

	<p>POLICIES & PROCEDURES</p> <p>Title: DEATH – PRONOUNCEMENT, CARE OF THE BODY AND BELONGINGS</p> <p>I.D. Number: 1077</p>
<p>Authorization:</p> <p>[X] SHR Nursing Practice Committee</p>	<p>Source: Nursing</p> <p>Date Revised: March 2013</p> <p>Date Reaffirmed: January 2015 – correction to 3.11</p> <p>Date Effective: January 2006</p> <p>Scope: SHR Urban & Rural Acute Care & Long Term Care</p>

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Note: For information on viewing, release of bodies, care of belongings & documentation refer to [SHR Region-Wide Policy & Procedure Manual – Viewing & Release of Bodies #7311-60-028](#).

1. PURPOSE

- 1.1 To identify nursing roles in the pronouncement of death.
- 1.2 To prepare a body with respect and dignity and to provide care that is sensitive to cultural and/or religious beliefs of the family and the deceased.

2. POLICY

- 2.1 A Registered Nurse (RN), Registered Psychiatric Nurse (RPN) or Licensed Practical Nurse (LPN) may pronounce death.

Note: Pronouncement of death is based on all of the following criteria:

- Patient is unresponsive, and
- no spontaneous respirations, chest movements or breath sounds, and
- no pulse or heart sounds and
- pupils are fixed & dilated

- 2.2 The RN, RPN or LPN will inform the Most Responsible Physician (MRP) of a patient death.

Note: In LTC, for expected deaths, the MRP will be informed during business hours unless alternative directions are noted in the practitioner's orders

Note: Subsequently the family physician will be informed

- 2.3 When the circumstances and/or clinical information suggest that the death may be unnatural (suicide, accident/misadventure, homicide), or if there is insufficient information to make that determination, the death must be reported to a coroner. Or, in any other death, if after consideration of the circumstances, age and clinical information, it is not possible to establish a reasonable cause of death; the death should be reported to the coroner. If the coroner accepts the case, the body must not be

altered or removed unless authorized by the coroner. **Any member of the health care team may report a death to the coroner.**

Note: *In keeping with the Coroner's Act (1999) Part III, 8(6), where a person dies while in hospital to which the person was transferred from a jail, penitentiary, correctional/custody facilities (in the case of inmates), the person in charge shall immediately notify the coroner of the death.*

- 2.4 A Non Medicolegal Autopsy may be required for any death not considered to be a coroner's case and requiring autopsy. The use of a Non Medicolegal Autopsy will apply in the case of a death where an autopsy is required to determine cause of death, extent of disease and/or effects of therapy and the presence of any undiagnosed disease that may have contributed to death. Refer to Appendix A.

Note: *If the death is a coroner's case, autopsy is at the discretion of the coroner and no consent is required.*

- 2.4.1 Family requests for autopsy should be discussed with the MRP.
- 2.4.2 An autopsy can be requested by the family or the physician.
- 2.4.3 The RN/RPN/LPN may obtain consent signed by the next of kin. The clinical information must be completed by the MRP prior to the autopsy.
- 2.4.4 The signed Consent for Autopsy is sent with the body and the chart(s) to the morgue or appropriate agency.

Note: *In rural, arrangements will be made by the coroner/attending physician for transport to the appropriate agency.*

- 2.5 When a death is expected, anticipated and due to natural causes, the RN/RPN/LPN may authorize removal of the body to the morgue or to a funeral home.

Note: *Medical Certificates must be completed by the Most Responsible Physician within three (3) calendar days. With a Coroner's case, this timeline does not apply and questions regarding access to documentation should be directed to the Coroner. All documentation must be forwarded to Registration Services.*

- 2.6 For neonatal death, or miscarried, ectopic or stillborn babies, refer to separate policies in the SHR or Rural Nursing Policy & Procedure Manuals.

3. PROCEDURE: CARE OF THE BODY

- 3.1 In all coroners' cases, do not move the deceased unless authorized by the coroner.

Note: *If transport is required to a different morgue facility from the one which the deceased died, those transport arrangements are made by the coroner.*

- 3.2 If the death is a coroner's case or if an autopsy is required, leave all invasive catheters, tubes and drains in place. Otherwise, remove them as appropriate.

