

Unexpected Death in the O.R., SPH and MSJ

Site Applicability:

Operating Rooms at SPH and MSJ

Skill Level:

Basic: within the scope of RN or LPN

Need to Know:

- The surgeon is responsible for notifying the next of kin.
- The surgeon must complete and sign the **Medical Certification of Death** form required by law for Vital Statistics. This form must be signed within 48 hours of the death.
- The death may need to be reported to the coroner's office. See Procedure, step 3.
- Leave the chartlet at the OR desk. (Charge nurse has access after hours.)

Equipment and Supplies

SPH:

- Medical Certification of Death Form (VSA 406A)
 - From the "Death in the OR/Organ Retrieval" manual in the charge nurse cart. They are also available from Bed Booking or the Clinical Site Coordinator.
- Postmortem bag with tags (mortuary pack).
 - On the supply cart in pre-op patient holding.
- Patient belongings bag (from PACU/SDC), if needed
- Storage Envelope – Temporary Storage of Patient Valuables (PHC-AD052) & Personal Belongings form (PHC-SE003)
 - From the filing cabinet in the Core.

MSJ:

The following items are in a bin marked “Post-Mortem Pack” found on the wire shelf in the Equipment Room.

- Medical Certification of Death Form (VSA 406A) – also available from the Clinical Site Coordinator
- Postmortem bag with tags (mortuary pack).
- Patient belongings bag
- Storage Envelope – Temporary Storage of Patient Valuables (PHC-AD052) & Personal Belongings form (PHC-SE003)

Procedure

Initial Steps:

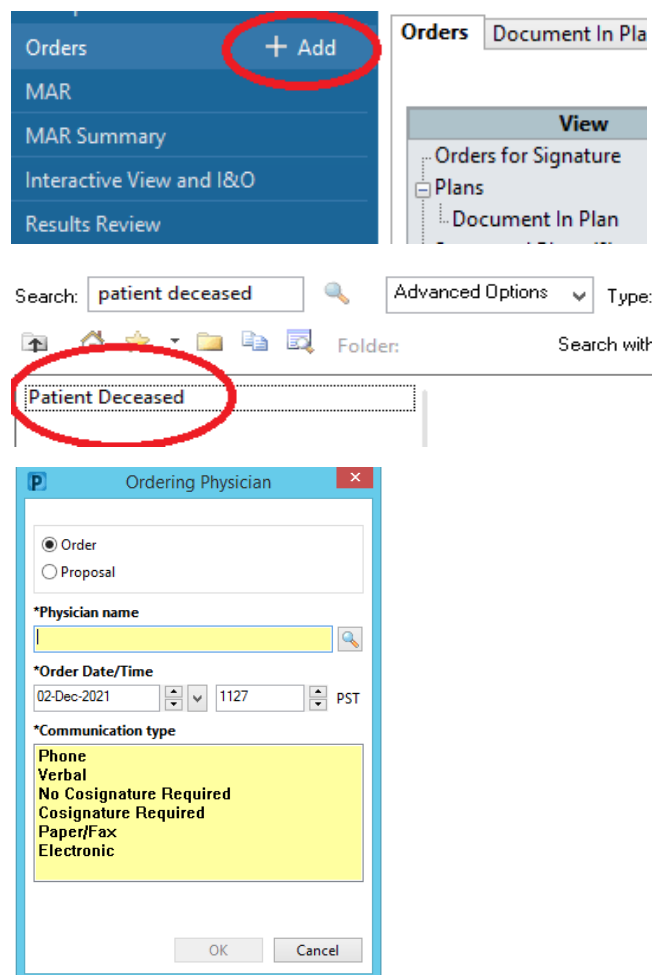
1. Complete the surgical count. If there is a count discrepancy, follow the procedure noted in the [Surgical Count protocol](#) (PHC), step 11.
2. Obtain the Medical Certification of Death form that the attending surgeon completes and signs.
 - At SPH, delegate a porter aide to hand deliver it to Bed Booking, Room 179A, Burrard Building on **day shift only**. After hours, or if the form is not complete, leave it in the chartlet.
 - At MSJ, fax the completed form to 604-806-8789. Forward the original copy by internal mail to Bed Booking, Room 179A, Burrard Building.
3. The surgeon (or anyone) must notify the coroner (**855-207-0637**) if the person has died or they have reason to believe the person has died:
 - a) As a result of violence, accident, negligence, misconduct, or malpractice.
 - b) As a result of self-inflicted illness or injury.
 - c) Suddenly and unexpectedly, when the person was apparently in good health and not under the care of a medical practitioner or nurse practitioner.
 - d) From disease, sickness, or unknown cause, for which the person was not treated by a medical practitioner or nurse practitioner.
 - e) During pregnancy, or following pregnancy in circumstances that might reasonably be attributable to pregnancy.
 - f) In any other circumstance that the reporting person believes necessary.

