

Revised: 9/85; 11/85

Revised: 2/87, 2/88, 2/89, 3/90; 7/91, 12/92, 6/93, 8/96; 5/97;

Revised: 5/98; 11/99; 02/04; 06/05; 6/06; 6/07; 4/08; 4/09; 4/10; 10/10; 4/11

(Annual Review)

Nursing Policy: P-60

LSUHSC-Shreveport, LA

POST-MORTEM CARE

PURPOSE:

To provide guidelines for appropriate care of the body, notification of the family/significant other, and coroner notification as appropriate, following death.

POLICY:

1. Physician's Responsibilities:

A. Pronounce the patient's death.

(See Hospital Policy 2.36 Notification of Death.)

B. Determine if the patient is a coroner's case, and document in the medical record.

Questions may be directed to the morgue desk attendant in Admitting or the coroner's office may be called.

(See Hospital Policies 7.6 and 7.6.1 for additional information regarding autopsies and Coroner's cases.)

C. Notify the family immediately of death. Notification of death shall be documented in the physician progress notes of the medical record, and shall include who was notified and at what time notification occurred.

EXCEPTION: *University Police Department (UPD) shall be notified of the death of a prisoner patient and they shall notify the appropriate law enforcement agency that has custody of the prisoner.*

D. Write a death note in the progress notes.

E. Obtain permission for autopsy (if applicable).

2. Unable to Contact the Family

A. In the event that the physician is unable to contact the family, the physician shall enlist the assistance of the appropriate law enforcement agency to locate and notify a family member to contact the hospital.

2. Unable to Contact the Family (cont'd)

- B. If attempts to notify the family are not successful, the unit staff will notify the unit manager/House Manager (after hours, weekends, holidays). Hospital Administration shall be notified the next business day if all attempts to notify the family are not successful.

(See Hospital Policy 2.36 Notification of Death.)

3. Nurse's Responsibilities

- A. Complete the Death Section of the Patient History/Assessment and Discharge Record.
- B. Prepare the patient's medical record to be sent to the Morgue Desk (in admitting).
- C. After hours notify the Administrative House Manager of the patient's death.
- D. Record the death in the unit death book, noting patient name, medical record number, and time of death.
- E. Notify the Pharmacy of the patient's death, if applicable.
- F. Discharge the patient via Invision/Net Access with appropriate code.
- G. Obtain **Funeral Home Release** either by securing the families' signature and/or escorting the family to the Morgue Desk.
- H. Review consent for autopsy to assure that it is completed and contacts physician if it is not complete, since autopsy will not be performed unless form is complete.
(See Hospital Policy #7.6, Autopsies; and 7.6.1, Coroners Case.)
- I. Assure that LOPA is notified of all deaths and completes Notification of Referral Form as directed by LOPA.
(See Nursing Policy O-9, Organ, Tissue, and Eye/Cornea, Donation Suitability.)
- J. **Notifies the coroner immediately for all Coroner's cases, when talking with the Coroner's Representative ask if the body can be released and notifies admitting. Once the Coroner is notified completes the green "Coroner's Case" sticker and places it on the face sheet.**

See Hospital Policy 7.6.1 Coroner's Case

- K. Ensures the patient's medical record is taken to Admitting within two hours of death.

4. Donation of Body to LSUHSC

If it is known that the deceased patient has donated his body to LSUHSC, the appropriate person shall be notified.

(Refer to Hospital Policy, 7.4, Body Donation.)

5. Removal of invasive lines/tubes and Coroner's Release of the body

A. All invasive lines/tubes shall be removed prior to transporting the body to the morgue.

EXCEPTION: *When an autopsy is to be performed, or if the patient is a coroner's case, all invasive lines/tubes shall be left intact within the body, with the exception of the ET tube, which shall be moved to the center of the mouth.*

B. If the coroner releases the body after transport to the morgue and lines and tubes are still intact, the charge nurse on the unit which had previously housed the patient shall designate a competent staff member to go to the morgue and remove tubes or lines prior to transport of the body to the funeral home.

