



Patient Death and Laying Out Procedure

Procedure Number
WCDHB-PN-0090

Version Nos:
5

1. Purpose

This Procedure is performed as a means of undertaking all activities associated with the death of a patient.

2. Application

This Procedure is to be followed by all clinical staff employed by the West Coast District Health Board (WCDHB).

3. Definitions

There are no definitions associated with this Procedure

4. Staff Authorised To Perform Procedure

For the purposes of this Procedure:

All WCDHB Clinical Staff Members are required to abide by the requirements of this Procedure

5. Resources Required

This Procedure requires:

- i) Shroud or clothes (as indicated by family/next of kin)
- ii) Mortuary labels (x3)
- iii) Additional equipment as required

6. Process

1.00 Notification

On the death of a hospital patient the nurse in charge of the patient at the time of death is responsible for:

- noting and recording the exact time of death
- notifying the duty House Surgeon
- notifying the relatives (if not already present)
- notifying the telephonist and the Clinical Nurse Leader or After Hours Co-Ordinator
- Notifying the Chaplin or Clergy as directed in Nursing History

The Coroners Act (2006) requires that the following deaths must be reported to the Coroner:

- i) Every death that appears to have been without known cause or by suicide or by violent or unnatural causes;
- ii) every death where no Doctor has given a Death Certificate;
- iii) The death of a person detained under the Alcoholism and Drug Addiction Act (1966);
- iv) The death of any special or committed patient under the Mental Health (Compulsory Assessment and Treatment) Act (1992)
- v) The death of any patient during medical, surgical, or dental operation, treatment:
 - (i) That occurred while the person concerned was undergoing a medical, surgical, dental, or similar operation or procedure; or



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- (ii) That appears to have been the result of an operation or procedure of that kind; or
- (iii) That appears to have been the result of medical, surgical, dental, or similar treatment received by that person; or
- (iv) That occurred while that person was affected by an anaesthetic; or
- (v) That appears to have been the result of the administration to that person of an anaesthetic or a medicine (as defined in section 3 of the Medicines Act 1981):
- (d) Any death that occurred while the woman concerned was giving birth, or that appears to have been a result of that woman being pregnant or giving birth.

If staff are at all concerned as to the cause of death they are to notify the Police.

2.00 Death Certificate

Only a doctor who has seen the patient in life can sign the death certificate. If the doctors concerned are not available and a request is received to release the body from the hospital, contact the Consultant concerned.

3.00 Patient's Clinical Record

If the patient's condition was gradually deteriorating and death was expected by the medical staff it is sufficient to report:

- time and date of death;
- family present/not present;
- doctor notified.

In the case of a sudden death it is necessary to supply all particulars in the report. This is to include:

- a brief report of the change in condition;
- list of resuscitative measures attempted;
- indicate whether the patient was seen by a doctor or not, and if seen, the time and any instructions given.

4.00 After Death

4.01 Immediate Care

- (a) close the patient's eyes
- (b) turn off any equipment in use
- (c) wait quietly with the relatives (if present); ask if they require assistance in making funeral arrangements
- (d) if relatives request that the body be removed directly from the ward to the funeral director, this must be at the discretion of the funeral director

4.02 When Relatives Have Left The Bedside

- (a) the death must be certified before laying out is commenced
- (b) remove all bed accessories
- (c) leave pillow placed under the head
- (d) lie the body in the dorsal position with limbs straight and arms at the sides
- (e) replace dentures in the mouth
- (f) remove any intravenous infusions, oxygen equipment, catheters etc
- (g) remove all jewellery from the body unless otherwise requested by the family

NOTE: IF A POST MORTEM IS REQUIRED EXCLUDE SECTION 4.02(f)



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4.03 Laying Out The Body

The patient may be laid out almost immediately following death or within ½ - 1 hour after death depending on the circumstances. Any special instructions from the relatives should be ascertained if not known or recorded. Preserve the dignity and respect of the deceased patient throughout this Procedure.