In addition, the death of a child must always be reported.

The death of a person admitted for mental illness, or someone from a correctional facility or in police custody, must also be reported.

Refer to the [Coroners Act](#) for more information.

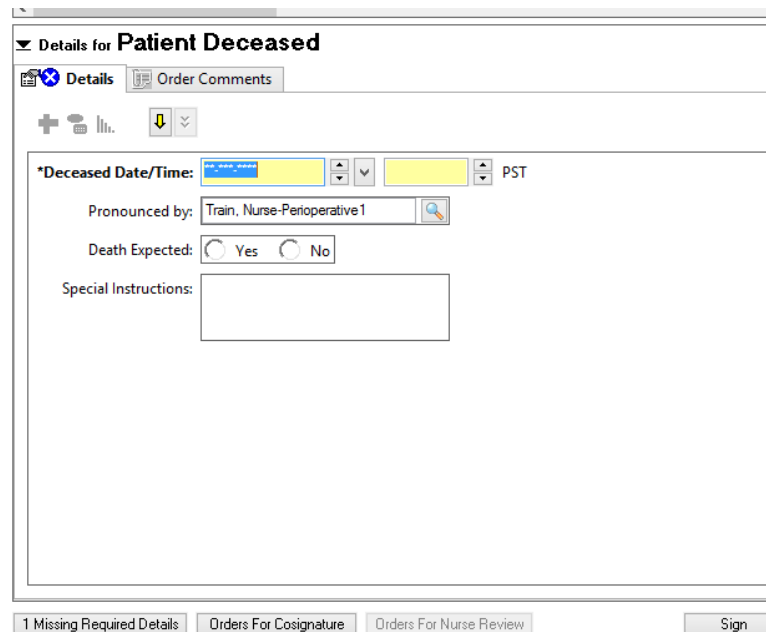
4. If the coroner was notified, wait for clearance from the coroner before proceeding with care of the body. You may apply dressings, remove the drapes, and pack up the case cart, but **do not remove anything** from the room.
5. In **Orders** in Cerner, select “add”, and type “patient deceased”. **Patient Deceased** appears directly below; click on it. Enter date and time, and physician. Co-signature is required. To exit **Orders**, click “Done” in bottom right corner.



The screenshot displays the Cerner Orders interface. On the left, a blue sidebar menu contains 'Orders', 'MAR', 'MAR Summary', 'Interactive View and I&O', and 'Results Review'. The 'Add' button in the 'Orders' section is circled in red. To the right, the 'Orders' tab is active, showing a 'View' dropdown with options like 'Orders for Signature', 'Plans', and 'Document In Plan'. Below this, a search bar contains the text 'patient deceased'. The search results list 'Patient Deceased', which is circled in red. At the bottom, the 'Ordering Physician' dialog box is open, showing options for 'Order' (selected) or 'Proposal', a field for 'Physician name', a date/time selector set to '02-Dec-2021 11:27 PST', and a 'Communication type' section with options: 'Phone', 'Verbal', 'No Cosignature Required', 'Cosignature Required', 'Paper/Fax', and 'Electronic'. 'OK' and 'Cancel' buttons are at the bottom of the dialog.

