

Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B:   /   /       MALE  FEMALE

**INTEGRATED CARE  
PATHWAY FOR  
PATIENT CARE  
AFTER DEATH**



Consultant.....

This care pathway is intended as an aid to documenting and evidencing timing, and elements around patient care and hand overs after death in different departments

**Insert all of this document in patient case notes on completion in Bereavement office.**

**Ward:** .....

Date of Patient's Death: ...../...../..... Time of Patient's Death: ..... as  
 Verified by Doctor  or Verified by Nurse Practitioner  Senior Nurse   
 Name: ..... (please print) Bleep No: .....  
 Bereavement Office informed of death (WRH ext. 39212 / ALX ext. 42083 / 44660) Yes  No   
 Notice of Death card completed by Name:..... Designation:.....

Consultant (print name): ..... Consultants FY1 (print name): ..... Bleep: .....

**Medical / Nursing Staff (Consult the intranet for advice on the need to involve the coroner).**

If patient died after 2222 call has an audit report been completed? Yes  No   
 Does the patient have a permanent pacemaker? Yes  No  Don't know   
 Does the patient have a Cardiac Defibrillator (ICD)? Yes  No  Don't know   
 Has the ICD been deactivated? Yes  No  Don't know

In all cases complete infection control notification against risk of infection on page 7, circling Yes  No  Unknown  on that form and here. (see page 8-10 of pathway)

Does the patient have a communicable disease? Yes  No  If yes, complete directions p4  
 Bariatric risk assessment completed, if needed? Yes  No   
 If requested, has a Tissue Donation Services referral been made? Yes  No  Page 0800 432 0559 via switchboard to speak to National team

Detach and use Tissue Donation Referral Form at rear of pathway if advised to do so by National team.

Signature: ..... Designation .....  
 Time: ..... Date: ...../...../..... Bleep no: .....

**Care on the Ward / Theatre / Unit Family / Carers**

Were family present at the time of death? Yes  No   
 If not present have family been notified (if unable to contact notify Bereavement Office) Yes  No   
 Name of person informed: .....(print) Relationship to patient: .....(print)  
 Contact Number: .....(print)  
 Name of staff member who spoke to family: .....(print)  
 Bereavement card with Bereavement Office contact details given to family and advised to telephone Bereavement Office **after 9:30am** to make an appointment Yes  No  before coming in for certificate and belongings  
 Hospital booklet 'Information for Relatives Following a Bereavement' given to Family / Carers Yes  No   
 Patient's death entered on OASIS Yes  No



With acknowledgement to RLH who developed the original document



Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B: // MALE  FEMALE

Ward:..... Cons.....

**Emotional, Pastoral and Spiritual Support**

Hospital Chaplain contacted  Yes  No If yes identify .....

Own faith leader contacted  Yes  No Contact name .....

Any religious rituals to be observed Yes  No

If yes identify (refer to guidelines on ward or contact chaplain)

.....

.....

**CARE AFTER DEATH (Universal precautions should be adequate in most cases, if in doubt refer to the Trust's Care After Death Guidelines WAHT- NUR- 066 & Infection control protocols.)**  
**Refer to guidelines especially if for coronial investigation and also page 4 of this document regarding what needs to remain in place.**  
**Registered nurse (RN) is responsible for completing documentation and supervising care.**

**Maintain dignity - Never leave the body exposed**

- Lay body flat with limbs and fingers straightened.
- Ensure eyes are closed and dentures inserted or,
- Place dentures in patient identified pot if cannot insert and send with patient
- Apply 2 personal ID bands preferably 1 each to wrist and ankle of patient, RN to check the identity of the patient when placing these.
- Wash body using standard infection control procedures and noting religious/cultural tradition
- Place continence pad and pants
- Cover wounds with occlusive dressings
- Put shroud on patient or leave in own night clothing, if requested by relatives
- Tape notice of Death card (fully completed by RN) to clothing/shroud
- Wrap in a sheet
- Place body into body bag if patient died at WRH. If at the ALX only use a body bag when indicated if there is leakage or infection or communicable disease.
- Tape second completed Notice of death card onto the outside layer of sheet or body bag.

