

# UCONN HEALTH

UCONN JOHN DEMPSEY  
HOSPITAL

SECTION: MEDICAL LEGAL

NUMBER: 07-010

SUBJECT: DEATH OF A PATIENT

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**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.

**POLICY:**

1. The pronouncement of death may be performed by a physician, APRN, or PA.
2. Documentation of the death note will be completed in the electronic medical record. This documentation will include date/time and preliminary cause of death.
2. Certification of death may only be performed by a physician or APRN.
3. Nursing staff in attendance at the time of patient expiration should notify the house staff officer, the Nursing Supervisor and direct staff to enter expiration in ADT (computer system). The pronouncer should notify the attending physician and the next of kin. Life Choice Donor Services (LDS) must also be notified of every patient with a death certificate indicating potential organ/tissue donation.
4. 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.
5. 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.
6. Verbal/telephone notification of funeral home choice and/or permission for body release requires 2 staff members for witness verification.
7. Hospital Administration/designee must be notified by the Pathology Department regarding unclaimed bodies of deceased patients remaining in the morgue over 24 hours. (Policy #07-017).
8. A member of Hospital Administration, including the Chief of the Medical Staff, Chief Medical Officer, Chief Quality Officer, or Chief Nursing Officer, or their designee may sign for patient autopsy in the absence of next-of-kin as per State Statute (Section 19A-286).

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9. 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

## **PROCEDURE:**

1. **The Nursing Staff in attendance at the time of patient expiration is responsible for:**
- A. Notifying the House Officer or APRN 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 the ADT System.
  - C. Notifying Life Choice Donor Services (LDS) 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.

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## 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.uchc.edu/hosp\\_admin\\_manual/docs/07-011.pdf](http://nursing.uchc.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 all pink-shaded portions of the Death Certificate and writing the patient's name on the left hand side of the form in black ink and signing the Death Certificate within 24 hours of patient expiration.
- D. Regarding perinatal deaths:
  1. A stillborn fetus having a gestation of 20 weeks or more requires a fetal death certificate. Parents of such stillborns must arrange for the burial or cremation of the fetus through a private funeral home. These cases must be referred to a private funeral home by the parents for burial or cremation.
  2. Liveborn fetuses 20 weeks or more who eventually expire require both a live birth certificate and a death certificate.
  3. Liveborn fetuses under 20 weeks gestation, who eventually expire, require both a live birth certificate and death certificate. The family should make personal plans for disposition. If they are unable to do so, the Hospital may arrange humane disposition of the fetus, at no charge to the family, through a private funeral home. Hospital staff should inform the parents as soon as possible about the alternatives regarding a live born fetus.
  4. Any stillborn product of conception under 20 weeks gestation is considered an abortus and will be handled according to established Hospital procedure, unless parents request other arrangements.

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5. 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.
- E. Notifying the family or nearest relative of patient expiration:
1. The pronouncer should note in the progress notes any attempts to notify the next of kin, whether successful or unsuccessful.
  2. If the family can not be contacted by phone, the local police may be asked to contact the family and bring them to the Hospital.
  3. When a stillbirth or infant death occurs while in the Maternal Fetal Intensive Care Unit, Neonatal Intensive Care Unit, OB/GYN Unit or the Emergency Department:
    - a. The Obstetrician/Neonatologist, as appropriate, is responsible for obtaining the parent's written authorization for an autopsy and for completion of the Medical Examiner's form, and the appropriate Death Certificate.
    - b. Parents should be informed by the physician or the Nursing Manager/Designee that they are responsible for burial/cremation of an infant or fetus more than 19 weeks and 6 days gestation or any liveborn fetus of any gestation.
    - c. Parents should be informed that any stillborn product of conception less than 20 weeks gestation is considered an abortus and will be handled according to established Hospital procedure, unless parents request other arrangements.
- F. Explaining Medical Examiner status to family members, if appropriate, and explaining that the Medical Examiner can perform an autopsy with or without consent forms.

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- G. 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:
1. Follow Hospital Administrative Manual Policy # 07-012 Autopsy Services to obtain proper permission and signatures per CT. Statutes.
  2. 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.
- H. Contacting the appropriate Police Department if the case should be held, pending Police Department investigation.
- I. Informing the family of body or organ/tissue donation options and documenting the decisions in the patient record.
- J. Instructing the family as to the need for selecting a funeral home and filling out the Body Release form.
1. If the family members can not 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.
- K. Completing the Death Certificate (Physician or APRN)

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**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 Life Choice Donor Services (LDS), 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 through the Page Operator.
- F. If the Autopsy Permission Form is authorized, the Nursing Supervisor records completion of the Post-Mortem after notification from the Pathology Department.



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#### 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 embalmer and/or funeral director. The morgue representative 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 morgue representative receives the Body Release Authorization form, confirming identification of the proper deceased individuals and witnessing removal of the body, during normal hours of operations.

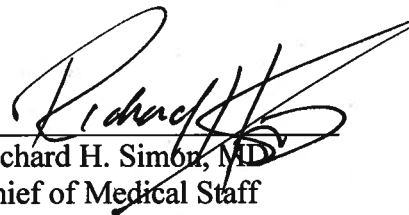
#### CROSS REFERENCE:

Medical Examiner's Cases, Policy #07-011  
Autopsy Services, Policy #07-012  
Organ-Tissue/Body Donations, Policy #07-016  
Unclaimed Bodies, Policy #07-017

OB/GYN-MFICU Unit Practice Manual - Administrative Protocol



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