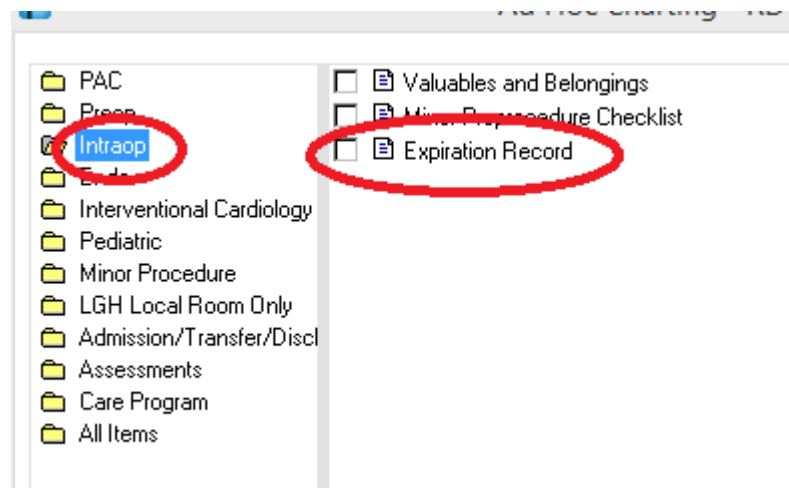
On the “**Details for Patient Deceased**”, fill in the date and time of death. Under “death expected”, select “no”.

Fill in the field for “pronounced by”. Finally, select “sign”.



6. Document in **Expiration Record** PowerForm.

Note: PowerForms can be accessed via **AdHoc** in the toolbar. Once in **AdHoc**, select the **Intraop** folder → **Expiration Record**.





There are four forms within the **Expiration Record**. The nurse only completes the form found in the **"Donation"** tab. The physician is responsible for "Coroner Case", "Autopsy", and "Notification". Sign by selecting the green check mark.

Complete the **"BC Transplant Donation Information"** form for all patients. Call the Donor Referral Line for all patients age 75 and below. **By law**, you must call within one hour of pronouncement of death. The "Consent for Donation of Organs &/or Tissues", if needed, is found in FormFast in Cerner. You will need to return to this form to document any eye care provided when preparing the body.

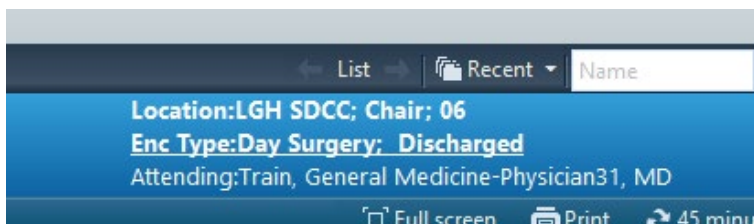
7. **Contact the OR clerk or Bed Booking (69271) or ER Registration (62630 or 62157) to discharge the patient and create a Deceased Encounter** by completing the following steps. Bed Booking or ER Registration will do this when there is no OR clerk. (Bed Booking is open 0700-1900.) Nurses do not have access to perform these tasks.
 - Receive the **Patient Deceased** task on their **Multi-Patient Task List**
 - Complete **Discharge Encounter** using **PM Conversation**
 - **In Discharge Encounter conversation enter:**
 - **Deceased** as discharge disposition
 - **Discharge Date** and **Discharge Time** (same as deceased date and time)

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- **Deceased Date** and **Deceased Time**
 - Leave **Discharge to Location** field **blank**
 - Once patient is discharged, create a **Deceased Encounter** for the body using the **Quick Reg** Conversation in **PM Office**. (The time is 1 minute after discharge time.)
8. Support the family if they are present. (For a coroner's case, you must wait until clearance has been received before offering the family the opportunity to spend time with the deceased.) Involve pastoral care (pager 33311) as appropriate and if requested by the family.

Preparation of the Body:

