Death (Adult): Care of the Patient

Site Applicability

PHC Acute Care Sites

Practice Level

Basic:

Nurses: RN, RPN, LPN

Clinical Support Clerks as indicated in this DST

Need to Know

- The most responsible physician (MRP) or the most responsible nurse (MRN) is responsible for notifying the deceased next of kin. (In case of a sudden or unexpected death - the Physician would be the best person to notify the family)
- When a death is expected it is important that nursing/nurses have a conversation with the MRP to discuss whom the most appropriate person is to pronounce the death. The MRP must write an order that reads, "Nurse to pronounce". Refer to Pronouncement of Expected Death
- The MRP or attending physician must complete and sign the Physician's Medical Certification of Death form; required by law for Vital Statistics purposes. This form must be signed within 48 hours of the death. This is not the "Death Certificate" which is a separate document that the family members need for legal and financial issues. The "Death Certificate" is supplied by the Funeral home.

Equipment and Supplies

- Physician's Medical Certification of Death Form, found on unit
- Postmortem Bag ("body bag", shroud) with 3 tags included (found in unit utility room). Available in regular and bariatric sizes.
- Valuables Envelope
- Patient Belongings Bag
- Precautions sign, if applicable

Guideline

Assessment and communication

1. If **Nurse May Pronounce Death** order has been received, place **Patient Deceased** order to reflect the actual date and time of expiration.

2. To officially pronounce death, wait 15 minutes after the patient's last breath was observed or from when the patient was observed without respirations. This is the time of death. Perform physical assessment of Heart Rate, Respirations and pupils as per Pronouncement of Expected Death procedure

   Document in iview:

   a. pupil assessment: Dilated, Fixed

   b. apical HR: 0

   c. RR: 0

3. If **death unexpected**, ensure there is documentation of events leading up to and including the patient's death. Documentation may be found in Power Chart as a documentation note and/or on the arrest record. Ensure provider has placed **Patient Deceased** order.
4. Notify MRP/Attending Physician → Notify the most responsible provider, clinicians, allied health professionals, and the next of kin as per local process.
5. Notify the family. **Always** ask this family member:
   - Whether they will notify the other immediate family members?
   - Whether they would like to come to the unit, if so, when can we expect them
   - Whether they would like us to wait until their visit before bathing the body
   - If they have any special instructions or specific requests
6. Document on the **Expiration Record** PowerForm in applicable sections including Donation and Notification (Can be found in Ad-hoc).
7. Obtain the "Physician's Medical Certification of Death form (MCD) from your unit. If unable to find on the unit this form can be obtained from Access Services (Patient Placement) or from the Clinical Site Coordinator. Form must be left on unit and completed by the MRP within 48 hours of death.
8. If Clinical Support Clerk (CSC) available, have them create a deceased patient encounter in Cerner. If no Clinical Support Clerk, call patient placement to do this at 62634.
9. Once the CSC has discharged the active **Inpatient Encounter** and created the **Deceased Encounter** for the deceased patient, new **armband labels** that include a barcode with the **Deceased Encounter** number are printed off and applied to the morgue tags. The new armband labels can be printed from **PM Conversation** or **Documents** function on the toolbar. For further details about how to print labels, please refer to the help topic - Print Labels and Documents.
10. If death is potentially a **Coroner's case**. The Physician (MRP) must notify the coroner at 1-855-207-0637 or 250-561-8488. Wait for clearance from the coroner before proceeding with the care of the body. See Appendix A.
11. The nurse (or physician) is responsible for reporting the death of every patient/resident age 75 years and younger to the Donor Referral Line. 1-877-366-6722. This should be completed as soon as possible, see eye donation.
12. Support the family. Talk with family members and offer support and the opportunity to spend time with the deceased and support them as needed. Contact the Spiritual Care staff pager 33311 and/or Social worker as appropriate and if requested by the family.
    Note: If this is a **Coroner's Case**, the patient is **not** to be left unattended with family and/or friends.

13. The Physician (MRP) must determine if an **Autopsy** is required. The Physician (MRP) is responsible for obtaining consent from a person legally authorized to give consent. See: **Legal Authorization Guidelines on Autopsy Consent Form**.
14. If an Autopsy is being considered, fax completed "**Autopsy Consultation**" form (found in FormFast) to 604-806-8208 as soon as possible. The "**Autopsy Consent**" form can be sent to the same fax number, after it is signed.

