Care After Death

The Practicalities

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AIMS

- Identify and discuss nursing responsibilities
- Role of the mortality coordinator
- Polices/procedures related to care after death
- Differences within in clinical settings
- When to involve the coroner and police
- Cultural aspects and chaplaincy
- Discuss and analyse the CDHB End of life Care Plan
- Critical analyse nurses responses to death
• Clinical Management – Death of a Patient
  • Volume A Policies and Procedures, CDHB, 2011

• Burwood and TPMH – Death
  • Volume A Policies and Procedures (in process of being updated)

• Associated documents
  • Burial and Cremation Act 1984
  • Births Deaths and Marriages Act 1995
  • Human Tissue Act 1984
  • Health and Disability Act 1994
  • Coroner's Act 2006
  • Ministry of Health – ‘A guide to Certifying Causes of Death’
  • Department of Nursing Cultural Resource Book (Christchurch Hospital)
The Expected Death

• Your patient has become increasingly unwell and it would appear that death is imminent:
  • What is your responsibility?
  • Do you let the family know that there has been a deterioration?
  • Has there been conversations with the patient and family about their wishes for care after death?
THE EXPECTED DEATH ANSWERS...

- Nurses responsibility to notify Nurse Manager, Team Leader, Duty Nurse Manager (NM), Medical Team or On Call team and CTC if after hours of deterioration

- Do not contact mortality co-ordinator unless you need guidance, reference book to cultural preferences is available via Duty NM at Christchurch Hospital. Information can be obtained by other duty managers.

- Ensure patient is comfortable, privacy – maybe move to single room, explain all procedures or plans to patient even if appears unresponsive, ensure you let your team know.

- Re allocate your patient load

- It is your responsibility to inform family

- Has there been a discussion about what the patient and family wish to happen after death i.e. cremation or not, what funeral company they wish to use, do they want pastoral care, Karakia?

- Look through patient notes for any hints regarding this.

- As nurses we cannot recommend funeral homes, advise on cremation vs. burial, act as a legal witness for any paper work.

- We do need to have the conversations at the appropriate time regarding post death care and the family wishes.

- Sometimes you don’t know and you have no real warning of imminent death

- Community: Contact team leader and be guided by protocol. Discuss informing family with team leader, need to contact GP etc. Make patient comfortable, maybe reallocate patient list.
• Your patient has died quite suddenly:
  • What is your responsibility?
  • Who do you need to let know?
  • Does the coroner/police need to be involved?
  • Who lets the family know?
    • How would you have that conversation?
THE UNEXPECTED DEATH ANSWERS...

- Nurses responsibility to notify Nurse Manager (NM), Team Leader (TL), Duty Nurse Manager (NM), Medical Team or On Call team and CTC if after hours of deterioration

- Medical team needs to certify death ASAP.

- Contact mortality co-ordinator (this is to alert them to the death and that you are awaiting medical clarification) if at Christchurch Hospital otherwise NM/TL or Duty NM, reference book to cultural preferences is available via Duty NM at Christchurch Hospital. Information can be obtained by other duty managers

- Important that in hospital all mortality documents are available for certifying team, ensure all paper work is completed including clinical notes before medical team leaves the ward.

- Move to single room if able, place sign on door/curtain in hospital. In community greet anyone who arrives at the door and inform of patient death in tactful way (ensure that the information you are giving is appropriate to the right people i.e. the paper boy does not need to know).

- If not a coroners case remove drains, catheters, cover wounds and oozy sites etc. Place molipad in place to ensure no leakage of body fluids.

- Identify if infectious, cytotoxic etc. – see care of in slides later on.

- Reallocate work load

- Discuss with medical team if coroner needs to be informed (see slides further on).

- It is your responsibility to let family know, be tactful. Even those that know death is a potential outcome will be greatly affected.
In the Event of All Patient Deaths...

- Doctor inclusive of G.P. must examine the patient and ascertain that life is extinct
  - *No palpable Carotid pulse, no heart sounds, no breath sounds – minimum 2 min; no response to centralised stimuli; fixed dilated pupils (no response to light)*

- Death must be recorded in Medical Records before patient is transported to Mortuary or Funeral Home

- Nurse must also provide factual (no assumptions) clinical notes related to death – ask senior nurse or Duty NM if unsure how to word it.
WHAT A MORTUARY BOX LOOKS LIKE..

CDHB, 2011; CDHB 2007
INSIDE THE MORTUARY BOX...

CDHB, 2011; CDHB 2007
NOTIFICATION OF DEATH

• Responsibility of nursing staff to notify
  • Family
  • Nursing Staff, Medical Team
  • Telephone office as soon as possible (ChCh & TPMH), Duty Nurse Manager (NM) (Burwood & TPMH) or Team Leader community
  • Mortality Coordinator (Duty NM)

• Update PMS as soon as possible

• If no next of kin known, Duty NM/Mortality Co-ordinator will contact the Police. Exception being ED who contact police directly.

