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**SUBJECT:** Death of a Patient and Related Issues

**PROCEDURE:** CHPC:D:01P

**DATE EFFECTIVE:** September 1979

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**I. PROCEDURE**

The procedure for Death of a Patient and Related Issues addressed the following processes:

- A. PRONOUNCEMENT OF DEATH AND NOTIFICATIONS
- B. DEATH CERTIFICATE
- C. MEDICAL EXAMINER CASES
- D. PREPARATION OF THE BODY
- E. DOCUMENTATION/PREPARATION OF THE MEDICAL RECORD
- F. LIP DEATH WORKSHEET
- G. ORGAN/TISSUE DONATIONS
- H. AUTOPSY AND AGENT FOR DISPOSITION CONSENT FORMS
- I. TRANSFER OF DECEASED TO HOSPITAL MORGUE
- J. AUTOPSY CASES
- K. NON-AUTOPSY CASES
- L. PATIENT DEATH UNDER HOSPICE CARE
- M. BURIAL ASSISTANCE
- N. RELEASE OF BODIES TO FUNERAL HOME
- O. FOREIGN PATIENT RELEASE LETTER
- P. CREMATIONS
- Q. DISPOSITION OF UNCLAIMED BODIES

**A. PRONOUNCEMENT OF DEATH AND NOTIFICATIONS**

1. Pronouncement of Death (including the Pediatric Emergency Department–UMC)

Pronouncement of death shall be made by the attending physician, if present, or the most senior physician who is in attendance at the time of death - see LIP Death Worksheet.

At this time, a statement to the effect that death has occurred, the time of pronouncement and any unusual circumstances should be entered in the medical record. The

Administrative Manager or Charge Nurse is responsible for notifying:

- Medical Records at extension 5267 during regular business hours; off-hours, weekends or holidays please call: 301-830-7118; or Fax "Report of Death Form" to Chaplain at ext. 3076.

2. Notification of Family / Next-of-Kin

The physician pronouncing the patient dead is responsible for notifying the attending physician. The attending physician, or designee, will notify the family that death has occurred. In the event the family may be in the hospital at the time of pronouncement, notification will be made by the physician making the pronouncement. In most circumstances, the attending physician should request the family to come to the hospital. The family will be given the information of the death at the hospital.

In the event that the family cannot be located, documentation must be placed in the patient's Medical Record describing the attempts made by Children's Hospital to notify the Next-of-Kin. This information must be available for review by the Office of the Chief Medical Examiner (see below).

a. Procedure for the Search for the Next-Of-Kin

i. The search for the next-of-kin will be conducted by the Department of Family Services.

b. Documentation of the Search Process

i. All attempts to identify and contact the Next-Of-Kin must be documented in the patient's medical record and made readily available to the Chief Medical Examiner, upon request.

ii. Upon completion of the search, a copy of the search process guidelines and a letter will be sent to the Chief Medical Examiner, from Family Services, requesting assistance in removing the unclaimed body. Copies of all documents will be sent to Health Information Management to be included in the permanent medical record.

3. Notification of the Primary Care Physician

The Attending Physician or designee will notify the Primary Care Physician of the patient's death as soon as possible.

4. Notification of the Washington Regional Transplant Community (WRTC)

The Attending Physician or designee will notify WRTC within one hour of any patient's death regardless of organ donation suitability.

5. Notification of the Medical Examiner's Office (if applicable)

The Attending Physician or designee will notify the Medical Examiner's Office of the patient's death as soon as possible. (See section B)

**B. DEATH CERTIFICATE**

The licensed physician in attendance at the time of death has the responsibility for completing the LIP Death Worksheet. All documents included in the morgue pack must be completed immediately and prior to transport of the body and must accompany the body when the body is transported to the morgue. The death certificate will be prepared by the Health Information Management department upon receipt of the medical record and the death certificate worksheet, except when a medical examiner case. If it is a Medical Examiner case the death certificate is completed by the Medical Examiner. (See attached guidelines).

