Print the patient's complete name along the left border of the Death Certificate unless it is a medical examiner's case.
9. Sign the Death Certificate
10. If unsure of the cause of death and it is not a medical examiner's case, the cause of death can be left blank and the Primary Care Physician will be contacted for completion.

Nursing/Unit Clerk Procedures:

1. Notify the House Manager.
2. Locate and utilize the Deceased Process accordion folder. This folder contains death certificates, hard copies of the Patient Death Algorithms, condolence cards, and other supporting materials.
3. Notify the Physician in charge, the Medical Examiner, and Midwest Transplant Network Coordinator of the patient's death.
4. Utilize one (1) of the following six (6) Patient Death Algorithms to manage the patient's remains based upon communication with the patient's family, the physician in charge, the Medical Examiner, and/or the Midwest Transplant Network Coordinator
 - A. Donor:
 1. Donor Hold and Medical Examiner Hold:
<https://docushare.umh.edu/dsweb/Get/Document-17419/ALGORITHM%20DONOR%20HOLD%20and%20ME%20HOLD.doc>
 2. Donor Hold and Family Requested Autopsy:
<https://docushare.umh.edu/dsweb/Get/Document-17418/ALGORITHM%20DONOR%20HOLD%20and%20family%20requested>

- [%20autopsy.doc](#)
3. Donor Hold Only <https://docushare.umh.edu/dsweb/Get/Document-17420/ALGORITHM%20DONOR%20HOLD%20ONLY.doc>
- B. Non-Donor:
1. Non-Donor and Medical Examiner Hold:
<https://docushare.umh.edu/dsweb/Get/Document-17423/ALGORITHM%20NON-DONOR%20and%20ME%20HOLD.doc>
 2. Non-Donor and Family Requested Autopsy:
<https://docushare.umh.edu/dsweb/Get/Document-17422/ALGORITHM%20NON-DONOR%20and%20family%20requested%20autopsy.doc>
 3. Non-Donor, Non-Medical Examiner, Non-Autopsy:
<https://docushare.umh.edu/dsweb/Get/Document-17421/ALGORITHM%20NON%20DONOR,%20NON%20ME,%20NON%20AUTOPSY.doc>
5. Complete the Deceased Patient Checklist in AdHoc Charting in PowerChart.
 6. Print two (2) copies of the Deceased Patient Checklist from Form Browser in PowerChart.
 7. Place one (1) of the Deceased Patient Checklists on the patient body bag and one (1) of the Deceased Patient Checklists in the medical record.
 8. To request Morgue transport, enter request into Teletracking.
 9. Notify Admissions of the patient's death and discharge via the Patient Care System (PCS).
 10. If funeral home is unable to pick up the patient within two (2) hours of notification of the funeral home, request a Morgue transport through Teletracking.
 11. If the family arrives after the patient remains have gone to the VAMC Morgue, contact the House Manager to arrange alternative viewing location. Do not send the family to the morgue to view the patient remains.
 12. Send all items home with the family with exception of dentures and glasses. Complete two (2) copies of the **Personal Property Form** indicating the release of the belongings and have a family member sign the receipt form. Place one (1) copy in the medical record and send the other copy to the morgue with the patient remains. Do not send valuables or jewelry to the morgue.
 13. In the absence of family members, all valuables or jewelry will be stored in the Security Department safe. Security will provide a **Valuables Receipt** to the unit clinical supervisor, to be given to the family upon arrival. Keep one (1) copy in the medical record. Upon arrival of the family, they will be notified of any valuables of the deceased stored in the Security Department safe. The family will be given the Security Receipt needed to retrieve the valuables.
 14. Fax the signed Death Certificate to Medical Records 884-0078 marked "Attention HIT Section."

TRANSPORTION AND REALEASE OF DECEASED

Patient Support Services Transport Team (PST) Procedures:

1. Release of Bodies to Funeral Homes
 - A. After the release of the patient remains to the funeral home, return the patient's

- medical record to the Medical Records Department.
2. Transport the patient remains to the VAMC morgue if a medical examiner's case, a donor, or autopsy case.
 3. Once PST is on the nursing unit, PST should first check at the desk to see that the following items have been completed. Certificate of Death (make two copies)
 4. Verify that the Death Certificate has the correct name on it.
 5. Verify that the Deceased Patient Checklist Form in PowerChart print out is on the body bag.
 6. Patient's chart is required to accompany patient remains **only** if there is an autopsy pending.
 7. When an autopsy is not planned or suspected, the chart will be left on the unit.
 8. When arriving in the VAMC morgue with the patient remains, the following should be done by PST:
 - A. Place the patient remains in the VAMC cooler
 - B. Enter the deceased patient in the VAMC morgue logbook, including full name, patient pop. # (0000), patient 7-digit hospital ID#, ward location, time of arrival, and the PST's name in the "Accessioned by" column. Do not write any information in the Autopsy Log Book.
 - C. Place the Death Certificate on the Morgue desk.
 - D. The documents should be placed on the desk in the VAMC morgue when the patient remains are delivered.

Coordination of Release of Patient remains from the VAMC Morgue to Funeral Homes

1. When a UHC patient remains is brought to the VAMC morgue, it is accompanied by paperwork furnishing the name of the funeral home selected by the next of kin, along with address and telephone number of the next of kin.
2. When the funeral home has been named by the next of kin, but not contacted, VAMC is permitted to provide the name and telephone number of the next of kin to the funeral home, so they may contact the family to make arrangements.
3. VAMC will proceed as follows when the next of kin's name and telephone number has not been provided:
 - A. Inform the funeral home VAMC will call them back with the missing information
 - B. Call the UHC location from where the deceased patient came to try to obtain the information
 - C. If information is not obtained, page the UHC House Manager.
 - D. VAMC will return the call to the funeral home with the missing information as soon as possible.

Funeral Home Phone Numbers:

https://itsweb.umh.edu/nursing_standards or <http://www.funeralnet.com/>

Key Content Expert: Chair, Provision of Care Committee

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