

Policies and Procedures to reference:

- ADM 1.13 Standards of Conduct for Business Practices
- RHC 1.02 AP Care at Time of Death
- SFT 3.05 Autopsy
- RHC 1.05 AP Bereavement Support
- MS 3.46 Determination of Death by Neurologic Criteria (Brain Death policy)
- ADM 1.44 Withholding or Withdrawal of Life-Prolonging Procedures
- RHC 1.01 AP Organ and Tissue Donation
- RHC 1.04 AP Donation after Circulatory Death (DCD)
- POS 1.03 Perioperative Organ Recovery: Donation After Circulatory Death



Death Paperwork Process at IU Health

Essentials of RHC and Death Paperwork

The purpose of this pamphlet is to provide an overview of the standards of care expected of the staff physician or resident at the time of a patient's death.

Further details and additional information may be found in [Morgue Services](#) on the Portal page.

For additional information or assistance, contact:

The Center for Physician Education

docs@iuhealth.org

317.962.2222



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Routinely, doctor's names are inaccurate or missing on the *Provisional Notification of Death - Burial Transit Permit* completed by the RN. Thus, the appropriate doctor is not receiving notification to complete the death certificate. This creates a delay in receiving the official signed death certificate, causing emotional, financial, and legal hardship for families during what is already a very difficult time.

Process from Time of Death to Completion of Death Certificate:

1. MD (Staff or Resident) or APP determines date and time of death – this role is referred to a **Pronouncing Provider (PP)**
2. PP completes Standard of Work checklist, found in Death Paperwork binder (see unit RN or Secretary for a copy of this form). Among the outlined duties:

⇒ PP completes **Brief Death Note** (essential to contact and record name of the “Attending at time of Death”)

⇒ PP completes their portion of **Notice of Death** form

3. RN/US use the **Brief Death Note** and the **Notice of Death** forms to determine if “Coroner” or “Attending” shall be listed as “Medical Certifier” on **Provisional Notice of Death Form – Burial Transit Permit**

Note: Coroner is only specified when death is an “accepted” coroner’s case, as listed on Notice of Death.

4. Funeral Home enters “Medical Certifier’s” name into the State’s Death Certificate Registry system

Note: Funeral homes must receive correct name on **Provisional Notice of Death Form – Burial Transit Permit**. Without proper information, delays processing death certificate occur.

5. State’s registry system sends a “do not reply” automated email to the coroner or physician

that was named by funeral home. This email alerts them that a death certificate needs to be completed for named decedent.

6. Coroner or physician then signs onto the death certificate registry and completes the death certificate online.

When the process above is complete the Funeral Home can then receive & provide family members with copies of death certificate.

An electronic version of the **Notice of Death** form is anticipated to be available in Cerner during Q4 of 2016. Prior to it’s implementation, providers will continue with the use of the paper form shown here.

All areas shown here highlighted in yellow are to be completed by the **Pronouncing Provider**.

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NOTICE OF DEATH (Page 1 of 1)

Please see back side of form for additional information.

*WHEN BODY IS READY FOR TRANSPORT, FAX COMPLETED FORM TO TRANSPORTATION AT 962-8420. TRANSPORTATION WILL PRESENT TO UNIT TO TRANSPORT BODY.

Unit: _____ Date: _____ Time of Death: _____
Campus (circle): MH UH RH Unit Phone #: _____ Patient Weight: _____

Isolation Precautions: _____

Notifications Completed:

____ Attending Physician/House Staff _____ Chaplain
____ Electronic Entry of Death _____ Indiana Donation Alliance: 800-356-7757
Referral Number: _____ (Name of Procurement Coordinator) _____
Medically Suitable for Donation? ☐ Organ: ☐ Suitable ☐ Declined ☐ Eye: ☐ Suitable ☐ Declined
☐ Tissue: ☐ Suitable ☐ Declined
Cardiac Time of Death Called to 800-356-7757 on All Patients, Even if Previously Referred

Autopsy to be Performed? ☐ YES ☐ NO If YES, has security been notified of autopsy? ☐ YES ☐ NO
If YES, ensure Consent for Autopsy signed and faxed to Pathology at 491-6112 for adults and pediatric. If you have any questions, please page 24-hour triage at 362-5623.