Prepare the Body

(Print 2 armband labels from the **deceased encounter** not the admission encounter)

1. For patients with isolation precautions – refer to the SHOP protocol Care of the Body after Death - Infection Control.
2. Use Standard Precautions when providing care to the body after death. For Transmission Based Precautions, refer to the Infection Control DST Death: Care of the Body After Death- Infection Control. For Patients requiring precautions at time of death, add the appropriate sign to the outside of the post mortem bag (e.g. Airborne, Droplet and Contact, Hazardous Drugs precautionary period).
3. Discuss the care of the deceased with family members and respect their wishes, as appropriate. **Note:** some families have specific beliefs and/or rituals around death/dying. Some cultures require the body to be left undisturbed or bathed in a particular fashion or by someone specific. Respect and support the family members who may want to assist the nurse to do this.
4. **Note:** If this is a **Coroner** 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).
5. **Emergency Department**; please refer to Evidence Preservation protocols.
6. 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.) Apply a light dressing/s to puncture sites and secure with paper tape.
7. **Eye Care:** If the patient is an eye donor see Donation of Eyes Procedure.
8. Bathe the body, comb hair (replace wig) and provide mouth care. Leave/place dentures in mouth. If mouth does not remain closed, place a small rolled towel under the chin to support the jaw to a closed position.
9. Dress deceased in a clean gown. (In most cases is not necessary to apply Attends or place absorbent pads under the deceased).
10. Do not place any personal items of the deceased in the postmortem bag. If unable to remove items such as rings, leave on and secure with paper tape, let the family know and document clearly in the patient chart. Secure any appropriate precautions sign on the outside of the postmortem bag.

Eye donation: Refer to Donation of Eyes Procedure and see Cerner help for **eye donation workflow and**

The physician or nurse must call 1-877- DONOR-BC (1-877-366-6722) immediately in the event of the **death of any patient who is age 75 years and younger**. This is **required by Law.** For eye donation, enucleation (eye removal) needs to be done within **8 hours** of the patient's death.

- Have the patient's health record available (open) as the call center will ask a series of questions pertaining to diagnosis, infections, medications etc.
- Whether you know of the deceased wishes or not, a family member may be contacted for consent.

If the deceased is being considered for eye donation:

- If patient/family consent to eye donation print the Universal Referral for Organ/tissue Donation form and the Consent for Donation of Organs and /or Tissues. Both can be found in Formfast. Leave the forms on the chartlet.
- Instill 4 to 5 drops of Artificial Tears, Balanced Salt Solution, Sterile Normal Saline or Optimyxin ophthalmic drops to each eye.
- Close and tape the eye lids shut using paper tape.
- Place a bag filled with crushed ice and water over the eyes.

Refer to Donation of Eyes procedure and resources at: http://eyebankofbc.ca/resources/

Identification of the body.

1. Two nurses must verify that the wristband and the label on each tag match.
2. Apply a patient label to each of the 3 tags. (Do not hand write patient information on the tags)
    - Attach 1st tag to the big toe
    - Attach 2nd tag to the zipper of postmortem bag
    - Attach 3rd tag to patient's belongings
3. Place patient in the postmortem (shroud) bag with the zipper opening at the feet and ensure the ID tag is secured on a toe and another matching ID tag is on the zipper of the postmortem bag, accessible and facing out.

   Rationale: Funeral home personal must match the toe tag and zipper tag prior to removal from the morgue. Zipper opens at the feet for easy access to the toe tag.

Personal Belongings/Valuables. Also see Appendix B.

1. Collect all valuables and belongings and give to a family member to take away. Or, secure on unit until a family member can pick up. Dispose of all perishable goods and soiled clothing etc. in the garbage.
2. Review and document in the **Valuables and Belonging** PowerForm. Refer to policy for Safekeeping of Patient and Resident Valuables .

Transport the Body:

Morgue:

1. Fill out **Transport Ticket** and print off for porter when transferring the deceased patient to the morgue.
2. Call the Porter to bring the morgue stretcher to the unit (when porter available, or nurse to collect).

- SPH: Morgue keys located in Emergency, ICU, and on 10D Palliative Care.
- MSJ: Protection services or Porter.

NOTE: Ensure the morgue doors are locked at all times.