6. Identification Body Tag

A. Three (3) identification body tags shall be completed. Each identification tag shall include the following patient information:

- a. name, age, sex, race
- b. complete home address
- c. hospital medical record number
- d. date/time of admission
- e. date/time of death
- f. medical service
- g. attending physician

B. **If the patient had a known infectious disease, the body tags shall be labeled with the type of disease.**

C. One tag shall be secured to:

1. the body's ankle prior to wrapping,
2. one tag to the outside of the body bag (zipper lock), and
3. one placed on the morgue shelf.

7. Cultural/Religious Aspects of Post-Mortem Care

Cultural and Religious preferences will be accommodated up to the abilities of the hospital and when they do not interfere with the Coroner's Cases.

8. Body Bag

The body shall be placed in a body bag prior to transportation to the morgue.

9. Transporting the Body and Cleaning of Morgue Cart

The body shall be transported to the morgue (Room G-306) via a Morgue Cart. The morgue cart is stored on 7K. Nursing Unit personnel shall be responsible for cleaning the morgue cart with a hospital-approved disinfectant after use, but **before** returning it to 7K for storage.

10. Morgue Log

Nursing personnel shall be responsible for completing the **Morgue Log** after placing a body in the morgue.

11. Patient's Chart to the Morgue Desk

The nursing unit shall be responsible for submitting the completed patient's chart to the morgue desk in Patient Processing (Admitting) within two hours.

12. Unit Death Book

A. Each nursing unit shall be responsible for maintaining a Unit Death Book.

EXCEPTION: *Operating Room and PACU shall document in the death book located in the SICU if the patient originated in the ECC, all inpatient deaths shall be recorded in the death book on the unit the patient originated from.*

B. The nursing unit shall be responsible for submitting the Unit Death Book to Patient Information for notification and signature within a timely manner.

13. Patient's Belongings, Clothes, and Valuables

The patient's belongings and clothes shall be returned to the family. If no family is present, the patient's belongings shall be sent to Patient Processing so they can be sent with the body to the funeral home. Valuables shall be given to LSUHSC UPD. The attending nurse shall complete the disposition of valuables section on the Patient History and Discharge Record S/N 1048. (*Refer to Hospital Policy, 2.4, Valuables, for additional information.*)

14. Patient Expiration Location**Ancillary Department**

A. If an inpatient expires in an ancillary department, the unit that the patient was admitted to will send staff to the ancillary department to prepare the body for delivery to the morgue. **The body will remain in the ancillary department until readied for transport to the morgue.**

B. Staff in the ancillary department should provide assistance to the nursing staff during the preparation of the body as needed.

- C. If there is family on the unit of origination, the family should be escorted to the Ancillary department (accompanied by a nursing staff member), if they wish to view the body before it is transported to the morgue. Privacy should be afforded the deceased and the family members. Ancillary staff will need to be supportive of the grieving family as necessary and be aware that the readying and viewing of the body may take time, so the room may not be in use for up to 2 hours. The attending nurse may make exceptions under special circumstances with Charge Nurse/Nurse Manager’s approval.

OR, PACU, or ECC

If the patient expires in the **Operating Room, Post Anesthesia Care Unit, or Emergency Care Center**, these departments will prepare the body as needed for family viewing and transport the body to the morgue.

15. Code Blue / Cardiopulmonary Resuscitation

If the patient was a Code Blue, the Code Blue (Cardiopulmonary Resuscitation Record) form shall be completed. The top copy is placed in the medical record and the yellow carbon portion is sent to Nursing Performance Improvement-Hospital K-1-40.

