

INTEGRATED CARE PATHWAY FOR PATIENT AFTER DEATH

Patient ID _____

The Royal Liverpool and  Broadgreen University Hospitals
 NHS Trust

A Care Pathway is intended as a guide to treatment and an aid to documenting patients progress. Of course, practitioners are free to exercise their own professional judgement, however any alteration to the practice identified within this ICP should be noted as a variance on the progress notes.

NAME OF PATIENT (please print):

DATE OF BIRTH:

Insert all of Pathway into casenotes on completion

WARD:		
Time of patient's death: Date of patients death:/...../.....		
Verified by Doctor <input type="checkbox"/> Night Manager <input type="checkbox"/> Senior Nurse <input type="checkbox"/>		
Name: <i>In capitals</i> Bleep No:		
Death notice completed by (Ward nurse or night manager) <i>(Refer to last offices in the Clinical Nursing Practice Guidelines)</i>		
Patient had communicable disease Yes <input type="checkbox"/> No <input type="checkbox"/> Family aware Yes <input type="checkbox"/> No <input type="checkbox"/>		
Present with patient at time of death:		
Consultant:..... Doctor to certify:..... Bleep:		
MEDICAL STAFF	(Consult the staff handbook for advice on the need to involve the coroner or ask for a hospital post mortem)	
Are you able to sign the death certificate? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If no - who have you contacted Bleep.....		
Is the Coroner likely to be involved? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> <i>(All deaths post op must be discussed with the coroner)</i>		
Has there been a referral to the Coroner? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		
Have you approached the Next of Kin for organ or tissue donation? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please specify: _____		
Next of Kin happy to discuss option with Transplant Co-ordinator? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is there a need for a hospital post mortem? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes has this been discussed with Next of Kin Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does the patient have a permanent pacemaker? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		
Does the patient have an Implanted Cardiac Defibrillator (ICD)? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		
Is the Implanted Cardiac Defibrillator (ICD) Deactivated? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		
Has the patient been categorised against risk of infection protocol (see end of casenote)? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>		
Signature: Time:..... Date:/...../..... Bleep No:		
OUTCOMES	MET	If not chart as Variance
Notification of death completed	<input type="checkbox"/>	
Need for post mortem assessed	<input type="checkbox"/>	
Presence or absence of pacemaker determined	<input type="checkbox"/>	

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Care on the Ward / Theatre

Family / Carers

Family notified if not present Yes No

Name: (please print) Relationship to patient: (please print)

Contact Number: (please print)

Name of staff member who spoke to family:..... (please print)

Advised to ring Bereavement Office before coming in for certificates Yes No

Hospital Information Bereavement booklet given to Family/Carers Yes No

Patients death entered on SMS computer Yes No

Religious rituals: - refer to guidelines on ward

To be observed Yes No If yes identify

Key people notified Yes No Contact name

In house clergy contacted Yes No

Describe plan:-

LAST OFFICES (Universal precautions should be adequate in most cases, if in doubt refer to the Trust's Last Offices Policy)

All patients

- Place inco pad underneath patient, lay body flat with limbs and fingers straight for half an hour. Ensure eyes are closed and dentures inserted.
- Apply ID bands to wrist and ankle of patient
- Wash body using standard infection control procedures and noting religious tradition
- **Never leave the body exposed**
- Cover wounds with occlusive dressings
- All tubing must be clamped or spigotted and left in position
- Put shroud on patient
- Remove jewellery (unless it cannot be removed) or relatives have requested it is to remain on patient. If left on, record on death notice, Cash & Valuables Book and in patient's case notes.
- Place body into body bag (no sheets are required)
- Complete death notices. Attach green copy to case notes
- Tape pink copy to shroud
- Hand blue copy to charge hand porter upon transportation to mortuary
- Ensure screening of other patients when body is removed from ward

Leakage present Yes No

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IF PATIENT HAS COMMUNICABLE DISEASE

CONTACT MICROBIOLOGIST ON EXT. 4425 BEFORE LAST OFFICES. Infection control team will provide support if patient has any communicable disease. (Infection Control Nurses – RLUH ext 4415/6 BGH ext.6711)