• Medical team treating the patient is responsible for reporting to and discussing the death with the consultant concerned
If the team treating the patient is not available, the documentation should be completed by the On-Call Registrar.

If there are concerns by the On-Call registrar, they should attempted to contact the Consultant of the caring team, failing that, the On-Call Consultant is contacted

If On-call Registrar is not available, a House Surgeon may complete the documentation following Discussion with the caring On-Call Consultant

The Mortality Co-ordinator of Duty NM is responsible for checking this form and faxing it to the Coroner if required.

The Medical team is also responsible for completing the Record of Death form – available via the Mortality Coordinator or Duty NM

CDHB, 2011; CDHB 2007
CDHB, 2011; CDHB 2007
• What cases would warrant the Coroner’s input?

  • Any sudden unexplained death (unnatural, violent)
  • Intra – operative, post – operative patients, dental or medical procedure
  • Death after attempted suicide
  • Death from accidents
  • Deaths where Medical Staff unable to sign the death certificate
  • During birth or as a result of pregnancy
  • Detained in institutions under section 9 (alcoholism & drug act 1966)
  • Placed in residence under children, young persons and their families act
  • Child or young person in custody of an iwi or cultural social service, child and family support service
  • Patient under section 2 (1) compulsory care and rehabilitation; Mental Health act 1992
  • Patient under section 3 (1) compulsory care and rehabilitation; Intellectual Disability act 2003
  • Prisoner under section 3 (1) Corrections act 2004
  • Custody of police
  • Control of security officer section 3 (1) Corrections act 2004

CDHB, 2011; CDHB 2007
SO WHAT DO YOU DO IF IT IS REFERRED TO THE CORONER?

- Do not alter anything from the body
- Do not remove anything
  - Lines, drains, catheters etc.
  - Spigot all lines/tubes
  - Keep contents of drains and catheter bags
- Immediately notify Duty NM/Mortality Co-ordinator to ensure advice is given
- If not covered by departmental protocol (e.g. OT, ED, ICU), all tubes should be left insitu unless a specialist instructs otherwise.

CDHB, 2011; CDHB 2007
• Death Certificate
  • Must be completed for all non-coronial cases where the medical practitioner is satisfied that the death was a natural consequence
  • For fetal deaths over 20 weeks or 400gms and neonatal deaths occurring within 28 days of birth the BDM167 is required

• Cremation Certificate
  • Completed if the patient is for cremation (if in doubt fill it out)
  • It is double sided and the RMO completing this certificate must have seen the patient before death and the same doctor must have completed the death certificate
CDHB, 2011; CDHB 2007

DEATH CERTIFICATE...
Certificate of Medical Practitioner

I am informed that application is about to be made for the cremation of the body of

(Full Name of the Deceased)

(Adress)

(Occupation)

Having attended the deceased before, and seen and identified the body after death, I give the following answers to the questions set out below:

1. On what date and at what hour did he (she) die?

2. When did the deceased die? Give address and name of witness, if any.

3. Are you a relative of the deceased? If so, state the relationship.

4. Have you, or so you are aware, any pecuniary interest in the disposal of the deceased?

5. Were you the attending medical practitioner of the deceased? If so, for how long? Have you been in attendance on the deceased since the date of the death?

6. Did you attend the deceased during his (her) last illness? If so, for how long? Have you been in attendance on the deceased since the date of the death?

7. When did you last see the deceased alive? (By how many years or days before death).

8. (a) How soon after death did you see the body?

(b) When did you take it to show yourself as to the state of the body?

(c) How did you establish the identity of the deceased person?

9. What was the cause of death?

10. Medical conditions (if any) giving rise to the investigation above (please indicate condition(s) in chronological order beginning with the most recent)

11. Other conditions (if any) contributory to death — injuries, paralysis, arteriosclerosis, tabes dorsalis, etc.

12. State how far your attention is to the cause of death and the direction of medical research is founded on your own observations or on statements made by others. If statements made by others, give their names and their relationship to the deceased.

13. What was the cause of death? (Say whether acute, chronic, subacute, morbid, and death from what cause so far as possible). If an accident, state how it originated, give also names and state relationship of witnesses.

14. Was the deceased married during his (her) last illness by any medical attendant besides yourself?

15. In case of the knowledge of the deceased's habits and occupation, do you feel that anything described in the character or course of the disease or the cause of death?