RESPONSIBLE PARTY	ACTION
MD	1. Pronounces patient’s death. 2. Notifies family of patient's death. EXCEPTION: University Police Department shall be notified of the death of a prisoner patient and they shall notify the appropriate law enforcement agency that has custody of the prisoner.
MD, RN, RN Applicant	3. Notifies LOPA of patient’s death and completes Notification of Referral Form as directed by LOPA. Notifies the Coroner immediately on all Coroners’ Cases.
MD	4. Writes death note. 5. Obtains autopsy permit, if applicable.

RESPONSIBLE PARTY	ACTION
RN, RN Applicant, LPN, NA	<p>6. Dons PPE and removes all invasive lines/tubes if patient is not a requested coroner's case and/or no autopsy has been requested. If denture wearer, leave dentures in if possible, or give to family member.</p> <p>7. Cleanses body thoroughly of any secretions.</p> <p>8. Covers body to the chin with a clean sheet, washes hands. Allows family time to view the body, if they wish to. Offers comfort and emotional support to the family and allows family as much privacy as possible for a maximum of 2 hours.</p>
RN, RN Applicant, LPN, NA	<p>9. Removes valuables, collects belongings, and gives to family member and documents disposition of such, including dentures, in the space provided in the 24 Hour Nurses' Note/Patient History and Discharge Record.</p> <p>If no family is present remove all valuables (i.e. watch, rings, glasses), gives valuables to UPD and sends other patient property to the morgue desk to accompany the body to the funeral home.</p> <p>If unable to remove a ring, covers it with gauze and tapes it in place and documents in the medical record.</p>
RN, LPN, RN Applicant	<p>10. Gathers supplies needed:</p> <ul style="list-style-type: none"> a. Identification tags b. LOPA form c. Funeral Home release <p>11. Completes the 3 identification tags; Labels tags with infectious disease, if known.</p> <p>12. Completes Death Record section of Discharge Record in the space provided on the Patient History and Discharge Record.</p>
RN, LPN, RN Applicant, Administrative Coordinator	<p>13. Places completed LOPA form in the medical record (Notification of Referral Form).</p> <p>14. After hours notifies the Administrative House Manager's office (ext. 55150) of the patient's death.</p> <p>15. Notifies Pharmacy of the patient's death, if appropriate.</p>

RESPONSIBLE PARTY	ACTION
RN, LPN, NA RN Applicant	16. Secures <u>first identification body tag</u> to ankle and places body in body bag. 17. Attaches <u>second identification body tag</u> to the outside of the body bag (zipper lock). 18. Transfers the body to the Morgue Cart. (An absorbent pad may be placed under the body to absorb any secretions.) 19. Transports body to morgue via Morgue Cart and places the body face up on the morgue shelf. Smaller bodies placed on top shelves and larger bodies placed in bottom shelves. If the morgue shelf has a hole in the bottom, place the head at the opposite end from the hole. 20. Removes gloves and washes hands.
RN, LPN, NA RN Applicant	21. Places <u>third identification body tag</u> on morgue shelf and completes morgue log. 22. Cleans morgue cart with a hospital approved disinfectant following use and returns clean Morgue Cart to 7K for storage. 23. Submits completed chart and patient property (if no family present), within two hours to the Morgue Desk in Admitting/Patient Processing.
RN, LPN, RN Applicant	24. Completes patient data in the death book.
Patient Information	25. Signs in space provided in death book for notification.
RN, LPN, RN Applicant	26. Returns death book to unit.

References:

Hospital Policy 2.36: Notification of Death

Hospital Policy 2.4: Patient Valuables

Hospital Policy 7.4: Body Donation

Hospital Policy 7.6: Autopsies

Hospital Policy 7.6.1: Coroner's Case

Nursing Policy 0-9: Organ, Tissue, and Eye/Cornea, Donation Suitability

Jamie Jett, MBA, RN
Administrative Nursing Director
Psychiatry, Coordinated Care and
Professional Practice

Date

Jean DiGrazia, MBA, RN
Assistant Hospital Administrator and CNO
Patient Care Services

Date