- 3.3 Prepare the body for viewing by replacing any prostheses, i.e. dentures, if appropriate, and wash the body as necessary.

Note: *Consult information on cultural practices and religious beliefs in Appendix B.*

Note: *Do not replace dentures if patient is intubated.*

- 3.4 Remove jewelry if permitted by family/next of kin or if able. Use tape to secure any rings or other jewelry left on the body. Document in health record on the appropriate progress notes/flowsheet, Notice of Death form and valuables envelope if applicable.
- 3.5 Pediatrics: the making of a Memory Box (picture, hand or footprints, lock of hair, etc.) must have prior verbal consent from family or guardians. Consent is documented in Progress Notes.
- 3.6 Complete a Notice of Death form, fax or provide a copy to Registration and place original in the chart. See Appendix C.
- 3.7 Complete an Organ and Tissue Donor Assessment Form #103712 and follow directions.
- 3.8 Label Patient identification tags which are supplied with the shroud if used (one size only SPD #62676) and follow instructions. Attach tags to body and shroud. Write Radiation or Chemotherapy precautions if applicable, or attach a biological hazard label (red tag) if available.

Note: *If the patient was diagnosed with Creutzfeldt-Jakob Disease (CJD), indicate on tags.*

- 3.9 Place unclothed body in a plastic shroud where applicable. Infants may be diapered and wrapped in a blanket for transportation, but must be placed in plastic when left in the morgue. Ensure an identification tag is attached to the outside of the shroud.

Note: *In rural, arrangements for return of linen are made with the funeral home personnel.*

- 3.10 Transport body to the morgue or arrange for funeral home to pick up body on the unit, if applicable. Wrapped infants may be carried to the morgue. A false-bottom morgue stretcher is used for discreet transportation of larger bodies.

Note: *If the morgue is full, or a body can't be accommodated, notify Registration who will work on getting bodies released or transferred to another site, as required.*

3.11 Bariatric Patients

- 3.11.1 If an autopsy is required on a bariatric body (Body Mass Index greater than 35 or a weight greater than 159 kg or 350 pounds), transfer the body to the RUH Morgue.

Note: *The nursing unit will arrange the transport of the body to the RUH Morgue through Prairie Removal (306) 343-5305 or by calling the Morgue Attendant.*

Note: *Bodies in SPH or SCH meeting the above criteria not requiring an autopsy will remain on the nursing unit until funeral home arrangements have been made. The nursing unit can then release the body to the funeral home.*

3.12 Document

3.12.1 In Progress Notes

- Date & time of death
- Criteria of death if RN/RPN/LPN pronounced death. See 2.1
- Name of individual pronouncing death
- If family or other present at death and care provided to them
- Time body taken to morgue or picked up by funeral home
- List of jewelry and/or dentures remaining on the body

3.13 Morgue Instructions

Note: In LTC, see your facility morgue instructions.

RUH	SCH	SPH
<ul style="list-style-type: none"> • Morgue is on 2nd floor G wing (Pathology) in the old building • Obtain the transport stretcher/surgilift from the morgue (if needed). If no one is available to open the morgue, call Security. • Move the body to a morgue stretcher using the slider sheets and leave in cool room. <ul style="list-style-type: none"> ▪ Trained staff should only use the RUH morgue lift ▪ Do not leave body on transport stretcher. • Place bodies of fetuses, newborns or babies, on shelves immediately to the right of the morgue door. • Place Notice of Death copy with body. • Enter the delivery in the registry on the wall next to the entrance door. 	<ul style="list-style-type: none"> • Morgue is on 5th floor tower at the lab. • Obtain the morgue stretcher. • From 1600-0800h, call Security to open the morgue. • Complete a morgue admission slip in the morgue book • 0900-2030 Registration • 2030-0900 Information Desk • Move the body from the stretcher to a sliding drawer using the overhead lift. • Place Notice of Death copy on the outside of the drawer. • Enter the delivery in the morgue registry book in the morgue hallway. 	<ul style="list-style-type: none"> • Morgue is on Main floor B wing in the lab. • When the body is ready for transport, retrieve the morgue stretcher from the Laboratory or call Hospital Aide to bring the morgue stretcher. • Call Security to open the morgue after 1630h. • Move the body from the stretcher to a sliding drawer, using the overhead lift. • Place Notice of Death copy on the outside of the drawer. • Enter the delivery in the morgue registry next to the entrance door.

