Subject: Post Mortem Care

Policy: Post-Mortem care will include preparing the body for family viewing, proper preparation if donation desired, arranging transportation to the morgue and/or funeral home, and determining the disposition of the patient/s belongings. Comforting and supporting the patient’s family and friends and providing for their privacy will be considered.

Purpose: To guide the care provider after the death of a patient.

Additional Information:

1. Upon the death of a patient, the post-mortem care and Organ/Tissue Donor Notification Form (MR #134) will be completed by the Associate Director/Director or designee.
2. All bodies shall specify or signify either “known contagious or infectious disease”, or “suspected contagious or infectious disease”. The sticker (orange sticker) will be placed on the patient’s name bracelet – opposite of the name.
3. In the event of a fetal death before 20 weeks gestation, the parents may have the hospital dispose of the products of conception.
4. Determine from the physician if autopsy is to be performed. (See Policy 6.5 Autopsy).
5. The identification band will remain attached to the body.
6. Spiritual concerns should be addressed and documented in chart.

Equipment List:

- Soap and water
- Chux
- Orange sticker
- 10 ml syringe
- Clean gown

Content – Procedure

Procedure Steps:

1. Notify physician and Nursing Director or Associate of Patient Care of patient’s death. Notify relatives or significant others. Nursing Director, Associate Director, ER charge nurses who have completed the Organ Procurement Requestor course, or physician will notify Iowa Donor Network for organ/tissue donation suitability. Document on MR 134.
2. If autopsy is to be done or if patient is an organ donor prepare necessary forms. (MR 44 or MR 134)

Key Points:

1. Physicians, or referring or consulting, who have not recently seen the patient do not need to be notified if death takes place in the middle of the night. They should be notified first thing in the morning: Copy of MR #134 placed in physician mailboxes.
2. Document this discussion. If medical examiner case do not remove body or any equipment until approved by medical examiner. See Administrative Policy 210.
3a. Place the body in supine position, arms at sides and head on a pillow. Elevate head of bed slightly to prevent discoloration from blood settling in the face. Cleanse the body as needed.

b. Remove any tubing not sutured in place. Leave dentures in mouth. If they were removed before death, place in clean denture cup and send with the body.

c. If eye donor, elevate HOB to 45°; instill 2-3 drops sterile saline in each eye, secure the eyelids closed with paper tape. Place ice packs on each closed eyelid.

4. If family is present provide an opportunity for them to spend a few minutes with the deceased.

5. Gather all personal belongings and send with family or if this is not possible, send with the body to the funeral home.

6. Place the known Contagious Disease/Suspected Contagious Disease sticker (orange sticker) on the patient’s name band prior to removal of body from room.

7. Supervisor/Nursing Director sign/complete required information on post mortem care form (MR 134) and communicate to Switchboard. Staff who transport body to morgue takes form MR134 to switchboard staff.

8. Supervisor/Nursing Director notify appropriate funeral home to remove body and notify of any special family requests.


10. Funeral home representative returns keys to Emergency Room dispatch office after removing body and receives a copy of post mortem care form (for in-hospital deaths) and face sheet. ER reception area sends completed form to Medical Records and attending physician.

11. Complete the chart by recording pertinent details related to the patient’s death. State time of death.

12. Discharge from CPSI as with any discharge.

3a. Use Universal Precautions.

b. No Lacrilube can be used on corneas of eye donors.


11. Time of death should be the same on all records.
Documentation:

1. CPSI flow chart under “Emotional Support” and “Post mortem care” for disposition of the body.
2. MR #134.

References: Nursing Procedures: Lippincott, Williams, Wilkins. 5th Edition

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Release of Body / Process Steps

Patient has expired

Staff member notifies the Supervisor or a Nursing Director of patient death.

Supervisor/Nursing Director notifies physician, Switchboard, and Organ Procurement Agency.

Is patient to undergo an autopsy or is death a Medical Examiner case?

Yes

Notify Medical Examiner if Medical Examiner case or MMSC Lab if autopsy to be done at MMSC.

No

Patient is an organ donor.

Yes

Supervisor prepares appropriate forms and follows procedures (MR 44, MR 134)

Organ procurement agency notifies Supervisor/Director that body may be released.

No

Has family had opportunity to view body?

Yes

Patient's nurse notifies Supervisor/Nursing Director that body is ready to be removed and whether body is in morgue or patient room.

No

Patient's nurse follows post mortem care procedure and family support.

Death outside hospital.

Death outside of hospital

Medical Examiner/Coroner or MMSC pathologist notifies funeral home and Supervisor/Director when body may be released.

No

Has family had opportunity to view body?

Yes

Supervisor/Nursing Director signs/complete required information on post mortem care form (MR-134) and communicate to Switchboard and Emergency Room dispatch office. Staff who transports body to morgue takes form to ER Reception area.

Supervisor/Nursing Director notify appropriate funeral home to remove body and notify of any special family requests.

Funeral home representative comes to Emergency Room Dispatch office, signs Removal of Body section of post mortem care form, receives keys or appropriate directions, signs death log book in morgue and removes body.

Funeral home representative returns keys to Emergency Room Dispatch office after removing body and receives copy of post mortem care form (for in-hospital deaths) and face sheet. ER Reception area sends completed form to Medical Records and attending physician.
## DEATH CONFIRMATION

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<th>Time</th>
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Confirmed by Nursing Director/Associate: ____________________________ Date: __________ Time: __________

### NOTIFICATION

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<th>No</th>
<th>Dr.</th>
<th>NA</th>
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<th>□ IDN contact</th>
<th>□ Further evaluation declined by IDN staff</th>
<th>□ IDN will contact family</th>
<th>Donation: □ Declined □ Consented</th>
<th>□ Lions Eye Bank</th>
<th>Donation: □ Declined □ Consented</th>
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Nsg. Admin. Notified of: □ Death of Infant/Child □ Restraint Death

□ Infectious Disease Label applied □ Implantable Device

□ Yes □ No

□ Consent Signed Date/Time: ____________________________

### MEDICAL AUTOPSY

□ NO □ YES

Belongings & Valuables

A= Family, B= Funeral home, C= Medical Examiner, D= Env Services, F= Pharmacy


Clothing: (describe): _______, Jewelry: (describe): _______, Other: (describe): _______

### AUTHORIZATION TO RELEASE BODY TO FUNERAL HOME

Physician/Medical Examiner NOTIFIED: Dr. __________ Date: __________ Time: __________

□ Medical Examiner Case

□ Medical Examiner has released body

□ Medical Examiner will complete investigation at funeral home

□ Medical Examiner will release and notify funeral home when investigation complete

Funeral Home: __________ Location: __________ Phone: __________

□ Notified but not ready for release: □ IDN Evaluation/ Donation □ Autopsy □ Waiting Family

Name of individual Funeral Home is to contact: ____________________________ Phone: __________

Special information/Requests: __________________________________________

Removal Of Body

Funeral Home Name/ Address: __________________________________________

Signature of Person Removing Body: __________________________ Date: __________ Time: __________

Signed Original for Medical Record. Make copies to Funeral Home and Attending Physician.