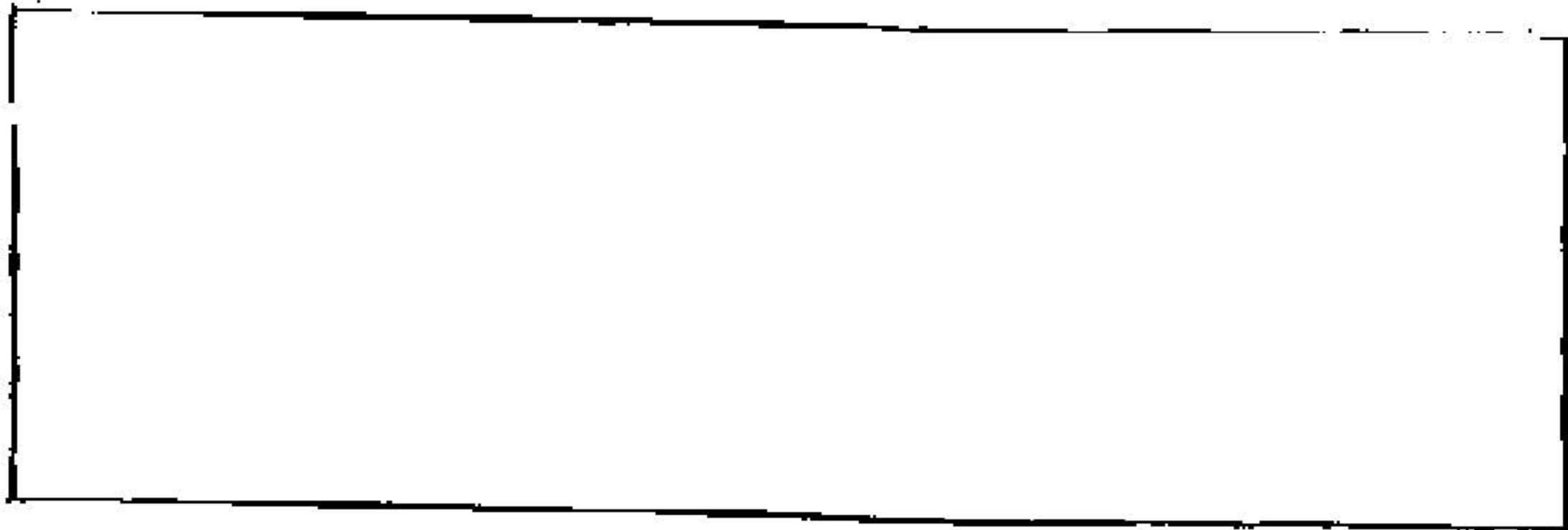


# HealthCare

## PERMANENT RECORD TO BE PLACED ON PATIENTS CHART POSTMORTEM CHECKLIST



Complete each section either by the yes, no, or n/a response or by filling in requested information. As each item is completed initial in the signature box and complete the signature line at the bottom of the form.	CHECK ONE			INITIAL
	YES	NO	N/A	
<b>NOTIFICATION OF DEATH</b>				
Name of Resident/Attending pronouncing patient:				
Notify next-of-kin: Name:				
Notify the Maryland Donor Hotline ( -242-1173):				
Name of Hotline representative:				
Donor referral number:				
Accepted as a potential donor by Hotline/coordinator:				
Notification of Admitting:				
Notification of Nursing Office/Supervisor:				
<b>DEATH CERTIFICATE SIGNED</b>				
Death certificate to Admitting Office, Caton Ave. entrance:				
Copy/Fax to Nursing Administration:				
<b>MEDICAL EXAMINER'S CASE (if applicable)</b>				
Medical Examiner Notified ( -333-3271):				
Incomplete death certificate to Admitting Office, Caton Ave. entrance:				
<b>AUTOPSY</b>				
Autopsy form signed, incomplete death certificate, and chart to Admitting Office, Caton Ave. entrance:				
<b>BODY PREPARATION</b>				
Body identified with patient's labels:				
Shroud identified with labeled multicolored death tag:				
<b>PATIENT BELONGINGS/PREPARATION OF BODY</b>				
Given to family. (Update Belonging List):				
Rings taped to body:				
Dentures in place:				
Other:				

SIGNATURE _____	PRINTED NAME _____	TIME _____	DATE _____
SIGNATURE _____	PRINTED NAME _____	TIME _____	DATE _____
SIGNATURE _____	PRINTED NAME _____	TIME _____	DATE _____
SIGNATURE _____	PRINTED NAME _____	TIME _____	DATE _____

Reviewed:  
Revised: October, 1998

Storeroom Number: 784564100

postmortem.fm\N058