Once Death Certificate is generated the licensed, Attending Physician must sign the death certificate. In accordance with the District of Columbia Register, Section 2810.0, in the absence of the Attending Physician or with his/her authorization, the death certificate may be completed and signed by his or her associate physician, the chief medical officer of the institution in which death occurred or the physician in attendance at the time of death. The individual signing must have access to the medical history of the case, views the deceased at or after death.

For expedited death certificates (for patients with religious beliefs that require an expedited death certificate):

- Social Work or International Office will notify HIM at the time of death of the need for expeditious processing of the death certificate. HIM must be contacted at 301-830-7102 or 301-830-7118.
- Social Work will coordinate with the medical team to get completed LIP Death Worksheet and relevant paperwork to HIM.

**NOTE:** When a physician who needs to sign off on the death certificate is new or not in the Department of Vital Record's system, HIM needs to call and coordinate with them to have his/her name entered in order for a signature to occur. This can only occur Monday-Friday. In the event there is an urgent need for signature, HIM will work to coordinate and obtain an alternative signature from a physician who was involved in the care of the patient.

### **C. MEDICAL EXAMINER CASES**

The physician pronouncing death is responsible for determining whether or not a Medical Examiner's case exists, and, if so, it is his/her responsibility to notify the Medical Examiner at 202-698-9000.

The following is a list of deaths that by definition must be reported to the Office of the Chief Medical Examiner by the attending physician or designee. In the event that a death has occurred and there is question as to whether or not the circumstances of death meet the definition listed below, contact the Office of the Chief Medical Examiner immediately.

#### **1. Definition of Reportable Deaths**

- a. Deaths occurring within 24 hours of hospital admission;
- b. Violent deaths, whether apparently homicidal, suicidal or accidental including deaths due to thermal, chemical, electrical or radiation injury and deaths due to criminal abortion, whether apparently self-induced or not;
- c. Sudden, unexpected or unexplained deaths not caused by readily recognizable disease, including sudden infant deaths or apparent sudden unexpected infant death syndrome (SUIDS) for infants one year of age and younger;
- d. Deaths under suspicious circumstances;
- e. Deaths of persons whose bodies are to be cremated, dissected, buried at sea or otherwise disposed of so as to be thereafter unavailable for examination;
- f. Deaths related to disease from employment or on-the-job injury or illness;
- g. Deaths related to disease which might constitute a threat to public health;
- h. Deaths of persons who are wards of the District of Columbia government;

- i. Deaths related to medical or surgical intervention, including operative, peri-operative, anesthesia, medication reactions or deaths associated with diagnostic or therapeutic procedures;
  - j. Deaths of persons while in legal custody of the District
  - k. Fetal deaths related to maternal trauma including substance abuse, and extra-mural deliveries
2. Information to be reported  
In Medical Examiner's cases, such as those outlined above in the Definition of Reportable Deaths, the Medical Examiner's office is to be called **immediately** by the attending physician or designee and given pertinent information concerning the known or suspected circumstances under which the patient died. The Medical Examiner will determine the disposition of the case. He may allow the pathologist at this hospital to perform the autopsy provided the Next-of-Kin has signed consent or he may wish to have his department perform the autopsy.

The Chief Medical Examiner may conduct an autopsy without the consent of the Next-of-Kin. Children's Hospital may not conduct an autopsy without the consent of the Next-of-Kin or without the consent of the Chief Medical Examiner, in the event of a reportable death.

#### **D. PREPARATION OF THE BODY**

Nursing staff will prepare the body for viewing by the family. The body will be prepared and transported to Pathology Department morgue after family has left the hospital (see attached guidelines).

In rare instances, a funeral home may pick up the body directly from the unit when arranged by the family and with permission by unit leadership. The funeral home representative must leave a copy of the release of body paperwork with the nursing staff for inclusion in the medical record. A patient label must be affixed to this documentation.

Nursing staff must still deliver the death packet paperwork to the designated location within Pathology in order for the death certificate to be processed.