3. Once patient has been transported to the morgue, please call housekeeping to ensure the bed is cleaned.
4. Transport the body to the morgue using the morgue stretcher. Ensure to the necessary number of people are available to transfer the patient onto the morgue stretcher. This can include the porter, ward aide and nursing staff.
    - MSJ: Complete Morgue Log Book – located inside the viewing room in the drawer marked "Log Book."
5. Collect clean empty stretcher from morgue and return to usual location (e.g. at SPH by the service elevators on level 1 Providence)
6. Return Keys
7. In the patient chart with active **Deceased Encounter**, the nurse will select **Bed Transfer** in **PM Conversation** to update patient location to Morgue once the deceased patient has been transferred out of the unit.

Funeral home pick up direct from unit:

1. Contact bed booking at 62634 7:00 to 19:00 7 days a week for directions and instructions as to what is necessary to release the body directly from the unit.
2. Outside of those times print "Care of the deceased funeral home pick-up directly from unit" form from FormFast.
3. Complete the checklist on "Care of the deceased funeral home pick-up directly from unit" form prior to releasing the deceased. If you are unable to complete any portion of this checklist DO NOT release the body.
4. Inform the funeral home who will fax a form to the unit. The form may already be signed by the family. If not, the form will need to be signed. Once signed this form should be kept in the patient **chart.**
8. Assist the funeral home staff with transfer of the body to the stretcher as needed
9. In the patient chart with active **Deceased Encounter**, the nurse will select **Bed Transfer** in **PM Conversation** to update patient location to Morgue once the deceased patient has been transferred out of the unit.

Documentation

Document all of the following as a Cerner Documentation note:

1. Physical assessment of pronouncement in IView and in Documentation
    - Document assessment and events leading up to an unexpected death
2. Pronouncement information as per standard
3. Two nurses who have identified the body
4. Who notified the family

5. Information about personal belongings and valuables given to whom, placed where, etc.
6. When and with whom the body is transferred to morgue or to Funeral Home

Patient and Family Education

1. Helpful booklets "When Someone Dies" and "After the Death of a Loved One- What Do I Do?" found in the Print Health Education Materials (PHEM) on the PHC Homepage and available in various languages. http://phc.eduhealth.ca/
2. Spiritual Care. Can provide information about bereavement services/ counseling/ support groups
3. Social Worker
4. Ministry of Public Safety & Solicitor General – Cemetery and Funeral Services www.pssg.gov.bc.ca/consumers/indexb.htm
5. Memorial Society of BC – www.memorialsocietybc.org.
6. Bereavement Services
7. Funeral Service Association of British Columbia – www.bcfunerals.com

Related Documents

1. B-00-11-10111 - Corporate Policy – Death
2. B-00-11-10113 - Corporate Policy – Organ and Tissue Donation
3. B-00-07-13042 - Infection Control Manual – Care of the Body After Death
4. B-00-12-10066 - Pronouncement of Expected Death: In Acute Care
5. BD-00-12-40027 -Donation of Eyes – Procedure
6. B-00-12-10148 – Death (Unexpected) in the OR, procedure for SPH and MSJ
7. BC Centre for Disease Control – Deceased Persons COVID care

Appendices:

Appendix A: Coroners Cases

Appendix B: Guidelines for Deceased Patient's Property

Appendix C: Cerner Checklist

Appendix A Coroners Cases

Notification to the Coroner is required when a health care provider has reason to believe that the patient died:

a. as a result of violence, accident, negligence, misconduct or malpractice,

b. as a result of a 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,

d. from disease, sickness or unknown cause, for which the person was not treated by a medical practitioner,

e. during pregnancy, or following pregnancy in circumstances that might reasonably be attributable to pregnancy,

f. if the chief coroner reasonably believes it is in the public interest that a class of deaths be reported and issues a notice in accordance with the regulations, in the circumstances set out in the notice

g. while a patient of a designated facility or private mental hospital within the meaning of the *Mental Health Act*, whether or not on the premises or in actual detention,

h. while the person is committed to a correctional centre, youth custody centre or penitentiary or a police prison or lockup, whether or not on the premises or in custody, or

i. while a patient of a hospital within the meaning of the *Hospital Act*, if the patient was transferred to the hospital from a place referred to in paragraph (g) or (h).

The *Coroner's Act* authorizes the Coroner to order an autopsy without the family's consent.
http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_07015_01

Please also refer to Corporate Policy: Death (B-00-11-10111) for information on how and when to call the coroner.

