

Your
Hospital's
Logo
Here

NOTIFICATION OF DEATH

PATIENT NAME:	ROOM #:
MEDICAL RECORD #:	

PATIENT IDENTIFICATION

DATE OF DEATH: (Military Time)	FAMILY NOTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO	Relationship / Name: _____ Telephone Number: (_____)
TIME OF DEATH: (Military Time)	ATTENDING PHYSICIAN: _____	PRONOUNCED BY (Print Name): _____

ADMITTING NOTIFIED: Ext. 7907	<input type="checkbox"/> YES <input type="checkbox"/> NO	Time: _____	By Whom: _____
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WRTC NOTIFIED: (703) 641 - 0100	<input type="checkbox"/> YES <input type="checkbox"/> NO	Time: _____	By Whom: _____
WRTC to be notified within 1 hour of death			

ANATOMICAL GIFT:	<input type="checkbox"/> DONOR	<input type="checkbox"/> NON-DONOR	<input type="checkbox"/> NOT MEDICALLY SUITABLE	<input type="checkbox"/> AWAITING WRTC FINAL DECISION
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AUTOPSY:	AUTOPSY REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO	BY WHOM: _____			
	CONSENT DELIVERED TO ADMITTING: <input type="checkbox"/> YES <input type="checkbox"/> NO	BY WHOM: _____			
* Family Member MUST Authorize	* AUTOPSY AUTHORIZED BY: _____				
RELATIONSHIP TO DECEASED:	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> MOTHER	<input type="checkbox"/> FATHER	<input type="checkbox"/> BROTHER	<input type="checkbox"/> SISTER
	<input type="checkbox"/> SON	<input type="checkbox"/> DAUGHTER	<input type="checkbox"/> OTHER (Explain): _____		

MEDICAL EXAMINER:	(202) 698 - 9000	DATE: _____	TIME: _____ (Military Time)
MEDICAL EXAMINER NOTIFIED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	BY WHOM: _____	
	<input type="checkbox"/> LEFT MESSAGE (Answering Machine)	<input type="checkbox"/> SPOKE TO (Name): _____	
BODY RELEASED:	<input type="checkbox"/> YES <input type="checkbox"/> NO	BY WHOM: _____ MEDICAL EXAMINER'S Authorized Representative	
If the following conditions occur, the OFFICE OF THE MEDICAL EXAMINER must be notified:			
A. Death within 24 hours of admission.			
B. Patient admitted due to any type of Trauma (regardless of date of admission) -OR- the underlying cause of death is associated with Trauma.			
C. Death is related to Medical Intervention; deaths associated with Medical Reaction -OR- resulting from a procedure.			

NEWBORN:	WEIGHT: _____ GRAMS	<input type="checkbox"/> STILL BORN	<input type="checkbox"/> ABORTUS	<input type="checkbox"/> DISPOSITION PAPERS COMPLETED
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NURSE'S SIGNATURE / TITLE: _____	DATE: _____
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PART OF THE MEDICAL RECORD

INSTRUCTIONS FOR FORM COMPLETION

This form must be completed for all deaths occurring at Your Hospital

Identification Complete the following:

- 1 Stamp patient's Addressograph in upper right hand corner.
- 2 Handwrite Patient's Name, Location (E.R., Nursing Unit, etc.), and Medical Record Number.
- 3 Complete all sections related to Date, Time of Death, Family and Physician. Please get telephone number where the family can be reached if necessary.
- 4 Name of physician who pronounced the patient.

Notification / Documentation / Authorization Complete the following:

- 1 **Admitting:** Notify Admitting Office ASAP at ext 7907.
- 2 **WRTC (703 / 641 - 0100):** Immediate notification is required by Federal Law for all deceased, newborn or adult for whom a Death Certificate will be generated.
 - Document name of the WRTC coordinator notified on the bottom of the Anatomical Gift Form.
 - Per Federal Law, all requests of organ / tissue / eye donation must be made by WRTC personnel.
- 3 **Anatomical Gift:** The WRTC Representative will make the determination if the deceased is a donor, non-donor or not medically suitable. Check off the appropriate box. If waiting WRTC's decision when the chart is to be sent to Medical Records, check off that box.
- 4 **Autopsy:** Any age; adult or newborn.
 - a. Request is made by a Physician.
 - b. Complete all questions regarding autopsy request, and consent.
 - Consent form for adults is on the back of the Admitting Face Sheet.
 - Consent for newborns is a separate form kept in L&D.
 - c. Hand carry the Autopsy Consent to Admitting ASAP. (Admitting will notify Pathology).
- 5 **Medical Examiner:** (202 / 698 - 9000):
 - Complete date, time and name of person at M.E office who was notified of death. (Indicate if message was left on M.E.'s answering machine).
 - Complete name of person at Hospital who notified the M.E.
 - Complete date, time, and name of Medical Examiner who released body.
- 6 **Newborns:** Complete weight and status at birth, (i.e., live birth, stillborn -or- abortus), and indicate whether disposition papers have been completed.
- 7 **Signature:** Complete date and name of nurse who initiated the Notification of Death Form.

WRTC NOTIFICATION PROCEDURE

WRTC = "Washington Regional Transplant Consortium"

- WRTC Notification should be notified by phone within 1 hour of death.
- The call to WRTC to report the Patient death may be made by any Nurse, Secretary or Administrative Supervisor.
- WRTC will determine when donation is appropriate, and only WRTC Staff should approach family for consent.
- Your call will be answered by a Secretary. Tell him/her " I want to report a patient death". Your call will be forwarded to a WRTC Coordinator. Be prepared to provide the Patient's location (i.e., E.R., ICU, etc.), name, age, sex, date of birth, admitting diagnosis, date / time of death, cause of death, and next of kin (name and contact phone number for the next 24 hours, [i.e., mobile phone]).
- If the cause of death is " Sepsis", the coordinator will need to know the most recent WBC, and whether any cultures were done/ results.
- Document name of the WRTC coordinator notified on the bottom of the Anatomical Gift Form.

PART OF THE MEDICAL RECORD