

Unique Identifier NO: TW.072.2013v7
Personal Cares after Death
Check List
Status: Operational

(Patient ID Label)

Name:
DOB:
MRN Number:

Ward: _____

Nurse In-charge: _____

TO BE PRINTED DOUBLE-SIDED - Must be fully completed and sent to the mortuary with the deceased patient

MANUAL HANDLING	YES	NO	N/A
Patients WEIGHT: _____ if >159Kgs (25st) or whose weight distribution exceeds the Safe Working Load and dimensions of a support surface Bariatric Protocol to be followed: Porters informed to collect the sling from the Mortuary			
PRESENTATION	YES	NO	N/A
Deceased facing upwards and straightened (arms)			
ALL Medication Patches REMOVED			
Do Not REMOVE the following equipment CVP Lines, PEG's, Catheters, Venflons/Cannulas', other; (unless a deceased patient is being released out of hours then ward staff MUST remove) (see Section P Care of a Deceased Policy – Infection Control)			
Stoma/Ileostomy – clean bag attached			
Washed, hair brushed, mouth cleaned			
Mouth closed, dentures in-situ			
Dressed in a shroud or personal clothing <i>NB Not to be dressed in Theatre Gowns or Hospital Night Wear</i>			
Jewellery on the deceased patient – If yes LIST the items			
ID Bracelets attached to wrist and ankle – opposite sides Written clearly - Name, MRN Number , Age, Date and Time of Death, Ward, Consultant			
Death Notice clearly written and fully completed fixed to the front of the shroud			
Sheet used (only)			
INFECTION RISK PRECAUTIONS – See Care of Deceased Policy (Section P)	YES	NO	N/A
Cadaver bag used for any bodily fluid leakage or known infectious risk (do not use a mortuary sheet as well)			
Death Notice placed in clear pocket on the front of the Cadaver Bag			
Entry sites covered with a water repellent dressing ie: Tegaderm			
Any wounds dressed and sealed with a water repellent dressing			
Reason for infection risk - Bodily fluids Leaking (if yes – state where from)			
Reason for infection risk - Known Infection (if yes – identify infection)			
INTERNAL EQUIPMENT	YES	NO	N/A
Pacemaker insitu - DEACTIVATED			
Internal Defibrillator (ICD) insitu - DEACTIVATED			
Cardio-re-synchronising therapy (CRT) insitu - DEACTIVATED			
STAFF Signature/s and date			

Please check the reverse of the checklist and complete as necessary

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Please complete the section below if the deceased patient was on the ward over 4 hours.

Time of Death (Documented on the Death Notice)	Time left the ward	
Reason for Delay		
Awaiting Dr/Senior Nurse to confirm the Death	Family viewing on the ward	Awaiting Porters
Any other reason for delay –		

To be completed by the Mortuary Staff ONLY

	YES	NO	COMMENTS
Checklist checked			
Informed patient is Bariatric (overleaf)			
Jewellery checked			
Removed all indwelling equipment unless specified not to (Coroners case)			
Deceased Patient released out of hours			
Indwelling equipment removed – if not, agreed to be removed by Funeral directors			Funeral Director Signature
Signature required			
Mortuary Staff Name			
Date			