Contact the Coroners Office: https://www2.gov.bc.ca/gov/content/life-events/death/coroners-service/contact-us

Appendix B Guidelines for Deceased Patient Property

Valuables: include money, credit cards, jewelry, cheque books, keys, personal papers, laptops, DVD players, cell phones, and other items of monetary value.

Personal items (also called Belongings): include clothing, some prosthetic devices, hearing aids, glasses, wheelchairs, canes, etc. as well as items of sentimental but not monetary value such as photographs, letters and greeting cards.

General Procedure for Deceased Patient Property

- List and record the details about both belongings and valuables on the Personal Belongings form (SE003) found on the nursing unit, for all property that is held or secured by the organization. A Valuables envelope is used to store valuables and patient belongings bags are used to store belongings.
- Nurses are responsible for identifying known valuables and belongings and provide a written description of any visible jewelry, wallets or cash. This process does not require searching through pockets or bags.
- Prosthetic devices should remain on the deceased (including dentures, bridges, eyes, limbs, wigs etc.). Hearing aids and jewelry may be removed and sent with the valuables or with belongings as appropriate, unless specific items have been requested by the family to remain with the deceased or if unable to remove then secure on the deceased with paper tape.

Valuables

- List each of the valuables and personal belongings on the form (PHC SE003). It is important to detail and accurately describe each item that appears to be of value. Two staff members should verify all valuables items listed on the form and sign the form.
- Should a family member request that certain items remain on the deceased this will be honoured. Document this on the form. Some of the patient's valuables may already be in a valuables envelope (for example, in short term storage at the nursing station). Do NOT open the original envelope, place unopened envelope into newly created envelope along with other valuables. List original envelope as item on belonging form.
- If a responsible family member is present at the time of death and will be receiving the valuables, then list the valuables on the envelope, identify the family member who is accepting the items, and have the family member sign that the items have been received. Remember to check for previous belonging forms in the chart and notify family if items are already located at the cashier. Put the white copy of the form in the patient's chartlet.
- In some cases, the porter or unit staff will transport the items to the cashier's desk during the day and to the back-up valuables drop box in emergency admitting during hours when the cashier is closed.
- Unless the family is present when the death occurred, or have confirmed a date and time that they will be attending, all valuables should be sent to the cashier at the same time that the

deceased leaves the unit. If the family is expected, but doesn't come at the confirmed time, then the items should then be sent to the cashier.

Belongings (Personal Items)

- Belongings should be placed in a patient belongings bag. A personal belongings form should be prepared with a general description of the items, signed by two staff members and the form and a labelled tag should be attached to the belongings bag.
- Clothing that has been cut or soiled; any perishable food items, etc. may be disposed of in the garbage.
- If the family is present, the belongings may be given to them. Document this in the chart. If family is not present but has confirmed a date and time that they will be coming, then hold belongings on the unit. If family has not confirmed a date and time they will collect the belongings then ensure that they are notified and send the belongings to the storage unit where they will be held for 31 days, after which they may be disposed of.
- If there is no family to notify, then belongings may be sent to the property storage location in the Stores Department (SPH, porter has the key). Belongings will be stored at this location for 31 days after which these will be disposed of.

Identification of Family or Recipient of Patient Property

- When patients are capable, they are responsible for their own property. When patients are alive but incapable, staff takes direction from the Substitute Decision Maker. In addition to medical decisions, the substitute decision maker is responsible for decisions regarding an incapable patient's property.
- Once a patient dies, the personal representative (i.e. executor of the estate) is responsible for disposition of the deceased and their property. The executor may or may not be the same individual as the substitute decision maker. Staff on the unit should provide patient property to the personal representative named in the Will of the deceased, if known at the time. Staff should take reasonable steps to determine the appropriate authority with respect to deceased property; however, they are not required to formally identify the legal representative. If there is a relationship with the family, and no known expectation of a dispute, then common sense should prevail and belongings may be given to the closest family member.
- If the immediate family members are not known to you and the executor is not known, then have social worker assist with establishing next of kin.
- If there is any expectation of disagreement or uncertainty, please contact the social worker or Risk Management. In such a case belongings and valuables may be held in their respective storage locations until the executor has been identified.

Assisting Family to Collect Belongings and Valuables

- Social work can attempt to notify family of belongings and valuables. Spiritual Care will assist family members to retrieve belongings.

