

DEATH CHECKLIST

PATIENT PLATE

Notification of Death		Yes	No	N/A
Attending physician notified		Initials	Initials	Initials
Time:	Time Dr will be in:			
Name of Doctor:				
Doctor on call notified				
Death notification sent in Meditech (Category: ADM, Procedure: DN) Message goes to the nursing office, admitting, dietary, and cashier.				
Washington Regional Transplant Consortium notified of all deaths (703) 641-0100	Potential Donor <input type="checkbox"/> Not a Potential Donor <input type="checkbox"/> Spoke with: Time: WRTC will contact family <input type="checkbox"/>			
Tubes drains, etc removed except for autopsy or Medical Examiner's case				
Time and date of expiration noted on face sheet				
Body tagged with isolation precautions (list type of isolation)				
Medical Examiner's Case		Yes	No	N/A
If Medical Examiner's case	Name of M.D. _____ Time Notified _____			
If medical Examiner releases case, notation "Released by Medical Examiner" is written on death certificate				
Death Certificate		Yes	No	N/A
Print name, date and time of death in the left margin of the death certificate				
Death certificate is signed by attending physician				
Consents		Yes	No	N/A
Permit for "Removal of Body" is complete <u>OR</u> family notified to contact admitting office				
"Authorization for Autopsy Form" (if autopsy is ordered) is completed and placed on the top of the chart				
Patient's Valuables		Yes	No	N/A
Patient had valuables &/or personal belongings on unit at time of death				
Disposition of valuables &/or personal belongings are documented in the progress notes				
Items given to: (please list items)				
Family <input type="checkbox"/> Security <input type="checkbox"/> Rings taped to finger <input type="checkbox"/> Dentures in mouth <input type="checkbox"/>				
NOTE: If security box is checked, valuables shall be in accordance with policy 1-10 (Patient Valuables and Personal Articles). Secure valuables and complete valuables form. Place form and valuables in envelope, then give to security personnel.				
For Admitting Use Only		Yes	No	N/A
Body sent to Baltimore (M.E. cases only)				
Autopsy completed				
Body may be released				
Initials	Signature/Title	Initials	Signature/Title	
_____	_____	_____	_____	

HOSPITAL
Healthcare System

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