#### **E. DOCUMENTATION/PREPARATION OF THE MEDICAL RECORD**

Appropriate documentation of the events leading up to the death event, attending physician's notification, support for the family and post mortem care will be documented according to the post mortem care and death certificate guidelines. The patient record will be prepared in the same order as a discharged patient (as identified in the guideline attached) and accompanies the body to the morgue.

#### **F. LIP DEATH WORKSHEET**

The attending physician or designee is to **print legibly** on the LIP Death Worksheet:

- 1 and 2 – Decedent information

- 3 – Was Case Referred to Medical Examiner/Coroner; mark “yes or no”. If the case was referred to the Medical Examiner but later released, include name of medical examiner.
- 4 – WRTC contact information (notify within 1 hour); name and number of WRTC contact and whether or not patient accepted as potential candidate must be written on the death certificate worksheet.
- 5 – Autopsy information – notify Pathology at ext. 2051 if autopsy is requested (you may leave message during non-business hours). Contact pager 0784 if a metabolic disorder is suspected.
- 6 – Immediate Cause of Death (no abbreviations please)
- 7 – Contributing Factors
- 8 – Infectious or Communicable Disease
- 9-10 – Print legibly the Certifying and Pronouncing physicians name

### **G. ORGAN/TISSUE DONATIONS**

The attending physician/designee will initiate the identification process by notifying the Washington Regional Transplant Community (WRTC) at 703-641-0100 at the time when a patient’s death is imminent and they meet the clinical triggers defined jointly by CNMC medical staff and WRTC or within one hour (60 minutes) after cardiac death.

A representative of the Washington Regional Transplant Community (WRTC) has the responsibility for requesting and obtaining signature for organ/tissue donation. (See Patient Care Policy, Organ and Tissue Procurement)

### **H. AUTOPSY CONSENT and APPOINTMENT FOR DISPOSITION FORMS**

These forms must be completed by the LIP along with the family. Permission for a post mortem examination must be requested in the case of **every** patient dying in the hospital except for Medical Examiner's cases. If permission is granted, the autopsy consent form must be fully completed, signed and witnessed. The autopsy will be performed by the Pathology Department.

1. Responsibility for Obtaining Consent:  
In all cases, it is the duty of the most senior physician in attendance, who notifies the family of death, to request permission for autopsy and disposal of remains and to notify the attending physician and Pathology of the impending autopsy.
2. Who May Give Consent for Autopsy or Disposal of Remains:  
Consent for autopsy must be given by the nearest blood relative, legal guardian or legal adoptive parents. Consent will follow the patient's line of consanguinity. If parents are living apart by court decree, consent must be signed by parent having legal custody of the child. If there are no parents, the following persons may consent in order of preference shown:
  - a. Brothers or Sisters (if over 21 years of age)
  - b. Grandparents
  - c. Aunts and Uncles (does not include aunts and uncles by marriage)
  - d. Department of Human Services, as the custodian for foster children can grant permission for an autopsy

NOTE: Foster Parents cannot grant permission for an autopsy.

3. Preparation of Consent Form:

Since the pathologist is individually, legally responsible for his/her actions, he/she must reserve the right to reject any autopsy authorization that is inadequately or incorrectly completed. For this reason, extreme care must be taken in the preparation of this form. The consent form must be completed entirely.

- a. Consent must contain the name of patient, the consenter and the witness.
- b. Consent must be dated.
- c. If any autopsy restrictions or limitations are made, these must be stated on the consent form.
- d. If there are no autopsy restrictions “NONE” must be written in the limitations and special wishes section of the form.
- e. In the event of person granting permission for an autopsy wishes to specify the time of performance of the autopsy or the time of delivery to the undertaker, it is important that the person obtaining this permission speaks directly to a pathologist before making any promises concerning these times.
- f. It is the responsibility of the attending physician to ensure that the results of the autopsy will be conveyed to the parents/persons granting authority for an autopsy. It should also be explained that the pathologist may require 2-3 months to prepare this report due to the time needed to complete microscopic studies and review the case. The autopsy report issued to the attending physician is confidential. The attending physician meets with the family whenever possible and reviews the autopsy report as soon as practical.