1. Use standard precautions, plus any appropriate transmission-based precautions, when caring for the body.
2. If it is a coroner's case or if the deceased is being considered for an autopsy, leave all lines and tubes in place. (Drainage contents are not saved unless specifically requested by the coroner or the laboratory.) Consult with the surgeon re the possibility of an autopsy.
3. If it is not a coroner's case and no autopsy is being considered, remove all IV lines and tubes including SC butterflies, Foley catheters, central lines (PICC), NG tubes, etc., and discard IV bags, catheter and other drainage bags. If unable to remove, clamp these tubes or apply end caps to prevent leakage. Light dressings may be applied to puncture sites if needed.
4. Clean the body as necessary.
5. Obtain dentures from the nursing unit, and put them in. If the mouth will not remain closed, place a rolled towel under the chin.
6. Dress deceased in a clean gown.
7. If the deceased is being considered for eye donation instill 4 to 6 drops of normal saline into each eye, tape the eyelids closed and apply a light ice pack. Document eye care on the "**BC Transplant Donation Information**" form. An eye bank staff member will retrieve the eyes from the patient after they have been transferred to the morgue.
8. Once a **Deceased Encounter** has been created, select this encounter in order to complete the following steps to identify the body. To select this encounter, double click on the encounter type on the banner bar. From the list of encounter types that appears, select the "deceased" encounter.



The screenshot shows a medical encounter banner bar with the following information:

- Location: LGH SDCC; Chair: 06
- Enc Type: Day Surgery; Discharged
- Attending: Train, General Medicine-Physician31, MD

At the bottom of the banner bar, there are icons for "Full screen", "Print", and a timer showing "45 minu".

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Custom Information: Intraop-Nurs			
Encounter Type	Location	Registration Date	Discharge Date
Day Surgery	LGH SDCC Chair 06	19-Aug-2019 04:54 PDT	30-Jan-2020 09:54 PST
Deceased	SPH OR	3-Feb-2020	

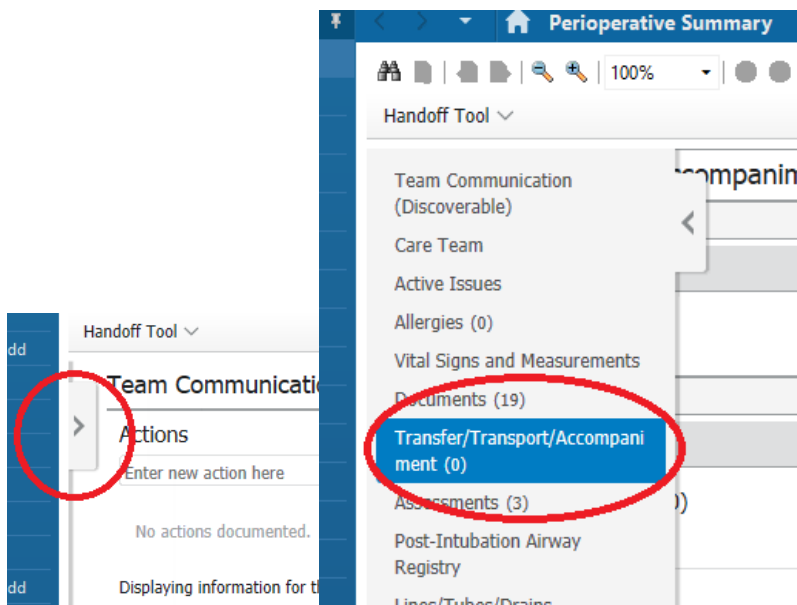
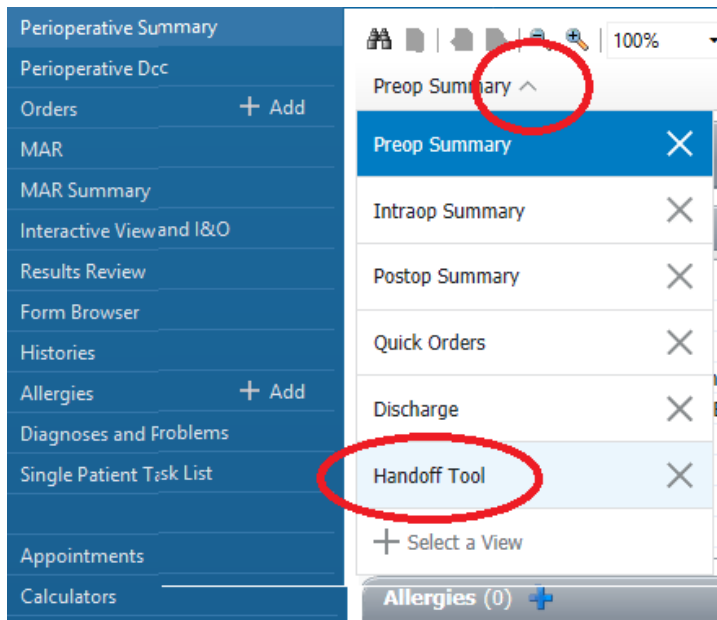
9. Replace the ID armband with the armband printed from the **Deceased Encounter** after **two nurses** have verified that the patient name, MRN, birth date, and encounter number are correct by comparing them to the banner bar in Cerner. Apply a patient label printed from the **Deceased Encounter** to each of the 3 tags that come with the post-mortem bag. **Two nurses** also verify that the new armband and the patient labels on the tags match.

