
 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<b>DEATH OF A PATIENT - CARE FOLLOWING DEATH</b>	<b>Policy 6.6.1 Protocol 7</b>
<b>DEATH OF A PATIENT PROTOCOL</b>		

## STANDARDS TO BE MET

1. The healthcare team must ensure that the deceased / tūpāpaku is cared for with privacy and dignity and relevant family / whānau needs are assessed and addressed.
2. Clinical staff will liaise with the family / whānau to ensure the deceased / tūpāpaku is prepared in accordance with their cultural and religious beliefs.
3. Ensure all staff on the ward are aware of the death.
4. Notify House Officer of death. House Officer is responsible for notifying the Consultant.
5. Ensure notification of death is completed as per protocol 1.
6. If case is referred to Coroner refer to protocol 2.
7. Notify Maori Health if the deceased / tūpāpaku identifies as Maori.
8. **Preparation of Body and Laying out Procedure**
  - 8.1 Use standard precautions.
  - 8.2 Lay body flat and straighten limbs.
  - 8.3 Remove all tubes, drains etc and dress to prevent leakage (if this is a Coroner's case refer to Protocol 2 before removing any tubes or drains).
  - 8.4 Ensure deceased / tūpāpaku is appropriately prepared prior to family / whānau contact and / or transfer from the ward. .
  - 8.5 Sponge deceased/ tūpāpaku if soiled.
  - 8.6 Leave ID Band in place.
  - 8.7 Arrange for cleaning and blessing of the room
9. **Family / Whānau**
  - 9.1 **If not present Family/whanau to be notified of death as soon as possible.**
  - 9.2 Ascertain if family / whānau will visit the deceased / tūpāpaku prior to leaving the ward.
  - 9.3 Offer the services of the Chaplain / Māori Health / Social Work.
  - 9.4 Ascertain the wishes of family / whānau for funeral arrangements and any special requirements due to cultural practices. Advise family / whānau cardiac devices (ICDs / pacemakers) will be removed prior to cremation.
  - 9.5 Ensure cultural requirements are maintained
  - 9.6 Family to make arrangements for removal of deceased / tūpāpaku from the hospital or mortuary
10. **Hospital Requested Post Mortem**
  - 10.1 For Perinatal / paediatric post mortem refer to protocol 11.
  - 10.2 Only requested if deceased / tūpāpaku does not come within the jurisdiction of the Coroner
  - 10.3 Family / whanau must consent to hospital requested post mortem
  - 10.4 If the clinician wishes to do an autopsy and there are no next of kin authorisation may be obtained from the Coroner.
11. **Body Storage**
  - 11.1 If deceased / tūpāpaku is not being released directly to the Funeral Director a staff member should accompany deceased / tūpāpaku to the Body Storage Facility with the Orderly as per protocol HSS.O1.1 Body Storage Facility (Tauranga Hospital).
  - 11.2 Notify Māori Health Services if a tūpāpaku is taken to the Body Storage Facility.

Issue Date: Apr 2018 Review Date: Apr 2019	Page 1 of 3 Version No: 8	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
Protocol Steward: Quality & Patient Safety Manager	Authorised by: Medical Director	

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<b>DEATH OF A PATIENT - CARE FOLLOWING DEATH</b>	<b>Policy 6.6.1 Protocol 7</b>
<b>DEATH OF A PATIENT PROTOCOL</b>		

11.3 Arrange for family / whānau to view deceased / tūpāpaku in viewing room if required (note family / whanau should be encouraged to view prior to removal to the Body Storage facility).

**12. Release of Body to Funeral Director**

12.1 Ensure appropriate documentation is available for release of the body (Body Release Form and Statement of Death, Cremation Form).

12.2 Liaise with the Funeral Director to release the deceased / tūpāpaku directly from the ward.

**13. Release of Body to Family**

13.1 When a body is removed from the hospital by the family Bay of Plenty District Health Board (BOPDHB) must provide them with:

- a) Transfer of Charge of Body form (BDM39) – *available from Orderlies / Duty Nurse Manager*
- b) Medical Certificate of Cause of Death (HP4720) or Medical Certificate of Causes of Foetal and Neonatal Death (HP4721).