**I. TRANSFER OF DECEASED TO THE HOSPITAL MORGUE**

1. Deceased Children's National Patients at Sheikh Zayed Campus:

Preparation and shrouding of the body and the transporting of these bodies to the hospital morgue is the responsibility of the Nursing Service.

2. Deceased Children’s National Patients at UMC Campus:

Preparation of the body is the responsibility of the Nursing Service. For Non-ME cases bodies are transported from UMC to a designated funeral home via pre-arranged transport. A copy of the LIP Death Worksheet must accompany the body.

3. Patients Who Have Died at The HSC Pediatric Center (HSCPC):

It is a standing arrangement with the HSC Pediatric Center that bodies are brought to our morgue whenever requested. A death certificate must accompany the body.

4. Patients Who Have Died Elsewhere and The Medical Examiner Directs an Autopsy To Be Performed At Children's National:

An arrangement exists whereby Children’s National Medical Center Pathology performs autopsies on certain deaths occurring elsewhere in the city, released by the Medical Examiner’s Office or requested by the Medical Examiner’s Office. In this situation, all requests should be made directly to the Pathologist On-Call prior to transporting the body. The death certificate will not be processed by the Health Information Management department.

## **J. AUTOPSY CASES**

In the event of an autopsy request, a call must be placed directly to the Pathologist on call at extension 2051. During non-business hours leave a message. An autopsy consent form and LIP Death Worksheet must accompany the body.

Permission for a post mortem examination (autopsy) must be requested in the case of **every** patient dying in the hospital except for Medical Examiner's cases. The Pathology Department will perform this examination.

1. The attending physician or designee is to **print legibly** on the LIP Death Worksheet. Complete items 1-10.
  - a. Unit personnel will insure that the chart is put in order as for a discharge and contains forms from Death Packet:
    - i. LIP Death Worksheet
    - ii. CNMC Authorization for Autopsy
    - iii. Appointment for Agent of Disposition
    - iv. Notice to Chaplain on Patients Death
  - b. The medical record is left in morgue for the medical records designee to pick up.
  - c. The Health Information Department (medical records) is responsible for completion of the death certificate.

## **K. NON-AUTOPSY CASES**

Documentation that an autopsy has been requested and refused shall be made ON THE LIP DEATH WORKSHEET (QUESTION 5). DO **NOT** COMPLETE AN AUTOPSY CONSENT FORM IF NO AUTOPSY IS REQUESTED.

See Section F.

## **L. PATIENT DEATH UNDER HOSPICE CARE**

1. When Children's National's Pediatric Advanced Needs Assessment (PANDA) Care Team is serving the role of Attending Physician for a community hospice:
  - Hospice provides death verification
  - Hospice notifies the Medical Examiner
  - Hospice notifies the funeral home
  - Hospice notifies PANDA/Children's National physician or Nurse Practitioner of the death
  - PANDA serving as the hospice Attending Physician signs the death certificate
  - Funeral Home is responsible for sending the death certificate to attending via Funeral Home personnel, courier or other method in keeping with the urgency of the need for the signature
  - Medical Examiner may call PANDA to verify that the death was anticipated
  - Law enforcement authorities are usually not involved
  - PANDA physician or Nurse Practitioner:

- Notifies the PCP and other key Children’s National clinical providers
  - Notifies the appointment call system to cancel future appointments and scheduled tests
2. When a community hospice Medical Director serves in the role of Attending Physician and the child is followed by PANDA:
- Hospice provides death verification
  - Hospice notifies the Medical Examiner
  - Hospice notifies the funeral home
  - Hospice Medical Director signs the death certificate
  - Medical Examiner may call PANDA to verify that the death was anticipated
  - Law enforcement authorities are usually not involved
  - Hospice notifies PANDA of the death
  - PANDA physician or Nurse Practitioner:
    - Notifies the PCP and other key Children’s National clinical providers
    - Notifies the appointment call system to cancel future appointments and scheduled tests

#### **M. BURIAL ASSISTANCE**

Some jurisdictions and community agencies provide limited burial assistance for families in need of financial assistance. Social workers in Family Services will assist the family to identify and utilize available resources for burial assistance.

