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| <b>Name of Policy:</b> <u>Discharge by Death</u><br><b>Policy Number:</b> 3364-110-01-03<br><b>Department:</b> Nursing Service<br><b>Approving Officer:</b> Chief Nursing Officer<br><b>Responsible Agent:</b> Chief Nursing Officer<br><b>Scope:</b> The University of Toledo Medical Center (UTMC) | <br><br><b>Effective Date:</b> 6.1.2022<br>Initial Effective Date: 7/1983 |
| <input type="checkbox"/> New policy proposal<br><input type="checkbox"/> Major revision of existing policy   | <input checked="" type="checkbox"/> Minor/technical revision of existing policy<br><input type="checkbox"/> Reaffirmation of existing policy                 |

**(A) Policy Statement**

The pronouncement of death is outside the scope of practice for the Registered Nurse (RN) and is the sole responsibility of the physician.

Postmortem care will be initiated after pronouncement of death, family has visited, and any requested religious rites have been performed.

The original medical record is processed per usual discharge procedure. A copy of the medical record is sent to the Coroner’s Office if an autopsy or coroner’s case is to be completed.

**(B) Purpose of Policy**

To provide guidelines for family notification and disposition of patient/patient belongings.

**(C) Procedure**

1. Family is to be notified of the death by the physician. In addition, the hospital chaplain service is to be paged, no matter the denomination of the patient.
2. Follow the checklist for expired patients and refer to Mosby’s for postmortem care.
3. Notify the House Supervisor (HS) as per the checklist.
4. Notify Life Connection of Ohio for all deaths. Refer to Administrative Policy 3364-100-45-3: Request for Organ, Tissue, and Eye Donation after Death.
5. Notify the Laboratory Central Office by phone and relate the following information:
  - patient’s name
  - time of death
  - age
  - sex
  - address
  - pronounced by
  - location of death
  - if body is donated to UT
  - coroner’s case or not
  - status of autopsy
  - name of mortuary

6. Mortuary information: If the Mortuary information has not been determined at the time the deceased patient is transferred from the nursing unit to the morgue, please complete the Mortuary Follow-up form. After completing the form, it is to be given to the nursing director of the nursing unit.
    7. The physician must complete the "Death Summary" on all deaths. The form remains in the chart.
  8. If a postmortem examination is desired, the physician must obtain permission, using form "Authorization for Postmortem Examination" and adhere to the order of consent on the back of the form.
  9. If a postmortem examination (either autopsy or coroner's case) is ordered, immediately contact the HIM dept. at 383-3887 to print the medical record for lab.
  10. The completed "Authorization of Postmortem Examination" form and the "Death Summary" form are attached to the front of the printed chart. The original medical record **IS NOT** to go to the morgue and **IS NOT** to be given to the coroner.
  - 11.. When permission for autopsy is obtained, or if the patient is a coroner's case, all invasive lines and tubing should remain intact. IV bags may be discarded, and tubing may be cut and tied close to insertion site unless otherwise specified by the morgue or the coroner's office.
  12. In all instances where autopsy permission has been denied, all tubes should be removed prior to allowing the family to view the body or transporting the body to the morgue.
  13. Allow time for the family to remain with the body.
  14. Precautions or isolation procedures are to be maintained as follows:
    - a. Shroud the body in the patient's room.
    - b. Place the red contaminated tag (in package with the shroud) on outside of shroud.
    - c. Notify the Pathology Department of the diagnosis.
  15. Notify Transport Services after postmortem care has been completed to transport the body to the morgue.
- NOTE: PERSONAL BELONGINGS ARE TO BE RETURNED TO THE FAMILY OR SIGNIFICANT OTHER WITH DOCUMENTATION IN THE ELECTRONIC MEDICAL RECORD (EMR). DO NOT SEND BELONGINGS TO THE MORGUE.**
16. Notify the mortuary once the deceased is in the morgue.
  17. Transport obtains a key from the Lab Central Office and signs the patient's name in the morgue book. The chart copy is to be left at Lab Central Office if there is an autopsy or coroner's case.
  18. In the event of "no known relatives," or "inability to contact relatives," notify Outcome Management for disposition of the body and personal belongings. Notify by voice mail when Outcome Management is closed.
  19. Carry out remaining discharge procedures as for any other discharge.
  20. In the event the deceased is an active member of the Army, Fort Knox is to be notified. Call 502-624-6051 weekdays 7:30 a.m. to 4:30 p.m. At all other times call 502-624-6450. If next of kin are not present, the Army requests they be allowed to notify them. The following information is required: name; social security number; date, time, and cause of death; date and time admitted; and whether next of kin was present at the time of death.

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| <p><b>Approved by:</b></p><br><p>/s/ _____ Date _____</p> <p>Kurt Kless, MSN, MBA, RN, NE-BC<br/>       Chief Nursing Officer</p><br><p><i>Review: Policy &amp; Standard Committee, , 3/18, 3/2020, 6/2022</i><br/> <i>Revision Completed By: Nancy Gauger, MSN, RN &amp; Andy Fox, BSN, RN</i></p> | <p><b>Review/Revision Date:</b></p> <p>1982 1990 6/2005<br/>       1983 11/1992 8/2007<br/>       6/1984 9/1993 7/14/2008<br/>       11/1985 1/1995 8/31/2009<br/>       1986 10/1995 6/14/2012<br/>       1987 4/1999 1.23.15<br/>       1988 2001 3.15.2018<br/>       1989 3/2002 8.15.2020<br/>       6.1.2023</p> |
| <p><b>Next Review Date:</b> 6.1.2026</p>  |  |
| <p><b>Policies Superseded by This Policy:</b></p>   |  |

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*