The family is to keep these as evidence that responsibility for the deceased/ tūpāpaku was transferred to them.

13.2 When removed from the hospital the deceased/ tūpāpaku must be placed in a coffin or other appropriate container. An appropriate container would be anything that would prevent the leakage of body fluids.

13.3 The family/whānau should be advised of the following as appropriate:

- a) If the deceased / tūpāpaku is not embalmed it must be buried or cremated within three (3) days.
- b) The deceased / tūpāpaku can only be buried or cremated in a place permitted by law. They can get this information from the local Council.
- c) If the deceased / tūpāpaku is to be cremated the family must obtain a Permission to Cremate Certificate from the Department of Internal Affairs.
- d) A stillbirth (a dead foetus weighing less than 400 gm or less than 20 weeks gestation) is registered as a birth only - there is no need to register a death.
- e) It is the responsibility of the person responsible for the deceased / tūpāpaku to register the death with Births, Deaths and Marriages. This is done by completing a Notification of Death for Registration from (BSM28) which can be obtained from:
  - Birth, Deaths and Marriages P O Box 10-526 Wellington 6143; or
  - [Department of Internal Affairs website](#).
- f) Notification of death must be done within three (3) days of burial or cremation.

**14. Health Record Documentation**

14.1 Enter time of death on Last Days Care Plan, if used, or patient's health record, then assemble notes as for discharge.

14.2 Discharge on computer.

14.3 Pronounce the patient deceased and write this in the Last Days Care Plan, if used, or patient's health record.


14.4 Request medical staff to complete Medical Certificate of Cause of Death (HP4720).

14.5 Request medical staff to complete Certificate of Medical Practitioner (Form B for cremation only).

14.6 Discharge summary to be completed by medical staff.

14.7 Send patient's health record for coding following completion of discharge summary by medical staff.

Issue Date: Apr 2018 Review Date: Apr 2019	Page 2 of 3 Version No: 8	NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.
Protocol Steward: Quality & Patient Safety Manager	Authorised by: Medical Director	

 <p>BAY OF PLENTY DISTRICT HEALTH BOARD HAUORA A TOI</p>	<p><b>DEATH OF A PATIENT - CARE FOLLOWING DEATH</b></p>	<p><b>Policy 6.6.1 Protocol 7</b></p>
<p><b>DEATH OF A PATIENT PROTOCOL</b></p>		

14.8 Ensure Record of Death Form (FM.D1.4) is completed electronically and emailed as either “Coronial” or “Non Coronial”.

**ASSOCIATED DOCUMENTS**

- Bay of Plenty District Health Board policy 6.6.1 Death of a Patient
- Bay of Plenty District Health Board policy 6.6.1 protocol 1 Death of a Patient - Record of Death
- Bay of Plenty District Health Board policy 6.6.1 protocol 2 Death of a Patient – Coroner Notification and Investigation
- Bay of Plenty District Health Board policy 6.6.1 protocol 11 Death of a Patient - Perinatal / Paediatric Post Mortem Transfer to Auckland, Wellington
- Bay of Plenty District Health Board policy 6.6.1 protocol 13 Death of a Patient - Blessings
- Bay of Plenty District Health Board policy 6.3.9 Body Parts and Tissues
- Bay of Plenty District Health Board policy 1.1.1 Informed Consent
- Bay of Plenty District Health Board policy 1.4.4 Māori Cultural Safety
- Bay of Plenty District Health Board policy 2.1.4 Incident Management
- Bay of Plenty District Health Board policy 2.5.1 Health Information Privacy
- Bay of Plenty District Health Board Form FM.D1.4 Death - Record of Death Form
- Bay of Plenty District Health Board Hospital Support Services protocol HSS.O1.1 Body Storage Facility (Tauranga Hospital)
- Bay of Plenty District Health Board Last Days Care Plan (8141) – *link viewable only - to be ordered from Design & Print Centre*

<p>Issue Date: Apr 2018 Review Date: Apr 2019</p>	<p>Page 3 of 3 Version No: 8</p>	<p>NOTE: The electronic version of this document is the most current. Any printed copy cannot be assumed to be the current version.</p>
<p>Protocol Steward: Quality &amp; Patient Safety Manager</p>	<p>Authorised by: Medical Director</p>	