#### **N. RELEASE OF BODIES TO FUNERAL HOME**

The Pathology Department is open Mon – Fri, 8:00am until 5:00pm. When the Pathology department is closed, Security department personnel will release a body from the morgue.

1. The Pathology or Security Department personnel may release a body from the morgue to a Funeral Director or the Medical Examiner's representative upon receipt of valid identification and release form. **It is a D.C. law that no family members of the deceased may receive the body.**
2. Prior to the release of a body from the morgue, pathology or security personnel must ascertain the status of the autopsy, as indicated.
3. In situations where permission to perform an autopsy has been granted, the body should not be released unless the autopsy has been completed. In most situations autopsies are done on the following working day. If there is a problem holding the body until the next working day, pathology or security personnel should consult with the Nursing Administrative Manager, who will then contact the Pathologist on call.
4. The Funeral Director or Medical Examiner's representative receiving the body must show valid identification and a release form prior to the release of the body.
5. Upon gaining entrance to the morgue, pathology or security personnel **must** compare the name and medical record on: the identification tag tied onto the morgue pack containing the body, the death certificate, the tag in the refrigerator door, the release form and the appropriate page in the Body Release Register (in the morgue anteroom).



6. The completed, signed and typed death certificate **must** accompany the body in each case except when it is a medical examiner case, which does not require a Children's Hospital death certificate.
7. A copy of the death certificate and the completed worksheet (if available) are maintained in the Health Information Management department.
8. After confirming identification and matching of the body with the death certificate, pathology and security personnel **must** sign the BODY RELEASE register on the proper page under "person releasing the body," and indicate the date and time.
9. PERSONNEL MUST STAPLE THE RELEASE FORM, THE TAG FROM THE REFRIGERATOR DOOR AND THE TAG ON THE MORGUE PACK TO THE PROPER PAGE IN THE BODY RELEASE REGISTER.
10. The Funeral Director or Medical Examiner's representative must then sign the same page with the funeral home's name and license number. The loading dock will be used by the Funeral Director or the Medical Examiner's representative when transporting the body from the hospital to their vehicle. Bodies delivered from home or another hospital accepted for autopsy, must be prearranged with the Children's Hospital Pathology Department during business hours. When all transactions are complete, pathology and security personnel must make certain that entrances to the Pathology Department are locked.

#### **O. FOREIGN PATIENT RELEASE LETTER**

In the event that the body is to be transported out of the country for burial, a letter identifying the date of death and the absence of communicable disease will be auto generated from the Vital Statistics system, which HIM will print and have the physician sign along with the Death Certificate. The physician **does not** generate this letter.

#### **P. CREMATIONS**

Under certain extenuating circumstances, such as the inability of the family to bear funeral expenses, Children's Hospital does offer the option of disposing of the remains of deceased patients.

On receipt of a consent form for disposition of remains by the next of kin or other authorized person:

1. The death certificate will be typed by the HIM department and signed by the attending physician or designee.
2. UPON SIGNING THE death certificate, HIM will send a copy of the death certificate and the disposition of remains form to the Office of the Chief Medical Examiner (OCME) by fax to 202-698-9100.
3. The contracted cremation service will be requested to pick the remains.
4. Follow-up calls will be made by Social Work to the contracted cremation service, if the remains are not picked up within 3 days.
5. The contracted cremation service will bill the hospital at the current rate for each body and will be paid by check through a check request by the Pathology department.
6. A copy of the documentation of each step will become a part of the permanent medical record.

