LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
- SHREVEPORT

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. In-Patient Unit
   When a patient expires on an in-patient unit, nursing personnel shall be responsible for ensuring that post-mortem care is properly completed (see Nursing Policy P-60 POST-MORTEM CARE).

2. Ancillary Departments
   If a patient expires in an ancillary department, the unit or clinic 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.
   
   a. Staff in the ancillary department should provide assistance to the nursing staff during the preparation of the body as needed.
   
   b. 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 member. Ancillary staff shall 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 available for use for 1 – 1½ hours.

3. OR, PACU, ECC or Outpatient (Clinics)
   If the patient expires in the Operating Room, Post Anesthesia Care Unit, Emergency Care Center or Outpatient Clinic, these departments will prepare the body as needed for family viewing and transport to the morgue. (Refer to Nursing Policy P-60, Post Mortem Care)

4. Labor Unit
   In the event of a spontaneous abortion (miscarriage) the mother shall be given the option of burial. If the mother declines burial, the “products of conception” are sent to pathology and handled as a specimen. (Only) if the mother chooses to bury the products of conception the following procedures are followed:
a. Declare the “products” a death  
b. Notify Admitting  
c. Obtain a funeral home release from the mother  
d. Notify the LSUHSC-S Birth Certificate clerk to prepare a death certificate  

**Definitions**  

a. **Live Birth** – Complete expulsion or extraction from it’s mother of a product of human conception, irrespective of the duration of pregnancy which after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached. *Birth certificate is completed.*

b. **Spontaneous fetal death (stillbirth)** – has occurred when the delivery does not result in a live birth, and gestation age is estimated at 20 weeks or greater, or if weight is 350 grams or more. *Fetal death certificate is completed.*

c. **Neonatal death (includes non-viable)** – death of any live-born neonate before the neonate becomes age 28 days. *Example: if the infant was born with any vital signs for any period of time they would be considered a live birth. Therefore, a birth certificate and death certificate must be completed.*

5. The Administrative House Manager shall be notified of all deaths.

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Approved by Clinical Board: 4/20/04, 1/18/05, 3/18/08, 3/15/11  
Written: 3/04  
Revised: 3/04, 11/04, 2/08, 2/11