In addition to universal procedures:

Write nature of infection on paper, place in envelope, seal and insert into pouch on body bag

Insert infection risk tag through body bag zips and secure

If in doubt contact the microbiologist or mortuary manager / deputy

Items still inserted / remaining in the patient. (Aim is to identify risk of needlestick and to prevent leakage)

Venflon Tracheostomy tube

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

Central lines Epidural

Other : -

Any other problems:-

(Please put soiled clothing in a property bag and label it 'soiled' to avoid clerks in Bereavement Office needing to open bag and handle clothes)

Signature:.....Please print name:..... Date: .../.../....

CLOTHING, CASH AND VALUABLES

Out Of Office Hours

Clothing listed and put in A&E Clothing Store Yes No

Cash & valuables listed and put in security night safe Yes No

Large items e.g. television etc must be locked away. Please state where
.....

In Office Hours

Clothing, cash & valuables listed & taken to General Office Yes No

Clothing taken Cash taken Valuables taken

Any valuables discovered on examination of clothing Yes No

Action:

Additional comments:

Taken by: Please print name: Date: .../.../....

Signature: Please print name: Date: .../.../....

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Universal precautions maintained	<input type="checkbox"/>	
Valuables & belongings listed & stored as policy	<input type="checkbox"/>	
Information given to family/ Next of Kin	<input type="checkbox"/>	
Support given to family / Next of Kin	<input type="checkbox"/>	

Bereavement Office

Case notes received Date/...../..... GP notified

Need for funding for funeral expenses identified

Coroner or Pathologist contacted for advice Yes No

Brought in dead A&E death Ward death Death in Theatre

Death certificate signed Yes No Date/...../.....

Name of doctor: Bleep no:

1st Part Cremation Form completed Yes No

Death Certificate given to family Yes No

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

Confirm relatives/friends understanding of need to register the death

Viewing in Mortuary explained

Hospital post mortem consent form signed if appropriate Yes No

Organ retention explained to relatives Yes No

Family/Next of Kin advised to contact Consultant / GP for results of post mortem

Casenotes returned to Secretaries sent to Path Lab

Do the family/carer want to see a social worker? Yes No

Bereavement booklet given Yes No

Clothing collected by authorised person Yes No

Cash & valuables collected by authorised person Yes No

Indemnity form completed (for cash and valuables) Yes No

Signature: **Please print name:** **Date:** .../.../....

OUTCOMES	MET	If not chart as Variance
Certification provided within 1 working day	<input type="checkbox"/>	
Clothing, Cash & Valuables returned as policy	<input type="checkbox"/>	
Booklet given	<input type="checkbox"/>	

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Care in the Mortuary

Patient accepted at time:..... Date:/...../.....

Pacemaker/ICD in situ Yes No Don't Know ICD Deactivated Yes

Patient to be Cremated Buried

Pacemaker/ICD removed if cremation Yes

Post mortem Yes No

Viewing arranged Yes No

At RLBUH Yes No

Name of Funeral Directors

Documentation

Cremation form 1st signature completed

2nd signature completed

Comments:

Signature of Technician:..... Date:...../...../.....

Risk of infection assessment

Communicable disease Yes No

Risk identified by medical staff as A B C

Is there significant leakage? Yes No

Is there a need for reassessment of risk? Yes No

If yes- **what is new risk category**

Pathologists

Post mortem performed by Date:/...../.....

Clinician present / viewed results or

Clinician notified of with results

Care in the Mortuary cont.

Mortuary ledger completed (patient identified according to protocol) Yes No

Valuables signed for by Funeral Director Yes No

Funeral Director notified of risk Yes No

Risk identified as A B C

Pacemaker in place Yes No

ICD Deactivated Yes No

For information on Funeral Company, please check Mortuary Ledger.

INTEGRATED CARE PATHWAY FOR PATIENT AFTER DEATH ASSESSMENT OF INFECTION RISK TO STAFF, FAMILY AND FRIENDS FROM THE DECEASED PATIENT.

The following tables are designed to enable the doctor signing the death certificate, with clinical knowledge of the patients treatment, to identify the level of risk to the above.