4. REFERENCES:

Bauldoff, G., Burke, K. & LeMone, P. (2011). Medical-Surgical Nursing: Critical Thinking in Patient Care. 5th Edition. Pearson Education Inc.

College & Association of Registered Nurses of Alberta. (2011). Pronouncement of Death: Guidelines for Regulated Members. September

Elkin, M, Perry A, & Potter, P. (2004). Nursing Interventions & Clinical Skills. St. Louis, Missouri: Mosby, Inc. p. 934-937.

Province of Saskatchewan (1999). The Coroners Act. Regina, Saskatchewan: Queen's Printer.

Regina Qu'Appelle Health Region Health Services (June 2004). Nursing Procedure: Death, Care of Body. Author: Regina, SK

Saskatchewan Justice (June 27, 2005). The Coroners Act, 1999 [On-line]. Available : <http://www.saskjustice.gov.sk.ca/legislation/summaries/coronersact.shtml>

Saskatoon Health Region Laboratory Services. (2007). Laboratory Receiving for Bariatric Bodies Requiring Autopsy – Informational Document. May.

RELATED SHR POLICIES

SHR Region-Wide Policy & Procedure Manual

Viewing & Release of Bodies #7311-60-028;

SHR Nursing Policy & Procedure Manual

Death – Aborted/ Ectopic/Stillborn or Babies Following Neonatal Death – Burial Options #1025;

Death – Abortion/Miscarriage – Guidelines for Care #1050;

Death – Stillborn or Neonatal Death – Guidelines for Care #1165;

Appendix A

Obtaining a Non Medicolegal Autopsy - Informational Document

Document #: AP-63 v #: 2

Effective date: 05 June 2013

Obtaining a Non Medicolegal Autopsy – Informational Document**Purpose**

This document provides information regarding documents and information required to obtain a non medico legal autopsy.

Policy

All bodies received to SHR require appropriate registration through Registration Services.

Definitions

For the purposes of this document, the following definitions apply:

Term, abbreviation, acronym, etc.	Definition
Non medicolegal autopsy	An autopsy performed which is not accorded by the Coroner's Act of Saskatchewan (i.e. autopsy is not required by the Coroner's Office). An autopsy is performed to determine the cause of death, extent of disease and/or effects of therapy and the presence of any undiagnosed disease that may have contributed to death.

General Information:

1. To obtain a non medicolegal autopsy:
 - a. On weekdays during operational hours (Monday – Friday 0800 – 1700 hours), physician calls SPH Laboratory at 655-5160 and asks for the Autopsy Pathologist. (When the phone is not answered the voicemail message at this number will indicate the pathologist on autopsy service)
 - b. On weekdays after operational hours and on weekends (Monday – Friday 1700 – 0800 hours, Saturday and Sunday 0000 – 2400), physician calls SHR Switchboard and asks for the Pathologist on Call.
2. The following is pertinent information that must be discussed between physician and pathologist:
 - a. Physician is responsible for providing the following:
 - Clinical information of deceased
 - Any cultural or religious issues regarding autopsy or burial (i.e. timeframe for burial)
 - Current location of deceased
 - Any limitations for autopsy
 - Appropriate identification of body (Refer to: [SHR Region-Wide Policy & Procedure Manual #1077 – DEATH – PRONOUNCEMENT, CARE OF THE BODY AND BELONGINGS.](#))
 - Pathologist will identify and discuss with the physician and or designate when and where to transport the body in special circumstances i.e.: Bariatric, pediatric, and Creutzfeldt Jakob Disease or neuropathology consult.

- b. The physician and/or designate are responsible for provision of the appropriate documentation (Refer to: SHR Region-Wide Policy & Procedure Manual #1077 – DEATH – PRONOUNCEMENT, CARE OF THE BODY AND BELONGINGS.). The following are required before a non medicolegal autopsy will be performed:
- Saskatoon Health Region – Consent for Autopsy - Form 101573 (consent must be provided by next of kin – see form)
 - Saskatoon Health Region – Patient chart (In patients)
 - Saskatoon Health Region – Admitting Form #4024 (Outpatients only)
- in addition to at least one of the following:**
- Saskatoon Health Region – Morgue Admission and Funeral Home Receipt – Form #89177 (Yellow copy) with autopsy request checked off. (Outpatients or bodies transferred from an alternate site)
 - Saskatoon Health Region - Notice of Death – Form 102683
3. If communication takes place with the on call pathologist or triage pathologist they shall relay all information provided by the physician or designate to the pathologist who will be performing the autopsy requested.