Coroner's Case? ☐ YES ☐ NO (see reverse side for criteria)
If YES, complete the following: (Phone: 327-4744) Coroner's Disposition: ☐ Accepted ☐ Declined
Time Notified: _____

Donation to Anatomical Education Program previously arranged? ☐ YES ☐ NO
Time-critical process: the Anatomical Education Program must have possession of the body within 24-48 hours
If YES, call the Anatomical Education Program (274-7450) ASAP and provide them with family's contact information
Provide family with Anatomical Education Program (274-7450) number as well
Family contact name: _____ Family contact number: _____
If no family/POA, Social Worker contacted: _____ Pager: _____

Donation to other facility for education/research? ☐ YES ☐ NO

Special Instructions: _____

Preferred Mortuary (family to arrange): _____ City: _____ State: _____
Mortuary Unknown at Time of Body Transport: _____

Paperwork Completed:

____ Burial Transit _____ Consent for Autopsy _____
____ Personal Property Sheet _____ Medical Record to Health Information Management _____
(EXCEPTION: For autopsies, coroner's cases, or donors, the medical record accompanies the patient)

Any Special Family Requests (describe): _____

Form Completed by: _____

PRINTED NAME: _____ SIGNATURE: _____

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Part 1 - Medical Record

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PRONOUNCING RESPONSIBILITIES

Each item must be checked or marked "NA" if not applicable.

____ Expiration Progress Note completed.
____ Attending Physician notified.
____ Family notified. ☐ Family here.
____ If family is not present, is family coming in? Estimated time of arrival: _____
____ Autopsy consent signed when family requests and coroner has declined.
____ If death is a coroner's case, is family aware that death is to be called to Coroner?

ANATOMICAL EDUCATION PROGRAM DONATION

- The Anatomical Education Program/Direct Donor Program is part of the IU School of Medicine
- The patient must have made previous arrangements for this donation
- The Anatomical Education Program will arrange transportation from the morgue
- Time-critical process: the Anatomical Education Program must have possession of the body within 24-48 hours

If body is to be donated to the Anatomical Education Program:

____ Call the Anatomical Education Program (274-7450); provide them a family contact name and phone number
____ Provide family/POA with the Anatomical Education Program (274-7450) number as well
____ If there is no family/POA or assistance is required, contact Social Work _____

CORONER'S CASE CRITERIA (may be completed by RN, PA or Physician)

CHECK ANY OF THE FOLLOWING CRITERIA THAT APPLY TO THE PATIENT.

____ Deaths stemming from any wound or injury. This will include any trauma whether homicidal, suicidal or accidental in nature.
____ Any death with a history of a fracture which occurred within one year and one day preceding the death.
____ Any sudden, unexpected death of a healthy child.
____ Any death involving a history of known or suspected child abuse.
____ Deaths from a disease process that might constitute a threat to public health, such as infectious hepatitis, infectious meningitis or other highly communicable diseases. This does not include deaths due to AIDS.
____ Death of inmates or inpatients of penal or state operated institutions.
____ Deaths involving suspicion of criminal abortion.
____ Death occurring during surgery or while under general anesthesia.
____ Deaths resulting from any medical or surgical misadventure.
____ Deaths occurring within the first 24 hours following admission or when insufficient history has been gained to support a diagnosis.
____ Unusual or unexpected deaths in which criminal or civil litigation is likely to follow.
____ Any death in which the attending physician declines to sign a medical Certificate of Death.
____ Death relating to a disease or injury incurred through the deceased person's employment.
____ Deaths occurring in the EMTIC.

*It is strongly recommended that any patient experiencing an unexplained acute life-threatening event (ALTE) who is admitted, survives for 24-48 hours and then dies should also be considered a coroner's case.
**Signature of the attending physician DOES NOT negate the requirement for reporting the case to the coroner if any of the criteria are met.
If any item is checked, or if any question, notify the Coroner. If the coroner has any questions, contact:

NAME: _____ PAGER OR PHONE NUMBER: _____

Form Completed by: _____

PRINTED NAME: _____ SIGNATURE: _____

In addition to completion of the paper Notice of Death form, the Brief Death Note must be completed in Cerner. This is accomplished by selecting the note type of **Death Information**, selecting the **Free Text Template** and using the **autotext of =death_note:**

Time of Death: _____
Physical Exam: Cardiovascular: no heart sounds auscultated; respiratory: no breath sounds auscultated; neurologic: no response to stimuli
Attending Physician at Time of Death: _____
Code Status: Full code
Autopsy Offered: Accepted
Services Notified: IDN (complete if applicable):
Date notified _____, case number assigned _____; coroner (if applicable): accepted; date notified _____, person notified _____; outpatient primary care: date notified _____; staff MD _____; referring physician notified _____
Family Notified: Family here; time notified _____; family member notified _____
Preliminary Cause of Death: _____
Death Summary: _____