Return to the previous encounter. Document the names of the two nurses verifying the patient identification in **Perioperative Doc, Surgical Procedure** segment, comments section. (Ensure “out of OR” time is entered when the body is transferred to the morgue. Review and finalize the document.)

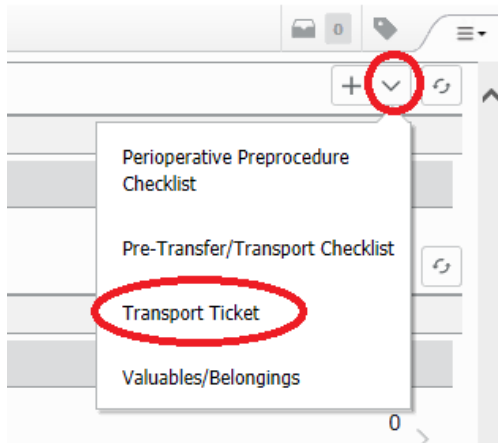
10. Attach tags: one to a toe, one to the zipper of the post-mortem bag, one to the patient belongings bag, if applicable.
11. Place the patient in the post-mortem bag so that the zipper closes at the patient’s feet.
12. If there are any valuables and belongings with the patient, give to a family member or return them to the nursing unit. Document in the **Valuables/Belongings** tab of the Perioperative Pre-procedure Checklist. This must be done in the immediately previous encounter, rather than in the deceased encounter.
13. If the patient came from Emergency, valuables are placed in the “Storage Envelope Temporary Storage of Patient Valuables” (PHC-AD052) and the Personal Belongings form (PHC-SE003) is completed. The envelope and one copy of the form are taken to Cashier (first floor, Burrard Building). There is a secure drop box after hours. Place one copy of the form in the chartlet.
14. If the patient came from Emergency, belongings are sent to the property storage area in Stores Department. (The hospital porter has the code for the lock.) Include a completed copy of the Personal Belongings form. Place one copy of the form in the chartlet.

Transport of the Body:

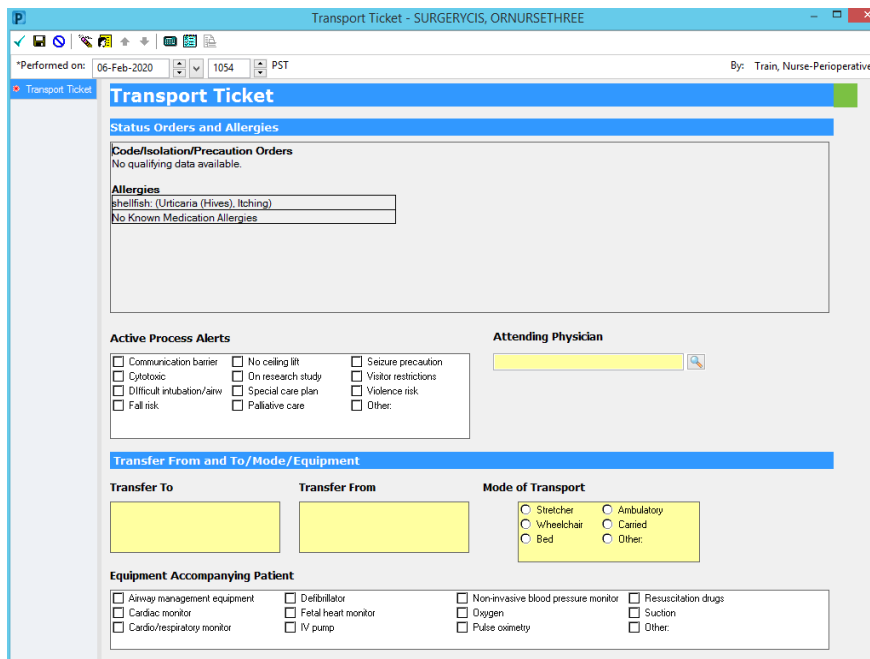
1. Go to **Periop Summary**. Click on the arrow for the dropdown menu. Select **Handoff Tool**. Click on the **Actions** arrow. Click on **Transfer/Transport/Accompaniment**. Select **Transport Ticket** from the dropdown menu on the upper right. There is no need to print it as it is only required by the porter for transfer of a live patient.



