
 OSPITAL NG PARAÑAQUE 		Document Code: OSPAR-ADM-ADMITTING-007
ADMINISTRATIVE DIVISION APPROVAL MATRIX		Issue Date:
		Section / Department ADMITTING SECTION
Policy Title: POLICY ON NOTICE OF DEATH		Page No. 1 of 1
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NOTICE OF DEATH form must be given to Admitting Section immediately for recording.

RESPONSIBILITY:

It shall be the responsibility of the admitting staff to record all the necessary data.

OSPITAL NG PARANAQUE
NOTICE OF DEATH

DATE		AM PM	ROOM NO.	HOSPITAL NO.	
FAMILY NAME		FIRST NAME	MIDDLE NAME	AGE	SEX
ADDRESS					
DIAGNOSIS		DATE ADMITTED	CONDITION OF ADMISSION		
NAME OF NEAREST RELATIVE NOTIFIED			TIME NOTIFIED	NOTIFIED BY	
MANNER OF NOTIFICATION		TELEPHONE	/ / MESSENGER/ / OTHER		
PRONOUNCE DEAD BY			ATTENDING PHYSICIAN		
SIGNED _____			RESIDENT _____		

NURSING SUPERVISOR MUST CERTAIN THAT COPIES IMMEDIATELY SENT TO
CHIEF OF HOSPITAL, DIRECTOR OF NURSING, ADMITTING, MEDICAL RECORDS

Implementation Date
Implemented since 1979

Schedule for Policy Review
Reviewed periodically as necessary

Last Reviewed
July 2018