## **Q. DISPOSITION OF UNCLAIMED BODIES**

The following individuals are together responsible for implementing CNMC's policy for the disposition of unclaimed bodies:

1. Executive Director of Family Services
2. Chief Risk Council
3. Senior Vice President, Center for Cancer and Blood Disorders

Bodies in the morgue for which there is a completed and signed LIP Death Worksheet, signed disposition clause, but no signed cremation consent form, will be handled expeditiously in the following manner.

1. Family Services Department receives a death census report on a daily basis during regular business hours. The Family Services designee distributes the daily report to multidisciplinary staff involved in overseeing the death process via email.
2. If unknown, Family Services will make attempts to establish disposition of the body. This will include Family Services reviewing the decedent's medical record as necessary. Family Services will make reasonable attempts to contact the family by telephone, and if unsuccessful, by certified mail on or prior to day 9 after death. All attempts to contact the family will be documented by Family Services.
3. If the disposition of the remains is not resolved within 14 days after death, the body shall be deemed unclaimed. The Executive Director of Family Services (or designee) will contact via email, the Chief Risk Council and the Executive Director of the Division under which the patient was treated while alive, to inform them that the body of the said patient is deemed unclaimed. Family Services will document all attempts within the medical record. Family Services will coordinate with HIM and Pathology to formally request the OCME to dispose of the body per DC law. Family Services will formally contact the Office of the Medical Examiner to receive the body for disposal as per DC law (within 30 days of death). The documents to be sent to the OCME by FAX are:
  - a. Letter signed by Family Services (or designee) requesting the body be picked up for disposal
  - b. Documentation of inability to contact family, provided by Executive Director of Family Services (or designee)
  - c. A copy of the LIP Death Worksheet
  - d. A check made out to the D.C. Treasurer in the sum of the current rate (Current rate to be verified prior to check request)
4. All paperwork to be faxed to OCME office prior to pick up.
5. If the body is not picked up within 3 days of sending the request and the accompanying documents listed in subsection (e), Family Services will contact the Office of the Medical Examiner daily regarding the pickup of the body and document all calls. Family Services will also inform the Chief Risk Council, the SVP, Cancer and Blood Disorders, and CNMC's Chief Medical Officer, twice weekly by email about the status of the request.
6. If the body is not picked up within 20 days of death, the Chief Risk Council will send a letter notifying the Office of the Medical Examiner, the Department of Health, and the Department of Vital Records that the decedent has not been removed from the morgue at Children's National Medical Center.
7. Sample copies of letters referenced in this section are located on the HIM Intranet Site.

## **II. REVIEW OR REVISION DATE**

Merges and replaces:

CHPC:D:01, Death of a Patient (Original: September 1979)

CHPC:D:02, Post Mortem Care and Death Certificate Requirements (Original: May 1973)

CHPC:D:03, Release of Bodies After Regular Morgue Hours (Original: July 1984)

CHPC:D:06, Notification of Next of Kin (Original: August 1984)

CHPC:D:07, Disposition of Unreleased Bodies (Original: April 1997)

Original:	09/01/1979
Reviewed:	10/01/1984
Reviewed:	05/01/1986
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Revised:	03/01/2000
Merged/revised:	05/01/2004
Revised:	02/21/2006
Revised:	03/13/2007
Revised:	10/01/2012
Revised:	06/26/2013
Revised:	02/02/2016