- (a) fill in the mortuary labels
- (b) sponge patient as required (ensuring there is no evidence of blood) but do not shave
- (c) remove all dressings, drains etc, clean thoroughly
- (d) place appropriate dressings over superficial wounds
- (e) pack deep wounds with gauze and either n\bandage firmly or cover with appropriate dressing.
- (f) check dentures are in position
- (g) if necessary apply perineal pad or appropriate incontinence product
- (h) leave the pillow, remove all remaining bed linen and place clean sheet under the body
- (i) put shroud or clothing on body
- (j) tie the mortuary card to the patient's body/head, and send second mortuary card to
Medical Technician, and third portion is stapled to back of Death Certificate
- (k) leave on the patient identification band
- (l) place a second sheet over the patient and wrap gently
- (m) fold both sheets over the top and bottom; fold the corners down and inwards; keep the cover over the face loose; fold sides up

NOTE: IF A POST MORTEM IS REQUIRED EXCLUDE SECTIONS 4.03(c) – 4(e).

5.00 Removing The Body

The body must not be removed from the hospital except:

- by a funeral director who carries appropriate identification and is in possession of the death certificate for the deceased person;
- where relatives wish to remove the body from the hospital, this is acceptable provided the death certificate has been signed and a post mortem is not required

6.00 Transferring The Body To The Hospital Morgue

- (a) Orderly will procure the Pacific Concealment Trolley when informed.
- (b) On arrival in patients room, remove the lid from the trolley.
- (c) Pump centre platform to maximum height, (R pedal).
- (d) Swing transfer bridge up over trolley.
- (e) Move trolley close to bedside (**pedals at head end**).
- (f) Use high/low function (L pedal), to match bed height.
- (g) Roll body onto side away from trolley.
- (h) Lower Transfer Bridge onto bed.
- (i) Place one edge of the litter tray under the body.
- (j) Roll body and tray back down flat onto the bed.
- (k) Use the high/low function to lower the trolley 75mm lower than the bed.
- (l) Move to open side of trolley and pull the litter tray down the bridge and centre on trolley. (**Caution with fingers and thumbs to avoid entrapment, use the moulded handholds and keep fingers and thumbs above the tray at all times**).
- (m) Lower the centre platform to lowest position.



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(n) Replace lid, Straighten wheels and lock steering.

At the morgue:

- (a) Remove foot panel by releasing button on each side and swing outwards.
- (b) Adjust trolley to desired height of freezer.
- (c) Move into position against opening.
- (d) Push litter tray and frame into freezer.
- (e) If uppermost freezers are used, **the trolley will need to be at its highest level and the centre platform will need to be elevated until the correct level is reached to enable adequate sliding without any lifting.**
- (f) Complete the morgue register.
- (g) Concealment trolley will need cleaning by the orderly as per protocol, prior to clean litter tray and frame being inserted.

7.00 As per the manufacturers instructions, bodies weighing more than 120kgs cannot be transported on the pacific concealment trolley.

Contingency plan for bodies weighing more than 120kgs.

- (a) The old morgue trolley can be used and is obtained by the orderly from the Autopsy room in the mortuary.
- (b) Staff safety is paramount when moving these bodies. No attempt should be made to 'manhandle' weight beyond the standard recommendations or to 'rescue' a falling weight.
- (c) Common sense must prevail. Sliding sheets and patient transfer slides, hoists, winches and/or assistance from the trade department may be instigated.
- (d) Extra manpower is advised when transporting the trolley to the morgue to maintain the safety of all involved.

Reference: Pic Nielson, Tom Jones,
Occupational Health & Safety Advisors

7. Precautions And Considerations

- ➔ Preserve the dignity and respect of the deceased patient throughout this Procedure.
- ➔ Any special instructions from the relatives should be ascertained if not known or recorded.
- ➔ The death must be certified before laying out is commenced.
- ➔ Be aware of variations to Procedure when a post mortem is required

8. References

Gauntlett, P., Myers, J (eds) Adult Health Nursing, 3rd edition (1988), Mosby St Louis

Mosby's Medical Nursing and Allied Health Dictionary 5th edition (1998), Mosby St Louis
Health South Canterbury Professional Nursing and Midwifery Manual

Coroners Act (2006)

9. Related Documents



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WCDHB Patients Possessions Procedure

WCDHB Care of the Dying Patient Procedure

WCDHB Patient Death-Serious Incident – Immediate Care Of Relatives Procedure

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