Prior to the classification the patient will be sent to the Mortuary. No further action will be taken until the death certificate is signed. Therefore it is imperative that this is done as speedily as possible in order to facilitate the arrangements and minimise distress to the bereaved. All deceased patients should be in a body bag.

Category A (This will be for approximately 90% of patients)	
The risks after death present no greater risk than there was during life. No communicable disease has been identified so universal standards (precautions) must be applied.	
The fact that the body arrived in a body bag to the mortuary still allows Category A classification, as in the majority of cases this is to contain leakage of body fluids, not because a higher category of risk was identified on the ward.	
	Do's
Mortuary Technician	The patients body does not present any particular risk of infection as long as routine basic precautions are taken to prevent direct contact with body fluids i.e. use gloves, inco pads. Avoid sharps injuries.
Family/ friends	Viewing, touching, kissing present no risk.

Category B (These patients go into either section 1 or 2 - which is determined by the risk of transmission)		
The patient has a diagnosed communicable disease that would have presented a risk to healthy people during life e.g. Blood borne viruses such as Hepatitis B, infective diarrhoea. NOT MRSA.		
Section 1 No significant leakage of body fluids.		
	Do's	Don'ts - for both sections
Mortuary Technician	Post mortems conducted with appropriate facilities & expert staff. Body to be dispatched in a body bag; face may be exposed for viewing.	Do not embalm without further risk assessment, suitable facilities & staff. Confer with medical microbiologist.
Family/ friends	Viewing, touching, kissing present no risk.	
Section 2 Patient has significant leakage present.		
Mortuary Technician	Post mortems conducted with appropriate facilities & expert staff. Body to be dispatched in a body bag; face may be exposed for viewing.	Do not embalm without further risk assessment, suitable facilities & staff. Confer with medical microbiologist.
Family/ friends	No physical contact by family or friends. Viewing of face only is allowed under supervision.	

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Category C The patient will be well known to medical and nursing staff as presenting a serious risk of infection. e.g. multi-resistant tuberculosis or any exotic imported infection. This will be evident by strict isolation precautions being enforced before death following discussion with the medical microbiologist.

ASSIGNMENT TO THIS CATEGORY SHOULD BE VALIDATED BY A DIRECT PHONE CALL TO THE MEDICAL MICROBIOLOGIST.

Relatives should be told verbally and followed up in writing that the patient has or may have died of an infectious disease. Refer to the infection control team if the nature of the infection needs to be explained.

	Do's	Don'ts
Mortuary Technician	Use a body bag & inco pad. Post mortem permissible by senior consultant, who has been appraised of the risks by medical microbiologists. Only those procedures essential to providing diagnostic information should be performed.	
Family/ friends	No physical contact by family or friends. Viewing of face only is allowed under supervision.	
Funeral Director		Do not embalm without further risk assessment, suitable facilities & staff. Confer with medical microbiologist.

List of possible diseases

Bold = notifiable diseases Not bold = not notifiable diseases

Low

Acute encephalitis

Chickenpox/shingles
Cryptosporidiosis
Dermatophytosis
Legionellosis

Leprosy

Lyme disease

Measles

Meningitis (except meningococcal)

Methicillin resistant Staphylococcus aureus

Mumps

Ophthalmia neonatorum

Orf

Psittacosis

Rubella

Tetanus

Tetanus

Whooping cough

Medium

Acute poliomyelitis

Cholera

Diphtheria

Dysentery

Food poisoning

Haemorrhagic fever with renal syndrome

Hepatitis A

HIV/AIDS

Leptospirosis (Weil's disease)

Malaria

Meningococcal septicaemia (with or without meningitis)

Paratyphoid fever

Q fever

Relapsing fever

Scarlet fever

Tuberculosis

Typhoid fever

Typhus

High

Anthrax

Hepatitis B,C, and n-A n-B

Invasive group A streptococcal infection

Plague

Rabies

Smallpox

Transmissible spongiform encephalopathies (for example, Creutzfeldt-Jakob disease)

Viral haemorrhagic fever

Yellow fever