## **III. REFERENCES**

CHPC:D:01, Death of a Patient and Related Issues Policy

## POST MORTEM CARE AND DEATH CERTIFICATE REQUIREMENTS GUIDELINES

### A. Preparation of the Body for Viewing by Family

1. Obtain morgue pack from Central Supply which contains the following items:
  - a. Body Bag (specify size needed – Infant, Child, Adult or Bariatric)
  - b. Three identification tags
  - c. LIP Death Worksheet
  - d. CNMC Authorization for Autopsy
  - e. Appointment for Agent of Disposition
  - f. Notice to Chaplain of Patient's Death
  - g. Autopsy and No Autopsy Stickers (**only one to be placed directly on the body bag**)
2. Disconnect monitoring equipment.
3. Bathe as necessary to remove unsightly body secretions, Betadine, etc. Handle body carefully to prevent damage.
4. Do not remove any tubes from body (ET tubes, drains, pacing wires, chest tubes, feeding tubes, Foley, IV access devices, etc.). Plug all tubes and IV access devices as necessary to prevent body fluid leakage. Reinforce dressings as necessary to prevent body fluid leakage. Cover unsightly wounds with dressings to make body as presentable as possible for viewing.
5. Place diaper or absorbent pad under patient's buttocks to contain excrement leakage.
6. Place body on stretcher, bed or in infant bassinet with clean sheet underneath.
7. Apply clean patient gown. Cover body to chest level with clean sheet or blanket (swaddle small child/infant in clean blanket to allow holding by family, if desired).
8. Place body in private room to provide privacy for family while viewing body.
9. Provide several chairs for family members.
10. Assist social worker as necessary while family views body.

### B. Prepare Body for Transport to Pathology Department Morgue after Family has Left Hospital

1. LABEL 3 identification tags with THE PATIENT'S LABEL. Write patient name and date of birth on tags in ink if LABEL contains only "acute patient" information.
2. Clinical information regarding infectious diseases, chemotherapy or radiation treatments received (within the last 7 days) must be indicated on all 3 tags.
3. Tie identification tag #1 to ankle.
4. Place body in the body bag. Place arms at patients side if possible.
5. Attach ID tag #2 to exterior of the body bag.

6. Collect all personal effects and tag bag with proper identification.
7. Place Autopsy or No Autopsy adhesive stickers on the outside of the body bag.

C. The Following Should Be Documented in the Patient Record, as Appropriate:

1. Chronological events occurring at Children's National leading up to death event including any radioactive materials used in treatment
2. History of events occurring outside Children's National leading to death event, if known, including any radioactive materials used in treatment
3. Resuscitation measures
4. Time of death
5. Identity of family members and time notified
6. Medications ordered and administered to family members
7. Identity of attending physician and time notified
8. Name and pager # of pronouncing physician
9. Reaction of family members support/counseling provided to family and viewing of the body by the family
10. Post mortem care
11. Patient belongings given to family
12. Time and by whom body was transported to Pathology Department morgue

D. Prepare Patient Record

1. Nursing staff must review patient record for completeness-including death forms. (same as for discharged patient).
2. Deliver medical record to pathology morgue with the body.
3. Verify that appropriate box has been checked for Autopsy Yes/No. **DO NOT LEAVE BLANK.**

E. Transport Body to Pathology Department Morgue

1. Contact Security Officer to open Pathology Department during hours when department is closed.
2. Transport body to morgue by least public route possible.
  - a. Use stretcher with hidden compartment (stored in Pathology Department) for children and adolescents.
  - b. Swaddle infants in a blanket after placing in body bag and transport in bassinet. Place Autopsy or No Autopsy adhesive sticker on the outside of the body bag.
  - c. Place body on an empty pullout tray in morgue refrigerator vault.
  - d. Place identification tag #3 on outside of refrigerator door.
  - e. Write patient information on logbook designated "death charts" located on small desk in morgue.
  - f. Deposit patient record in tray on desk. **IF AUTOPSY REQUESTED, DEPOSIT IN "REQUIRING AUTOPSY" TRAY; IF NO AUTOPSY REQUESTED, DEPOSIT IN "NOT REQUIRING AUTOPSY" TRAY.**

F. Autopsy and Non-Autopsy

1. Unit personnel will insure that the chart is put in order as for a discharge.
2. Charge nurse will assign staff to accompany transport staff to deliver the body, **the chart** and completed forms to the morgue.
3. Designee from HIM department will retrieve the chart from Pathology to complete the death certificate.
4. HIM will verify any questions with Pathology staff before leaving the department to begin the Death Certificate.
5. Designee of the HIM department completes the Death Certificate and contacts physician for signature.