- Belongings may be stored for 31 days and after appropriate efforts have been made to contact the family will be considered unclaimed and may be disposed of. Unclaimed valuables are kept for 3 months and are then considered to be a gift to the hospital. The cashier will attempt to notify family before the items are considered unclaimed.

Responsibility of Executor:

Family members who are picking up items from the cashier will need to bring photo identification and if they were not listed as the next of kin on admission then they will also need to bring legal documents to demonstrate the relationship, or will need to provide a copy of the Death Certificate.

Liability:

Personal belongings or valuables that are in the care of a capable patient are the responsibility of the patient and not covered by the hospital insurance policy. Valuables that are in the care of the organization (given to a staff member or the cashier) may be the responsibility of the organization and are not usually covered by the hospital insurance policy, but are the responsibility of the unit. PHC's insurance program does not provide coverage for dentures, hearing aids and eye glasses.

If you have questions, please contact:

a. Director, Risk Management
b. Unit Supervisor
c. Unit Social Worker

Summary

	No family identified	Family Identified but not coming to collect or didn't show at identified time	Family has identified a time they're coming	Family is in attendance but dispute or uncertain about appropriate rep	Family is in attendance and appropriate representative has been identified
Valuables: Money Credit cards Jewelry Cheque books Keys , Laptops, Cell Phones, Other Items of significant monetary value	Send to cashier	Send to cashier and notify family	Hold on unit	Send to cashier	Give to Family
Belongings: Clothes Prostheses Glasses Wheelchairs Items of sentimental value, cards and letters	Send to storage unit	Send to storage unit and notify family	Hold on unit	Hold on unit	Give to family

Appendix C Cerner Checklist

1. **Expected Death-Nurse to Pronounce**
    - Check pupils (fixed + dilated), listen to apex HR for 60 sec, no resps x 15 mins
    - Note time of death
    - Notification of Next of Kin – This will be recorded in Expiration record below
    - Check for consent to eye donation and eligibility

2. **Enter assessment findings and expiry notification in Cerner**
    - Chart "death assessment" in CST as vitals in Adult System Assessment
    - Vitals:
      - HR = 0
      - Resps = 0
      - Neuro > Pupils Assessments > L/R pupil = fixed & dilated

3. **Enter "Patient Expired" order on Cerner**
    - Send order as "Co-Signature Required" to notify MRP physician.
    - Ensure time and date of death is accurately reflected.

4. **Complete "Expiration Record"**
    - Access form through AdHoc.
    - If patient is less than 75 years old you MUST call the BC Eye Donation call line.
5. Fill out Next of Kin & Provider notification (should match provider from 'Patient Expired Order")
6. **Review and document "Valuables and Belongings"** – note bottom section for "valuables returned per inventory list".

7. **(Nurse/ Clinical Support Clerk) Complete Discharge Encounter to deceased disposition**
   Go to PM Conversation > Discharge Encounter - Change disposition to deceased (correct time of death) and other mandatory fields and click Complete

8. **RN to notify UC/Bed Booking (62634) or Emerg Admitting (62630)** to create Deceased Encounter using **PM office**

Once Deceased Encounter Complete:

9. Update patient Encounter to Deceased > Go into Power chart > Refresh > Click on Encounter Type Upper Right Patient Banner bar > Select Deceased Encounter > Click OK
10. Print new armbands: Nurse/CSC

11. Click Document button in tool bar > Search patient > select Deceased Encounter > Select Armband Label > click on print 3 labels (new arm band, toe tag, and bag tag)

    - ***Note: ensure these new labels have correct deceased encounter # in the barcode***
    - **Nursing Narrative note:** Include body identified by___list names and time

12. **Print Transport Ticket in new encounter for Morgue transfer**
    - Access "transport ticket" through AdHoc
    - Fill in Mandatory fields (i.e. Transfer to Morgue from 7D, etc.)
    - Print ticket (go to Documentation > Transport ticket, right click and print)
    - Page 24 hour Porter to transport body to morgue
    - Send transport ticket with porter

13. **Once Body has left the unit transfer the location of the body to the morgue:**
    - PM Conversation > bed transfer
    - If you are unable to see the Morgue it's because you are not in the deceased encounter

14. **Obtain Medical Certificate of Death from UC desk** – must be filled out and signed by MRP within 48 Hrs

Persons/Groups Consulted:

Palliative Care

Spiritual Health

Clinical Mentors

NE's Medicine

Risk

Revised by:

Nurse Educators Medicine

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