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Fill out required fields and sign by selecting the green check mark.



Transport Ticket

Status Orders and Allergies

Code/Isolation/Precaution Orders
No qualifying data available.

Allergies
Shellfish: (Urticaria (Hives), Itching)
No Known Medication Allergies

Active Process Alerts

<input type="checkbox"/> Communication barrier	<input type="checkbox"/> No ceiling lift	<input type="checkbox"/> Seizure precaution
<input type="checkbox"/> Cytotoxic	<input type="checkbox"/> On research study	<input type="checkbox"/> Visitor restrictions
<input type="checkbox"/> Difficult intubation/airway	<input type="checkbox"/> Special care plan	<input type="checkbox"/> Violence risk
<input type="checkbox"/> Fall risk	<input type="checkbox"/> Palliative care	<input type="checkbox"/> Other:

Attending Physician

Transfer From and To/Mode/Equipment

Transfer To

Transfer From

Mode of Transport

☐ Stretcher ☐ Ambulatory
☐ Wheelchair ☐ Carried
☐ Bed ☐ Other:

Equipment Accompanying Patient

<input type="checkbox"/> Airway management equipment	<input type="checkbox"/> Defibrillator	<input type="checkbox"/> Non-invasive blood pressure monitor	<input type="checkbox"/> Resuscitation drugs
<input type="checkbox"/> Cardiac monitor	<input type="checkbox"/> Fetal heart monitor	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Suction
<input type="checkbox"/> Cardio/respiratory monitor	<input type="checkbox"/> IV pump	<input type="checkbox"/> Pulse oximetry	<input type="checkbox"/> Other:

- At SPH, send a porter aide to bring the morgue stretcher to the OR. Morgue keys are located in Emergency, ICU, and on 10D Palliative Care. The morgue stretcher, which includes a cover, is kept on Providence level 1 by the service elevators.
- At MSJ, send a porter aide to bring the morgue stretcher to the OR. Call security at 4777 to open and lock the morgue.

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4. At SPH, call the hospital porter to assist the OR porter aide with transporting the body to the morgue. (The hospital porter is familiar with the equipment and procedure for placing the body within the morgue.)
5. As the body leaves the OR for the morgue, transfer the patient to **Morgue Location** using **Bed Transfer** in **PM Conversation**. Complete the bed transfer in the **Deceased Encounter**.
6. Remind the porters to ensure the morgue doors are locked when leaving and to return the morgue key and stretcher.
7. Leave the chartlet at the OR desk. (Charge nurse has access after hours.)

Related Documents and Resources:

1. [B-00-11-10111](#) – Death (Corporate Policy)
2. [B-00-11-10113](#) - Organ and Tissue Donation (Corporate Policy)
3. [B-00-07-13042](#) – Death: Care of the Body after Death (Infection Control)
4. [B-00-12-40027](#) - Donation of Eyes Procedure
5. [B-00-12-10019](#) - Death (Adult): Care of the Patient
6. [B-00-13-10069](#) – Surgical Count Protocol (PHC)

References:

ORNAC. (2021). *ORNAC standards, guidelines, and position statements for Perioperative registered nurses* (15th ed.), 5-22 to 5-27.

Developed By:

Project Lead, OR

Reviewed By:

Corporate Director, Quality, Patient Safety, Risk Management

Nurse Educator Operating Room SPH

Nurse Educator Operating Room/ & DT Procedure Room MSJ

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Owners:	PHC
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