

PROCEDURE

TITLE: POST MORTEM CARE

PURPOSE: To outline process of preparing body, completing paperwork, transporting deceased to morgue and releasing body to mortician and contacting The Sharing Network.

- SUPPORTIVE DATA:**
1. Prior to wrapping the body, check with MD to see if patient's family wishes to see the patient.
 2. Valuables will only be released to next of kin or mortician upon signing Mortician Release Form.
 3. The following will assist the mortician:
 - a. Materials Management: Monday to Thursday 0800-1630, Friday 0800-1500
 - b. Administrative Coordinator: Monday to Friday 1630 – 0800; Weekends (Friday 1500 – Monday 0800) and Holidays
 4. The Medical Examiner of the county where the patient expires is to be notified by the RN or Administrative Coordinator if:
 - a. No previous medical treatment.
 - b. Death suspected as suicide.
 - c. Homicide.
 - d. Deaths in suspicious or unusual manner.
 - e. Body found unattended.
 - f. Death within 24 hours after admission to a hospital.
 - g. D.O.A.
 - h. E.R. deaths
 - i. Deaths in Operating Room.
 - k. Deaths within the first 24 hours following surgery.
 - l. Death from causes which might constitute a threat to public health.
 - m. Death related to diseases resulting from employment or to accident while employed.
 - n. Sudden or unexpected deaths of infants and children under three (3) years of age and fetal and maternal deaths occurring without medical attendance.
 - o. AIDS.
 5. Record if patient expired with a medical trackable device and what type.
 6. Organ Donor Certificate.
 7. Hospitals are required to notify Funeral Directors in writing of patients who have died with AIDS or any of the following contagious, infectious or communicable diseases:

- Human Immunodeficiency Virus	- Plague (Untreated)
Infections including AIDS	- Q Fever (Untreated) Rabies
(Acquired Immune Deficiency	- Syphilis-Primary and Secondary (Untreated)
Syndrome), ARC (AIDS Related	- Toxoplasmosis Disseminated (Untreated)
Complex)	- Tuberculosis (Untreated)
- Creutzfeldt-Jakob Disease	- Typhoid Fever (Untreated)
- Viral Hepatitis B	- Viral Hemorrhagic Fevers
- Malaria (Untreated)	(Contact State Health Department Immediately)
- Meningococcal Disease	- Yellow Fever (First 5 Days of Infection)
(Untreated)	

THE FORMS ARE LOCATED IN THE FILE CABINET IN THE NURSING OFFICE - COMMUNICABLE DISEASE ALERT.

The form needs to be signed by the M.D. who pronounces the patient.

- EQUIPMENT LIST:**
1. Mortician Release Form
 2. Personal Property Receipt Form
 3. Morgue Book
 4. Mortuary Pack
 5. Morgue Stretcher
 6. Communicable Disease Alert Form

CONTENT:

PROCEDURE STEPS:

KEY POINTS:

CARE OF BODY

When Respirations and Apical Pulse Cease:

1. Notify:
 - a. Physician.
 - b. Priest or minister.
 - c. Hospital Chaplain if requested.
 - d. Organ and Tissue Sharing Network at 1-800-541-0075
 - e. Medical Examiner (If Medical Examiner's case)
 - f. Complete the electronic death registration form found in the shared drive and fax to the switchboard operator at 441-1133.
 - g. Notify the Nursing Home or Extended Care Facility if applicable
2. Prepare patient for relatives arrival:
 - a. Comb hair.
 - b. Straighten bedding.
 - c. Close eyes by grasping eyelashes, **NOT** eyelids, and pulling down gently.
 - d. Place dentures in mouth, if possible.
 - e. Straighten body and leave one pillow under head.
3. Remove protective and supportive devices.
4. If relatives are coming, allow them to be alone with deceased or stay with them as

RN notifies MD. The MD will notify the family. Family needs to supply name of mortician and how belongings are to be handled. **(Hospital personnel should under no circumstances notify a mortician or recommend one to the family.)**

If patient or family has made a request.

Give consideration to religious beliefs.

Early referral is essential for evaluation of donor suitability (See Administrative Policy AD72)

See supportive data (page 1). If deceased is a coroner's case, make sure all information referring to a coroner's case is completed before sending body to the morgue. DO NOT remove any supportive devices (ET Tube, IV, etc.).

Form attached FYI.

Have surroundings neat.

Avoid touching eyelids for pressure may give unnatural appearance and prevent closure.

Dentures must always accompany body.

If patient is a Medical Examiner's case, all supportive devices must remain in place.

indicated.

After Family Leaves:

1. Remove top bedding except sheet.
2. Remove drains, soiled dressings, tracheostomy tubes, etc. Close wounds with adhesive tape and apply clean dressings. Remove adhesive marks.
3. Leave ID band on wrist.
4. Cleanse soiled body areas.
5. Tie one identification tag to the great toe.
6. Wrap the body in the shroud. Pin second identification tag to shroud and communicable disease alert form, if indicated.
7. Transfer body to stretcher using bottom sheet of bed.
8. Cover body with bottom sheet.

If Medical Examiner's case, all supportive devices and marks must remain.

Place label on tag

Utilize body bag for wrapping if body is draining excessive fluid or patient has a communicable disease.

Care of Patient Valuables and Belongings:

1. Remove all jewelry; only the wedding band may be left on. This must be taped to finger. Chart that this has been done.
2. Place valuables in "Valuables Envelope" and list each item (jewelry, car keys and money) and the number on the envelope on Mortician Release Form.
3. Collect and list all belongings on personal property receipt form and check against Admission Data Base and have immediate relative sign for them or give to Materials Management in clean, labeled bag. (On off shift, Administrative Coordinator will place bagged clothing in Materials Management.)
4. When body is released, mortician or designated family member must sign out all belongings.

Hospital safe by registration

Note disposition of items not released to relatives on receipt for personal belongings.

Valuables should be released to the next of kin. If there are no relatives or the family gives permission, valuables may be released to mortician.

**CHART IN
NURSES'
NOTES:**

1. Exact time respirations ceased.
2. Name of physician notified.
3. Name of person who pronounced patient dead.
4. Anything unusual concerning death.
5. Disposition of clothing and valuables.

REFERENCE:

NJ AL. 2598, Infectious Disease Notification.

Electronic Death Registration Form

All fields, excluding middle name and suffix, are required.

First Name _____

Middle Name _____

Last Name _____

Suffix _____

Sex Male Female

Date of Death **Select Month**
Year Month Day

Place of Death* Inpatient Emergency Room

After completing form fax to Switchboard Operator at (908) 441-1133

Location Type _____

Address _____

Zip Code _____

County _____

Municipality _____

Dept Name &
Extension _____

Person Providing
Information _____