

Information sheet for care of deceased patients

Before a death

Consider the following

- Should resuscitation status be discussed? (see Hospice Resuscitation Policy 2009). Make sure the Resuscitation Decision form is up to date.
- Might the Coroner need to be involved (see below)?
 - Yes - it is usually best to inform the family, and usually also the patient where possible, beforehand to avoid further distress after the death.
 - Not sure, and it is possible a patient will die over a weekend, contact the Coroner's secretary on **01962 830006** on the Friday to decide whether a referral will be needed. Otherwise the Coroner can be contacted after the death to discuss referral.
- Might the patient wish to donate tissue (organs cannot usually be accepted from our patient group)? This may include corneas, skin, bone, tendons and heart valves. Apart from CJD and HIV there are no absolute contraindications. If the patient expresses a wish to donate, contact the Transplant Service on **0845 6060400** to find out if it is likely to be accepted. If is possible to gain consent from the patient for a blood test prior to death, a clotted (yellow bottle) sample can be gathered and kept refrigerated for up to a week. If the patient dies within this time, no further bloods will be needed by the Transplant Coordinator after the death. It is sometimes possible for them to use specimens gathered for other reasons if they are still held by the hospital lab. The blood is tested for infectious diseases. Discuss this with the Coroner if a Post Mortem may be required – donation is still possible in some cases.
- **Are there any particular cultural or religious requirements around the death? Don't make assumptions – always ask the patient or family. The following are possible requirements:**
 - *Catholic* – last rites
 - *Muslim* – place on right side facing towards Mecca. Family will wash at Funeral Director. Burial within 24 hours
 - *Hindu* – cremation within 24 hours, may wish to be nursed on the floor
 - *Jewish* – body should not be left and staff should not wash the body. Funeral within 1 day.
 - *Buddhist* – notify monk/minister as soon as possible
 - *Sikhism* – 5Ks should not be removed. Portions of holy text may be read. Cremation as soon as possible.
- Ensure that all the information required for completion of a cremation form is gathered. This includes:
 - The patient's full correct name
 - Job (most recent one if retired)
 - Details of any surgery in the last year (not including non-interventional endoscopy or biopsies)
- Has a doctor working the following day met any of the patients who may die overnight? A doctor may only certify a patient if they have seen them in the two weeks prior to death.

Action after a death

When a patient dies, even if a post mortem is required, two ward nurses usually verify the death. This should involve auscultating for heart and breath sounds for two minutes, checking for absence of pupil reaction to light and lack of response to a painful stimulus. See Policy on Verification and care of the deceased. If the death is unexpected or may be deemed unnatural (eg following a fall or drug error), the ward/on call doctor should be contacted to verify the death.

Once the death has been verified, the family are informed, and the ward doctor is contacted. If the death occurs overnight it is normal practice not to contact the doctor until working hours the following morning, unless there is a need for the body to be transferred to the Funeral Director (see below).

If a patient has requested tissue donation, the Transplant Coordinator should be contacted as soon as possible after death. They will arrange for consent from the family and for the necessary blood tests. The number is **0845 6060400**.

The following should be completed by a ward doctor as soon as possible after a death:

- Record the death in the notes. The time of death is as given by the nurses verifying death. Most doctors prefer to verify the death independently in addition.
- Refer the patient to the Coroner if required, on **01962 830006**.
 - If the patient had mesothelioma, the **doctor or nurse can complete a referral form including details of date of diagnosis and summary of their history, past medical history and recent events**. No additional discussion with the Coroner is required. The designated funeral director for the Coroner (Paul Kapper of Winchester) is then contacted to collect the body.
 - In addition to mesothelioma, the following are likely to require a Coroner's Post Mortem
 - Non-small cell carcinoma of lung with history of asbestos exposure
 - Fibrotic lung disease from asbestos exposure as cause of death
 - Uncertain cause of death
 - The following require a discussion with the Coroner (which should be recorded on the back of the Death Certificate and on the Cremation form), but usually do not need a Post Mortem:
 - Surgery in the last year
 - Inpatient stay of less than 24 hours
 - Cause of death likely related to alcohol
 - History of asbestos exposure (but no associated cancers)
- *Death Certificate* (unless a Post Mortem is required). *The certificate must be completed by a doctor who has seen the patient in the two weeks prior to death, but it is not necessary to have seen the patient after death.* This is placed in a sealed envelope and attached to the front of the notes with the removable section separate
- *Cremation Form* (unless a Post Mortem is required). *This can only be completed by a doctor who has seen the patient after death. It is not necessary for them to have cared for the patient prior to death.* In practice, it is usual for the same doctor to complete the Certificate and the Cremation Form, so they will have cared for the patient before death, and seen them after death. The form is placed with the body so that the remainder can be completed by a GP at the Funeral Directors.
- Discharge letter. A proforma entitled 'Notification for Sue Ross' should be completed which she uses to create a letter for the GP and any other professionals involved. A more detailed discharge letter can be dictated instead if the situation was particularly complex.
- Purple sheet. Complete the sections on who certified the patient and who will be completing the remainder of the Cremation Form (Part 5).

When the family attend to collect the paperwork it is worth warning them that;

- They may be contacted by a GP to discuss the death – this is becoming common practice
- If a discussion with the Coroner has been required, they should wait a few days before registering the death if they plan to do this somewhere other than Bishops Waltham. This is

because a certificate is issued by the Coroner's office on any patient who has been discussed with them, allowing the Registration of death to proceed. These are all faxed to Bishops Waltham and can take a number of days to reach other sites.

Removal of the body

Timing of the transfer of a body to a Funeral Director is dependent on time, staffing factors and patient factors. Bodies should be transferred as soon as possible to prevent deterioration. In general, if a death occurs:

- Before 5pm, doctor should see and certify as soon as possible and the body should be transferred that day. If there is no doctor in the building (eg weekend afternoons), the doctor first on call should be contacted and it is at their discretion whether they return to the Hospice or see the patient at the Funeral Directors on the next working day.
- After 5pm, the body may be kept at the Hospice until the next working day, unless there are particular concerns (see below)
- The following may require a body to be moved to the Funeral Directors after 5pm:
 - Religious or cultural requirements
 - Risk of rapid deterioration of the body, for example with premorbid:
 - Severe oedema
 - Sepsis
 - Open wounds
 - Ischaemic limbs

In these cases, the doctor first on call should be contacted and it is at their discretion whether they return to the Hospice or see the patient at the Funeral Directors on the next working day.