**Jewellery & Valuables**

Have all jewellery and valuables been removed? Yes  No

If Yes, has everything been listed in the property booklet? Yes  No

(follow process for these below)

Has any jewellery or valuables been left on patient? Yes  No

If yes, is this at patient or relatives request? Yes  No

RN to document clearly on Notice of Death cards and in patient's nursing notes, stating the reason why it has been left on.

RN in charge of care to confirm presence of jewellery on handover to the porter upon transfer to mortuary.

Signature of RN responsible for Care after death Print name.....Signature.....

Signature of other Health care professional who assisted with care

Designation.....Print name.....Signature.....



Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B: // MALE  FEMALE

Ward:..... Cons.....

**Clothing, Cash and Valuables**

**Does the patient have any clothing, cash or valuables? If yes complete below** Yes  No

**Soiled clothing may be disposed of at ward level, seek permission from family. All articles of clothing must be checked before disposal for any cash and valuables and if found, to be listed in the property book.**

**Has property, cash and valuables been handed over to a relative and signed for by them?**  
Yes  No

**Outside Office Hours**

Clothing, cash and valuables listed and stored on the Ward / Unit Yes  No   
 Cash & Valuables listed and taken to security night safe Yes  No   
 Larger items must be locked away. Please state where:  
 .....

**During Office Hours**

Clothing, cash & valuables listed and stored on the Ward / Unit Yes  No   
 Cash & valuables listed and may be in Cashiers Office Yes  No   
 Any valuables discovered on examination of clothing Yes  No   
 Action:

Additional comments:

**Items taken to the appropriate place by:** .....(print name)  
 Designation:..... Signature: ..... Date: ...../...../.....

**Handover to Porter for Transfer to Mortuary / Funeral Director at KTC**

- RN to contact porter services to request transfer of deceased to mortuary.
- Ensure screening and privacy of the other patient's when body is removed from ward
- RN to handover patient to porter/funeral director confirming identification
- RN to confirm jewellery left in place on patient with porter/funeral director
- ALXWRH - Give this care pathway (WR4888) to the porter as a means of identification and to take to the mortuary with the patient.
- KTC- Record the details of Funeral director company, time of collection in patient record.

Handover made by RN Signature.....Print.....

Receiving Porter / Funeral director Signature.....Print.....

Date & time..... Funeral director company .....

- Porter/funeral director (KTC) to transfer body with dignity and respect and regard for Manual handling regulations into the concealment trolley or X-cube.
- Gloves to be removed when transporting to mortuary and in public areas.
- Porter to complete mortuary admissions record on arrival
- Leave this pathway, document WR4888 in Mortuary or KTC- Place in patient notes.
- Transfer to fridge area.



Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B: // MALE  FEMALE

Ward:..... Cons.....

**If patient has a communicable disease (see p.7-9 Assessment of infection risk)**  
**If further advice is needed discuss with site Infection Control office – WRH ext. 38752 ALX ext. 44744. If unavailable contact either infection prevention nurse or on call Consultant microbiologist via switchboard.**  
**Please see page 8 & 9 for infection risk categories.**

**In addition to universal infection prevention procedures the below must be carried out:**  
**Complete Infection Control Notification – Deceased Patient to identify infection & transmission risk, page 7**  
**If in doubt contact the microbiologist or mortuary manager / deputy via switchboard**

**Care after Death.... (continued).**

**Items still inserted / remaining in the patient (Aim is to identify risk of needle stick and prevent leakage)**  
**Ensure syringe drivers and / or subcutaneous needles are removed before the body is transferred to the mortuary**

Items	• Coroner involved unexpected death Can item be removed?	• Coroner not involved expected death Can item be removed?
IV cannulas (venflon)	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Tracheostomy tube	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Endotracheal tube	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Nasogastric tube	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Central lines	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Subcutaneous butterfly cannula	<b>YES</b> <input type="checkbox"/>	Yes <input type="checkbox"/>
Epidural	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Chest drains	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Surgical drains	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Percutaneous Endoscopic Gastrostomy	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Catheters	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Haemodialysis lines	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Peritoneal dialysis cannulas	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Drains ( cut & spigot )  (Please state number & location)

Other:-

Any other problems:-

Signature: ..... Print Name: ..... Date: ...../...../.....



Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B: // MALE  FEMALE

Ward:..... Cons.....

**Care In Bereavement Office**

Case notes received and tracked  Date: ...../...../.....

GP notified  Time: ..... Date: ...../...../.....

Ward death  Death elsewhere  Place of death.....

Need for funding for funeral expenses identified Yes  No

Death reported to HM Coroner Yes  No

Death certificate signed by hospital doctor Yes  No  Date: ...../...../.....

Death certificate signed by Coroner Discussed with relatives Yes  No

Death certificate to be signed by GP Discussed with relatives Yes  No

Burial Yes  No

1 part Cremation Form completed Yes  No

2 part Cremation Form completed Yes  No

Death Certificate (MCCD) given to family Yes  No

Confirm relatives / friends understanding of need to register the death

Viewing in Mortuary explained (as appropriate)

Do family/carer want to speak to any hospital professional, e.g. Dr, Matron Yes  No

or social worker? If yes please identify: .....

Date contacted.....

Clothing collected by authorised person Yes  N/A

Cash & valuables collected by authorised person (indemnity form completed) Yes  N/A

Hospital post mortem consent form signed (if appropriate) Yes  N/A

Copy of consent form given to relative Yes  No

Bereavement pack including VOICES Questionnaire given to relative Yes  No

Casenotes tracked and returned to secretaries  sent to Mortuary  other

(other, specify).....

Signature: ..... Print Name: ..... Date: ...../...../.....

**Care In Bereavement Office**

Outcomes & Goals	Yes	Variance	State Variance
------------------	-----	----------	----------------

GP Practice contacted	<input type="checkbox"/>	<input type="checkbox"/>	
Certification provided within 1 working day	<input type="checkbox"/>	<input type="checkbox"/>	
Clothing returned as policy	<input type="checkbox"/>	<input type="checkbox"/>	
Necessary documentation and advice is given to appropriate person	<input type="checkbox"/>	<input type="checkbox"/>	

Additional comments / variance sheet:



Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B: // MALE  FEMALE

Ward:..... Cons.....

**Care In The Mortuary**

**Risk Of Infection Assessment**

Communicable disease identified Yes  No

Is there significant leakage? Yes  No

**Admission To Mortuary**

Deceased booked into Mortuary Date: ...../...../..... Time: .....

Mortuary Register completed Yes  No

Are there any valuables / belongings with the body of the deceased? Yes  No

If yes, please list:

On release of deceased, have these been signed for by the Funeral Directors Yes  No

Name of Funeral Director:

Signature of Technician: Date:

**If Deceased is for Cremation**

Does the deceased have a pacemaker / ICD? Yes  No

If yes, has this been removed / deactivated? Yes  No  Date: ...../...../.....

Removed / Witnessed by: Designation:..... Print Name:.....

Any other prosthetic for removal? Yes  No

State what: .....

Removed / Witnessed by: ..... Designation:..... Date: ...../...../.....

Did relatives view in Mortuary Yes  No

Relationship to deceased: .....

**Care In Mortuary**

Infection control prevention is carried out and maintained through good practice, communication and the use of PPE as per mortuary SOP.

The care of visiting bereaved relatives is of the utmost importance, preservation of dignity and respect to be maintained at all times when dealing with the public.



Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B:  /  /  MALE  FEMALE

Ward:..... Cons.....

### Infection Control Notification - Deceased Patient's

The deceased patient presents a risk of transmission by: (See table B on reverse for guidance on category and circle as appropriate)

<b>Intestinal Infection</b>	<b>Blood Borne Infection</b>	<b>Respiratory Infection</b>	<b>Contact</b>
<b>Other Infections</b>			

**Handling instructions for deceased** (tick as appropriate)

Body Bag is used for:            Infection             Leakage             Routine at WRH

Signature (See Note below): .....

Print Name: ..... Designation: .....