16. Do you know, or have you any reason to suspect, that the death of the deceased was due, directly or indirectly to:

(a) Violence

(b) Poison

(c) Premature or neglect

(d) Illegal abortion

17. Have you any reason whatever to suppose that a further examination of the body to be desirable?

18. Have you given the certificate required for the registration of death?

"FORM AB" THE CREMATION REGULATIONS 1973

CDHB, 2011; CDHB 2007
Other Forms that Might be Used...
• Deceased Persons Certificate – Police
  • Required to be completed by the RMO from the treating team if the Coroner takes jurisdiction
  • Certificate for Coroner as to Cause of Death (in lieu of PM)
  • Should only be completed by senior medical staff

• Requisition for a Hospital Post Mortem (PM) Forms
  • Only completed for non-coronial clinical autopsies
  • Families must have given written permission on Consent Form Ref 0235

• Body Release Check Sheet – Burwood
  • To ensure all documents are completed prior to release of the body
NEW ZEALAND POLICE

DECEASED PERSON CERTIFICATE

Certificate as to Extinction of Life

I, a duly qualified and registered medical practitioner hereby certify that as

being a duly qualified and registered medical practitioner hereby certify that as

I examined the body of

and found life extinct.

Signature: __________________________
Date: __________________________

Address: __________________________

Information for Police for Coroners Hospital deceased
Surname First names
Title Occupation
Address in full

Date of Birth Age
Home phone Business phone
Race Marital status
Date and time of death
Next of kin Relationship
Person who last saw deceased alive Address Date/time
Person who found deceased Address Date/time
Doctor who confirmed death Address Date/time
Person who informed Police
Summary of admission

Location of property of deceased
Medications deceased was on

Significant Past medical History

CDHB, 2011; CDHB 2007
Care of the Deceased...

- Ensure room/curtain of the deceased has a sign asking for visitors to call at the nurses station
- Lie deceased flat, place mortuary sheet underneath the patient for lifting
  - Wrapping in mortuary sheet is no longer required
- Straighten all limbs, and check eyes are closed – if possible
- Dentures to be inserted if possible (if unable to do this, must be in labelled container)

Note:

- If the body is considered infectious, is leaking copious amounts of fluids or if the deceased has received an IV cytotoxic medication within last 48hrs, liaise immediately with the Mortality Co-ordinator/Duty NM for the use of a body bag
- If Radioactive Isotope alerts – check radiation levels before transport.
- Notify if biotech alerts (pacemakers, implanted defibs, spinal stimulators)
• Ensure there is legible identification bracelet on **both an arm and a leg**
• If necessary clean/sponge the patient (relatives may wish to do this)
• Remove IV cannula, catheters/drains and cover with occlusive dressing
• Cover wound sites with occlusive dressing only if explained death.
• Ensure patient is dressed in clean night attire. If not clothes are available use hospital night wear or shroud
• If relatives are present and wish to view deceased, prepare the room e.g. tissues, additional chairs
  • **EXCEPTION** – see Coroners slides
DISCUSSION WITH FAMILY...

- Is a Chaplain or other religious person required
- Are there any special instructions e.g. religious rites, sharing of food etc. Be guided by the family, but the Department of Nursing at Christchurch Hospital has a Cultural resources Book available, contact Duty NM
- Mortality co-ordinator can also guide you.
- Is the wedding ring or other jewellery (preferably not watches) to remain with the deceased
- What funeral home is to be used and has contact been made
PERSONAL BELONGINGS...

- Clothing:
  - Must be checked off in ward clothes book/deceased patients property book (two copies)
  - Property given to next of kin must be documented in clinical notes
  - Property other than valuables, not collected at time of death are to be bagged and labelled and delivered to orderlies lodge with patient property slip and signed in by orderlies.
  - Wet or soiled items should be placed in a separate labelled plastic bag.
  - Any damaged/cut clothing that is discarded at the time of death, must be documented in the clinical record.
  - No medications are returned

CDHB, 2011; CDHB 2007
PERSONAL BELONGINGS...

- Valuables:
  - Any jewellery left on the deceased is recorded in the clinical notes
  - Where possible valuables are given directly to the next of kin, this must be documented in clinical records or on the property/valuables list.
  - No money should remain with the property (for safe custody reasons)
  - Valuables and money for safe custody are also recorded in the deceased patient’s property book and placed in a valuables envelope E10.
  - CHRISTCHURCH: deliver to Revenue Office between 0830 – 1700, after hours contact Duty NM to place in Duty Office safe
  - BURWOOD: place in unit safe by 2 nurses and let Unit Manager/Duty NM know.

CDHB, 2011; CDHB 2007
Viewing of the Deceased if Not Present at Time of Death...