Related Documents

Number	Title
	Saskatoon Health Region – Consent for Autopsy – Word Form #101573
	Saskatoon Health Region – Admitting Form #4024
	Saskatoon Health Region – Morgue Admission and Funeral Home Receipt – Form #89177
	Saskatoon Health Region – Notice of Death – Form #102683
	<u>SHR Region-Wide Policy & Procedure Manual #1077 – Death – Pronouncement, Care of the Body and Belongings</u>

References

Author

Name	Title	Date (dd MON yyyy)
Lori Karnes	Laboratory Manager	01 APRIL 2013

Approval Signatures

Name	Title	Signature	Date (dd MON yyyy)
Dr. Brent Wilde	Pathologist (Autopsy Committee Chairperson)	Approved Electronically	05 JUNE 2013

Appendix B**Cultural Practices and Religious Beliefs Related to Dying and Respectful Care of the Body**

The following list gives a brief overview of some of the death and burial customs commonly practiced. The information is intended to broaden the awareness of staff so they can make dying patients and their family more comfortable.

The process of mourning and burial or cremation may be highly emotional to the family and friends of the dead person. It is important to take time to observe the wishes and traditions of different groups. Misunderstandings between health care professionals and families may result in unnecessary friction.

Buddhism:

For Buddhists, the most important consideration at the time of death relates to their state of mind as they believe in reincarnation of the soul and state of mind will influence their character at re-birth. The dying patient may seek quiet and privacy for meditation. They may be reluctant to use medications, as the goal at death is for the mind to be calm, hopeful and as clear as possible. There is no objection to blood transfusion, organ and tissue donation or post-mortems. No special rituals regarding body.

Hinduism:

Prefer to die at home and as close to mother earth as possible (on floor or ground). Holy water from the holy river of Ganges may be sprinkled onto the body. A thread may be tied around the neck or wrist to bless the person. Symbols of blessing should not be removed. Important for family to wash body. Eldest son arranges funeral. There are no religious objections to post-mortems or organ or tissue donation.

Judaism:

A dying Jew may wish to hear or recite special psalms, particularly Psalm 23 (The Lord is my Shepherd) and the special prayer (The Shema). They may appreciate being able to hold the page on which it is written. Body must not be left unattended from death till burial. Soul leaves body from feet – do not stand at feet. Jews are opposed to most autopsies. All tissue, amputated limbs, hair, etc. must be buried with the body.

Catholicism:

- Revolves around the Christian theme that there is life after death.
- Anointing of the sick is often administered near the time of death, to bring spiritual and physical strength during an illness.
- Belief that baptism is necessary for salvation and those children of believers should be baptized.
- Salvation of unbaptized infants is possible.

Lutheranism/Anglican:

- Revolves around the Christian theme that there is life after death.
- Belief that baptism is necessary for salvation.
- A “Service of blessing” may be provided.
- Baptism is not done after the person has died.

Jehovah’s Witnesses:

- Revolves around the Christian theme that there is life after death.
- Request the use of nonblood medical alternatives.
- The Witnesses do not feel that the Bible comments directly on organ transplants; hence decisions regarding cornea, kidney, or other tissue transplants must be made by the individual Witness.

Muslims:

A dying Muslim may wish to lie or sit facing Mecca (northeast direction) and moving the bed to make this possible would be greatly appreciated. Usually a relative or Muslim priest whispers prayers from Koran to the dying. The dead person’s head should be bandaged to the lower jaw to ensure that the mouth is closed. Close the eyes. Hands should be put on the abdomen, right hand on top of the left. Legs should be straightened. A spouse or relative of the same sex washes patient’s body. Muslims believe that their body belongs to God; therefore, the subject of organ/tissue donation should not be discussed unless the family initiates it.

Sikhs:

A dying Sikh will receive comfort from reciting hymns from Guru Granth Sahib – the Sikh holy book. A relative, priest or any Sikh present can recite hymns. The five traditional symbols that could cause distress if removed from dying person should be left with him.