On behalf of: .....  
(Hospital/Mortuary)

**Note:**  
 In hospital cases, the doctor certifying the death, or Senior Nurse on duty, is asked to sign this notification sheet (where a post mortem examination has been undertaken, the pathologist is asked to sign this sheet)

The deceased is a potential source of infection:    Yes / No / Unknown (circle as appropriate)  
 (if Yes please complete the Infection Control Notification, guided by the instructions on page 9 & 10)

**Note:** Not all infected patient's display typical symptoms; therefore some infections (including blood borne viral infections) may not have been identified at the time of death

Print Name:.....

Signature: ..... Designation: .....

#### Guidelines For The Handling Of Deceased Patient

- The body of a person who has been suffering from certain infectious diseases may remain infectious to those who handle it
- Given the difficulty in identifying infected cadavers, all cadavers should be regarded as potentially infected and standard precautions against infection must be used when performing last offices.
- A plastic Cadaver bag must be used for all deceased patient's leaking body fluids. These are routinely used for all deceased patient's at WRH.
- Whenever a person who is known or suspected to be suffering from an infectious disease dies, an Infection Control Notification form must be completed. The form will state the danger of infection and the modes of transmission, explain the need for precautions to be taken, and will advise of procedures, including embalming and access to the deceased, without disclosure of the disease.

(continued on page 8)



Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B:   /   /     MALE  FEMALE

Ward:..... Cons:.....

**Guidelines For The Handling Of Deceased Patient** (continued)

- The completed Infection Control Notification form, one copy retained in the patient's notes and the other copy to accompany the body to the mortuary so that information about any infection that poses a threat is communicated to the Funeral Director also.
- This guidance is in accordance with Health & Safety law and the information provided in the Health Services Advisory Committee.
- Controlling the Risk of Infection at Work from Human Remains (June 2005) see [www.hse.gov.uk/pubns/web01.pdf](http://www.hse.gov.uk/pubns/web01.pdf)

Degree of Risk	Infection	Bagging	Viewing	Embalm	Hygienic Preparation
<b>Low</b>	• Acute Encephalitis	No	Yes	Yes	Yes
	• Leprosy	No	Yes	Yes	Yes
	• Measles	No	Yes	Yes	Yes
	• Meningitis (except meningococcal)	No	Yes	Yes	Yes
	• Mumps	No	Yes	Yes	Yes
	• Ophthalmia neonatorum	No	Yes	Yes	Yes
	• Rubella	No	Yes	Yes	Yes
	• Tetanus	No	Yes	Yes	Yes
	• Whooping cough	No	Yes	Yes	Yes
<b>Medium</b>	• Relapsing fever	Advised	Yes	Yes	Yes
	• Food poisoning	No / Adv	Yes	Yes	Yes
	• Hepatitis A	No	Yes	Yes	Yes
	• Acute poliomyelitis	No	Yes	Yes*	Yes
	• Diphtheria	Advised	Yes	Yes	Yes
	• Dysentery	Advised	Yes	Yes	Yes
	• Leptospirosis (Weil's disease)	No	Yes	Yes	Yes
	• Malaria	No	Yes	Yes*	Yes
	• Meningococcal septicaemia (with or without meningitis)	Advised	Yes	Yes	Yes
	• Paratyphoid fever	Advised	Yes	Yes	Yes
	• Cholera	No	Yes	Yes*	Yes
	• Scarlet fever	Advised	Yes	Yes	Yes
	• Tuberculosis	Advised	Yes	Yes	Yes
	• Typhoid fever	Advised	Yes	Yes	Yes
• Typhus	Advised	No	No	No	
<b>High</b>	• Hepatitis B, C and non-A non-B	Yes	Yes	No	No
	• Anthrax	Advised	No	No	No
	• Plague	Yes	No	No	No
	• Rabies	Yes	No	No	No
	• Smallpox	Yes	No	No	No
	• Viral Haemorrhagic Fever	Yes	No	No	No
	• Yellow Fever	Yes	No	No	No

ADV = Advisable and may be required by local health regulations

\* Requires particular care during embalming

CDR Review - Handling of Cadavers with Infections 1995





Affix Patient Label here or record

NAME: .....

NHS NO:

HOSP NO:

D.O.B:   /   /     MALE  FEMALE

Ward:..... Cons.....