- This may occur on the ward/department if appropriate, otherwise if during normal hours contact the Mortality Co-ordinator or Duty Manager.
- Christchurch Hospital has a special viewing room that can be utilised.
- BURWOOD: Can be viewed on the unit and removed within 12 hours.
- CHRISTCHURCH & TPMH: After hours contact Duty Manager who will liaise with the Orderlies Lodge. Mortuary ASAP, at least within 4 hours of death.
  - All relatives who are wishing to visit the mortuary must have this organised through the Orderlies Lodge and Mortuary Orderlies will escort visitors.
DOCUMENTATION FOLLOWING DEATH...

- Nursing notes must include:
  - If deterioration and death was sudden
  - Notification of doctor stating time and name of doctor
  - If relatives notified and present
  - Any treatment immediately prior to death
  - Time of death
  - Time and name of last person to see patient alive
  - Details of what has occurred to patient’s property and valuables, e.g. returned to next of kin

- Place all notes, reports in case notes and place in a labelled deceased patient's envelope

- Notes are to accompany patient to mortuary (Christchurch and TPMH) or sent to medical records (Burwood).

CDHB, 2011; CDHB 2007
TRANSPORTATION TO THE MORTUARY OR FUNERAL HOME...

- CHRISTCHURCH AND TPMH:
  - Contact orderlies to arrange transportation via Mortuary trolley/bed as appropriate
  - Mortuary bed is only used at request of deceased or family and for specific circumstances e.g. obese patient. Ensure dignity is upheld, and less travelled route is taken.
  - If trolley is used orderly will close mortuary sheet without pins etc.
  - Assist orderly to transfer patient to trolley
  - Inform them of any special requirements e.g. infectious, relatives wishing to stay with body
  - Also if patient wearing jewellery
  - At the Mortuary the nurse should verify the patient number of the deceased against the case notes with the orderly.
  - Nurse to transport deceased to mortuary with orderly.

CDHB, 2011; CDHB 2007
TRANSPORTATION TO THE MORTUARY OR FUNERAL HOME...

- Funeral home will pick up deceased from mortuary unless other arrangements have been made.

- BURWOOD:
  - Once death has been confirmed and all documentation is completed and family have identified funeral home, the deceased is ready for collection.
  - Family are to contact funeral home and let them know the deceased is ready for collection this is not a nursing responsibility.
  - If death is unexplained transportation to mortuary in town is arranged.

CDHB, 2011; CDHB 2007
DEATH OF A CHILD...

- Same policy as for adults
- The parent may wish to carry baby to Mortuary and nurses should facilitate this (an orderly is still required to accompany deceased to the Mortuary).
-Ascertain from relatives any special instructions, e.g. any favourite toy too remain with the child.
Death in Theatre...

- Is to be treated as unexplained death in most instances and will require coroner investigation
- Circulating nurse is to contact Theatre Co-ordinator, Mortality Co-ordinator, Duty NM, Nurse Manager etc.
- Medical personal in this instance contact family, following this the circulating nurse will:
  - Notify telephone office
  - Inform ward of death and need to transfer patient’s belongings to Orderlies lodge
  - If this has happened prior to departure from OT, contact mortality co-ordinator
- Fluid Volumes must be accurately recorded if the amount is potentially related to the death, then leave bag/unit sealed and attached to patient

CDHB, 2011; CDHB 2007
If concern around ET tube – and independent specialist will examine the tube before removal, if doubt remains ET tube remains insitu

Possible severe air/gas embolism needs urgent consultation with the forensic pathologist on call

Circulating nurse completes incident form, records death on PMS.

Prepare body to go to Mortuary:
  - Clean excess blood, body fluids. Cover with clean gown ad sheet
  - Peripheral IV and arterial lines may be removed, but must be documented and also name of person whom removed them
  - Central Venous lines including peripherally inserted CVC’s must be left insitu and may be spiggotted
  - Surgical drains, chest tube drains, ventricular drains/shunts must remain insitu. All urinary catheters inclusive of drainage bags (unemptied) must remain insitu
  - Ensure any lines etc. left are sufficiently secure.
  - Orderlies will bring up mortuary trolley, one member of staff will accompany body.
  - The Duty NM or the Mortality Co-ordinator will arrange body for viewing
- Responsibility of the medical team
- Criteria is usually brain dead and on a ventilator in ICU
- Time of death recorded at the completion of the second set of brain death tests
- Donation may not go ahead without permission from the family, even if indicated on drivers licence
- In coronal cases permission to proceed with donation must be obtained from the coroner and the forensic pathologist.
Debriefing needs to occur as soon as possible but within 48 hours.

- Rationale: the moment is lost if left any longer and it is vital discussion is had about the incident whether expected or not.
- Should be facilitated by NM/TL
- All parties involved should participate if able

CDHB, 2011; CDHB 2007
QUESTIONS OR COMMENTS...

• END OF LIFE CARE PLAN...