



## CLINICAL POLICY

### Death of a Patient

**A. EFFECTIVE DATE :**

December 1, 2023

**B. PURPOSE :**

To identify areas of responsibility in the care of the body at the time of death and to assist the family/significant others in coping with the death.

**C. POLICY :**

1. Pronouncement of death may be performed by a physician or an APRN. In addition, a PA may pronounce death if (a) the death is anticipated, and (b) the PA attests to such pronouncement on the death certificate.
2. Documentation of the death note will be completed in the electronic documentation. This documentation will include date/time and preliminary cause of death.
3. Certification of death may be performed by a physician or an APRN, except that an APRN may not certify a death pronounced by a PA. In the case of a death pronounced by a PA, certification of death may be made by either the pronouncing PA or a physician, so long as the PA or a physician signs the death certificate within 24 hours of such pronouncement.
4. Nursing staff in attendance at the time of patient expiration should notify the responsible practitioner and the Nursing Supervisor. Nursing should also direct staff to enter expiration in the electronic medical record.
5. The pronouncer should notify the attending physician and the next of kin. New England Donor Services (NEDS) must also be notified of every patient with a death certificate indicating potential organ/tissue donation. The pronouncer must determine if the death meets criteria to be reported to the Medical Examiner. Refer to the HAM Policy 07-011 Medical Examiner's Case.
6. It is the responsibility of the next of kin to identify the funeral home of their choice and for notifying the funeral home. The funeral home director should call the Pathology Department during normal working hours or the Nursing Supervisor on off-shifts and weekends to verify that the body is ready for release prior to their arrival.
7. Verbal/telephone notification of funeral home choice and/or permission for body release requires 2 staff members for witness verification.

8. Hospital Administration/designee must be notified by the Pathology Department regarding unclaimed bodies of deceased patients remaining in the morgue over 24 hours. (See HAM Policy #07- 017 Unclaimed Bodies).
9. The Chief of the Medical Staff or the Chief Medical Officer, or their respective designees, may sign for patient autopsy in the absence of consent from an authorized party as specified in Conn. Gen. Stat. § 19a-286.
10. The following cases should be reported to the Regulatory Compliance Director and the Risk Manager:
  - a) when death occurs during or as a result of a diagnostic or therapeutic procedure or anesthesia
  - b) cardio-pulmonary arrest following any of the above which results in death
  - c) instances of in-house or external deaths associated with any adverse event including but not limited to restraints, medications, equipment or falls

**D. SCOPE :**

This policy applies to all UConn Health locations

**E. DEFINITIONS :**

None

**F. MATERIAL(S) NEEDED :**

None

**G. PROCEDURE :**

**1. The Nursing Staff in attendance at the time of patient expiration is responsible for:**

- a. Notifying the responsible practitioner of patient expiration, providing appropriate forms and obtaining a properly completed and signed Death Certificate.
- b. Notifying the Nursing Supervisor of patient expiration and identifying: Patient Name, Room Number, and Time of Death, and direct staff entering the expiration in Epic electronic medical record.
- c. Notifying New England Donor Services (NEDS) for potential organ/tissue donation, 1-800- 874-5215. Complete Organ/Tissue Record for Potential/Actual Donation and affix to progress note in chart.
- d. Completing the Log of Expired Patients.
- e. Documenting a final Nursing Note.
- f. Reviewing all forms for accuracy and completeness prior to patient removal from floor.

**2. The pronouncer is responsible for:**

- a. Notifying the attending physician, reviewing the cause of patient death, identifying any reportable or infectious diseases and determining whether the case should fall under the domain of the Medical Examiner. (See Hospital Administrative policy on Medical Examiner Cases, Policy #07-011 - [http://nursing.uhc.edu/hosp\\_admin\\_manual/docs/07-011.pdf](http://nursing.uhc.edu/hosp_admin_manual/docs/07-011.pdf))
- b. Writing a Death Note on the patient's chart, identifying the date and time of patient expiration.

- c. Except in a Medical Examiner case, the physician or APRN should complete the Death Certificate and sign the Death Certificate within 24 hours of patient expiration.
- e. If an autopsy has been requested, the pronouncer should ensure that a provider enters an order in the Epic electronic order entry system to request Anatomic Pathology to perform the autopsy.
- f. Notifying the family or nearest relative of patient expiration:
  - i. The pronouncer should note in the progress notes any attempts to notify the next of kin, whether successful or unsuccessful.
  - ii. If the family cannot be contacted by phone, the local police may be asked to contact the family and bring them to the Hospital.
- g. Explaining Medical Examiner status to family members, if appropriate, and explaining that the Medical Examiner can perform an autopsy with or without consent forms.
- h. Discussing the need for a postmortem examination, and obtaining a signed Permission for Autopsy Form from the patient's legal next of kin or conservator, if permission is granted:
  - i. Follow Hospital Administrative Manual Policy # 07-012 Autopsy Services to obtain proper permission and signatures per CT. Statutes.
  - ii. Legal next of kin is determined in the following order:
    - a) Legal Guardian
    - b) Spouse
    - c) Son/Daughter (18 years or older)
    - d) Parents
    - e) Sister/Brother (18 years or older)
    - f) Executor or Administrator of Estate
    - g) Other person assuming responsibility for burial
- i. Contacting the appropriate Police Department if the case should be held, pending Police Department investigation.
- j. Informing the family of body or organ/tissue donation options and documenting the decisions in the patient record.
- k. Instructing the family as to the need for selecting a funeral home and filling out the Body Release form.
  - i. If the family members cannot identify a funeral home at that time, the physician should instruct the family to contact the Nursing Unit with this information as soon as possible. The Body Release form should be faxed to Pathology and the original should remain on the unit until this information has been completed. After completion, the Body Release form should be brought to the Pathology Department.