**Table B - Risk Of Transmission**

Infection	Causative Agent	Bagging	Viewing	Embalm	Hygienic Preparation
<b>Intestinal Infections</b>					
Dysentery	Bacterium - Shigella dysenteriae	Advised	Yes	Yes	Yes
Hepatitis A	Hepatitis A virus	No	Yes	Yes	Yes
Typhoid / Paratyphoid fever	Bacterium - Salmonella typhi / paratyphi	Advised	Yes	Yes	Yes
<b>Blood Borne Infections</b>					
HIV	Human Immunodeficiency Virus	Yes	Yes	No	Yes
Hepatitis B and C	Hepatitis B and C viruses	Yes	Yes	No	Yes
<b>Respiratory Infections</b>					
Tuberculosis	Bacterium - Mycobacterium Tuberculosis	Advised	Yes	Yes	Yes
Meningococcal Meningitis (with or without septicaemia)	Bacterium - Neisseria Meningitis	No	Yes	Yes	Yes
Non - Meningococcal Meningitis	Various bacteria including Haemophilus influenza and also viruses	No	Yes	Yes	Yes
Diphtheria	Bacterium - Corynebacterium diphtheria	Advised	Yes	Yes	Yes
Influenza	Influenza A, B or C	Advised	Yes	Yes	Yes
<b>Contact</b>					
Invasive Streptococcal	Bacterium - Streptococcus pyogenes (Group A)	Yes	Yes	No	No
MRSA	Bacterium - Meticillin Resistant Staphylococcus Aureus	No	Yes	Yes	Yes
<b>Other Infections</b>					
Viral haemorrhagic fevers	Various viruses e.g. Lass fever virus, Ebola Virus	Yes	No	No	No
Transmissible spongiform encephalopathies (transmitted by puncture wounds, 'sharps' injuries or contamination of broken skin by splashing the mucous membranes)	Various prions, e.g. Creutzfeldt Jacob Disease / variant CJD	Yes	Yes	No	Yes

Health & Safety Executive 2005 - Controlling the Risks of Infection at Work from Human Remains

Diarrhoea due to C.difficile or norovirus	C.difficile Norovirus	Advised	Yes	Yes	Yes
---	--------------------------	---------	-----	-----	-----



Affix Patient Label here or record



# Blood and Transplant

NAME: .....

NHS NO:

HOSP NO:

D.O.B: ///  MALE  FEMALE

Ward:..... Cons.....

Please **complete all sections** of this form and **fax** to NHSBT **as soon as possible (preferably within one hour)** after a patient's death, if requested to do so by National Tissue coordinator.

**Address:** .....

.....

.....

**Date of Death:** ...../...../.....

**Time of Death:** .....

**Date of Admission:** ...../...../.....

**GP Name:** .....

**Approximate weight:** .....

**GP Address:** .....

.....

.....

**Will death be reported to the coroner: Yes / No**

**Patient going to Mortuary within four hours Yes / No**

**Is family aware of patient's death: Yes / No**

**Next of Kin Name:** .....

**Next of Kin's contact number for the next 24 hours:** .....

**Relationship to Patient:** .....

**Past medical history:** Please include Cancers, Chemotherapy, Alzheimer's, Dementia, Parkinson's:

.....

.....

**Reason for admission and provisional Cause of Death:**

.....

**Any Sepsis or Sytemic infection within past two weeks: Yes / No** if yes please give most recent WCC:

**Any Steroids: Yes / No**  
 If yes, has dose been >30mg of prednisolone or equivalent steroid (Betamethasone and Dexamethasone 4.5mg or Hydrocortisone 120mg) for past two weeks: **Yes / No**

**Any blood loss: Yes / No**  
 If yes, please give estimated volume of infusions / transfusions in last 48 hours:

**Name of person completing and sending fax:** .....

**Time form faxed to NHSBT:** ..... **Tissue donation leaflet given: Yes / No**

**PLEASE FAX THIS FORM TO (9) 0800 345 7663**

Please note: this is an outside fax number for NHSBT  
 If you have any urgent messages, please call the national referral centre on 0800 432 0559