- Kesh – long uncut hair of face and head.
- Kanga – hair comb (symbol of discipline).
- Kara – steel bangle on wrist (strength and unity).
- Kirpan – sword, worn as brooch (authority and justice).
- Kachha – special shorts (spiritual freedom).

Staff may prepare the body.

Aboriginal First Nations/Metis

Death approached as another stage in the circle of life.

- Recognize the diversity among Aboriginal peoples. Spirituality, whether it is manifested in traditional First Nations ways or as mainstream Western religions, must be respected.
- Involve traditional healers and interpreters in care as appropriate. Healers, “Shamans” or “Medicine Men or Women” may be brought in to help with the transitions between life and the afterworld.
- Treat ceremonial and spiritual items with respect. These include medicines in the form of teas, feathers, cloth, special stones, sweetgrass, cedar or sage, and pipes.
- Women who have their menses do not come into contact with these items.
- Large extended family gathers when there is a health crisis demonstrating respect and support for dying and family members. The family should appoint a spokesperson.
- Generally have a high tolerance for pain so necessary to read non-verbal signs of pain.
- High sense of modesty; prefers someone of same sex to provide care.
- Common communication patterns to be aware of include: lack of eye contact during interaction, “yes” or “no” answers to questions, silence, indirect and subtle communication, storytelling and humour.
- Immediate family looks after the collection of the personal belongings of the deceased.

References:

1. Alberta Cancer Board, Nursing Procedure Manual, *Care of the Deceased*, D.1, 2003.
2. Fisher, R., Ross, M.M., & Maclean, M.J. (2000). *A guide to end-of-life care for seniors*. University of Toronto and University of Ottawa.
3. Halfe, Louise B: *The Circle: Death and Dying from a Native Perspective*, Journal of Palliative Care, Volume 5, Number 1, pp. 37-41, 1989.
4. Watch Tower Bible and Tract Society of Pennsylvania: *Beliefs – Medical Treatment*, 2003.

Regina Qu'Appelle Health Region
January 2004

Appendix C

Addressograph / Label



- RUH SCH SPH
 Other _____

NAME: _____
 HSN: _____
 D.O.B.: _____

NOTICE OF DEATH

Date of Death: _____		_____		_____		_____		_____	
		Day		Month		Year		Time	
Weight (neo-natal death)									
<input type="checkbox"/> MRP Notified Dr. _____ Time: _____ <input type="checkbox"/> Medical Certificate of Death Form completed by MRP <input type="checkbox"/> Family Physician notified/message left Dr. _____ Time: _____ Permission Given to Release by: _____ Date: _____ Time: _____									
Next of Kin notified/present: <input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____ Relationship: _____ Ph #: _____ Nursing Home notified: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A									
Has Physician or Family (circle one) requested an autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No Has Physician or Family (circle one) requested a gross exam? <input type="checkbox"/> Yes <input type="checkbox"/> No Has Physician or Family (circle one) requested an external exam? <input type="checkbox"/> Yes <input type="checkbox"/> No Has Physician or Family (circle one) requested a cytogenetic test? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, has consent been obtained from next-of-kin (Form 101573)? <input type="checkbox"/> Yes <input type="checkbox"/> No Coroner's Case? <input type="checkbox"/> Yes <input type="checkbox"/> No Coroner notified at _____ Date _____ Time _____ Coroner's Name: _____									
Valuables <input type="checkbox"/> No <input type="checkbox"/> Yes, given to _____ Belongings <input type="checkbox"/> No <input type="checkbox"/> Yes, given to _____									
Funeral Home if known: _____ Funeral Home to transfer body from: <input type="checkbox"/> Ward <input type="checkbox"/> Morgue <input type="checkbox"/> Family to transport									
Information for nursing unit only Was the family/guardian/spouse/next of kin asked: "It is our standard practice to offer the option of an organ and/or tissue donation as an end-of-life care option. Would you like more information?" <input type="checkbox"/> Yes Tissue/Organ (circle one or both) – call Tissue Donor Coordinator through SPH Switchboard at 655-5000 <input type="checkbox"/> No									
Signature of staff completing the form: _____									

- Unit Fax to Registration Services SPH - 5554 SCH – 8759 RUH - 2346
 Label the Shroud with Identification Tags and Ensure Patient has ID band on