**3. The appropriate Nursing Manager/Designee or Nursing Supervisor is responsible for:**

- a. The Nursing Manager/Designee or Nursing Supervisor will notify by telephone the office of the Chief Medical Examiner (860-679-3980) of the case and determine whether the Medical Examiner is willing to

accept the case, and so inform the physician. The physician will fill out the Medical examiner form, complete with the assigned Medical Examiner's case number.

- b. Assessing the completeness and accuracy of all related documents, including notification of New England Donor Services (NEDS), and ensuring their correction/completion if deficits are identified.
- c. Ensuring that in the case of an autopsy, the family is informed of their rights per CT. Statute (see 07-012 Autopsy Services) and the medical record is sent to the Pathology Department along with the Death Certificate, Body Release Form, and Autopsy Permission Form. If no autopsy is to be performed, only the Death Certificate and Body Release Form must be sent to the Pathology Department.
- d. Notifying the appropriate agencies regarding patient organ/tissue and body donations.
- e. Contacting the pathologist-on-call during normal business hours.
- f. During off hours, email the on-call pathologist to notify them of the autopsy request. If there is an emergent situation where the autopsy must be performed prior the next working day, please page the on-call pathologist through the Page Operator.
- g. If the Autopsy Permission Form is authorized, the Nursing Supervisor records completion of the Post-Mortem after notification from the Pathology Department.
- h. During the off hours, obtaining embalmer and/or funeral director signature on the Body Release Authorization form, and giving the original Death Certificate to the embalmer and/or funeral director. The nursing supervisor checks the driver's license and the embalmer's license of the embalmer and/or funeral director representative to make certain that they are authorized to remove the body.
- i. Ensuring that the nursing supervisor receives the Body Release Authorization form, confirming identification of the proper deceased individuals and witnessing removal of the body, during the off-hours.

**4. The Pathology Department is responsible for:**

- a. Notifying the Nursing Supervisor at extension 1031 after completion of the autopsy.
- b. Notifying the designated funeral home of the availability of the patient's body for release.
- c. During normal working hours, obtaining embalmer and/or funeral director signature on the Body Release Authorization form, and giving the original Death Certificate to the embalmer and/or funeral director. The pathology staff checks the driver's license and the embalmer's license of the embalmer and/or funeral director representative to make certain that they are authorized to remove the body
- d. Ensuring that the pathology staff receives the Body Release Authorization form, confirming identification of the proper deceased individuals and witnessing removal of the body, during normal hours of operations.

**H. ATTACHMENTS :**

None

**I. REFERENCES :**

Medical Examiner's Cases, Policy #07-011  
Autopsy Services, Policy #07-012  
Organ-Tissue/Body Donations, Policy #07-016  
Unclaimed Bodies, Policy #07-017  
Bereavement (Fetal and Neonatal Death)

**J. SEARCH WORDS :**

None

**K. ENFORCEMENT:**

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

**L. STAKEHOLDER APPROVALS :**

On File

**M. COMMITTEE APPROVALS :**

Medical Board approved

**N. FINAL APPROVAL :**

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|---|---------------------------|
| 1. <u>Bruce T. Liang, MD (Signed)</u><br>Bruce T. Liang, MD<br><b>Interim Chief Executive Officer &amp; EVP for Health Affairs<br/>Dean, School of Medicine</b> | <u>12/01/2023</u><br>Date |
| 2. <u>Anne Horbatuck (Signed)</u><br>Anne D. Horbatuck, RN, BSN, MBA<br><b>Clinical Policy Committee Co-Chair</b>   | <u>11/22/2023</u><br>Date |
| 3. <u>Scott Allen, MD (Signed)</u><br>Scott Allen, MD<br><b>Clinical Policy Committee Co-Chair</b>  | <u>11/28/2023</u><br>Date |
| 4. <u>Caryl Ryan (Signed)</u><br>Caryl Ryan, MS, BSN, RN<br><b>Chief Operating Officer, JDH<br/>VP Quality and Patient Services &amp; Chief Nursing Officer</b> | <u>11/28/2023</u><br>Date |

**O. REVISION HISTORY :**

Date Issued: 1/68

Date Revised: 7/70, 4/72, 11/83, 9/74, 4/75, 9/76, 7/79, 12/80, 7/86, 11/88, 1/90, 12/92, 12/94,  
10/97, 8/98, 7/00, 01/02, 10/03, 7/09, 1/11, 4/11, 9/12, 1/22, 7/23, 12/23

Date Reviewed: 1/15, 12/17