EMERGENCY DEPARTMENT POLICIES

SUBJECT: Death Management Protocol

Original Date of Issue: 4/25/85

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Patient Population

Neonate √
Pediatric √
Adolescent √
Adult √
Geriatric √

POLICY:

Emergency Department staff are responsible for expeditiously coordinating the procedures following the death of a patient in the Emergency Department in accordance with hospital policy A3-115

I. PURPOSE:

Upon the death of a patient, all efforts must be made to assure for the proper care and disposition of the body and every reasonable effort must be made to inform the next of kin. In circumstances when there is no next of kin identified, attempts should be made to notify a significant other or emergency contact if no one has been identified. All such efforts must be appropriately documented in order to assure that all procedures have been properly adhered to. The individual accountabilities for the disposition of a deceased patient are outlined in this policy and include the roles and responsibilities of the physician who pronounced the patient, attending physician, Care Center Director, Clinical Nurse Manager/Nurse Administrator or designee, the Clinical Nurse, and the Business Associate (BA).

II. RESPONSIBILITIES:

PHYSICIAN

A. Notification Notification can occur via:

1. Direct contact with the next of kin and/or significant other/emergency contact if present at the time of death.
2. Telephone contact with the next of kin and/or significant other/emergency contact
3. Direct contact with the patient’s attending physician. Document in the medical record that the attending has agreed to notify the next of kin and/or significant other/emergency contact.
4. For patients admitted from an Extended Care Facility (i.e., Nursing Home, Subacute or Rehab facility), the Extended Care Facility must also be notified of the patient’s death.

5. **If, after two (2) hours**, attempts to notify the next of kin and/or significant other/emergency contact are not successful, or if the contact is still unknown, the **physician must contact the Clinical Nurse Manager/Nursing Administrator or designee who will follow the procedures in policy A3-115**
   
   A. Notifies NY Regional Transplant Program (1-800-GIFT-4-NY) NOTE: May be designated to the clinical nurse if appropriate.
   
   B. Obtains Post Mortem Consent
   
   C. When applicable, notifies Medical Examiners Office at (212)-447-2030. See ME guidelines attached.
   
   D. Completes Death Certificate and/or Medical Examiner Form

**CLINICAL NURSE**

A. Provides emotional support for next of kin and/or significant other/emergency contact. All family members of the deceased will be offered: 1. Chaplaincy Services, 2. Bereavement Services, 3. Assistance regarding procedures to be followed: the body will be taken to the morgue and that they should notify a funeral director.

B. Notifies the Clinical Nurse Manager/Nurse Administrator or designee/Nurse Administrator and BA of the patient death.

C. Provide post mortem care (see procedure Post Mortem Care Nursing Procedure # 806)

D. Ensure that NY Regional Transplant Program has been contacted .(1-800-GIFT-4-NY).

E. Document in the medical record that all of the above has been accomplished.

**BUSINESS ASSOCIATE (BA)**

A. If trained, the BA may assist in the completion of death certificates and enters time of death into Cerner.

B. The BA notifies transportation (x44443) to transport body to the Morgue, except for direct removal (see Section V., Care of the Orthodox Jewish Patient).
C. Prepares the chart and forwards the chart, death certificate and related materials to Medical Records, B2 Level. On nights, the Assistant Administrator ensures that death certificates and charts are forwarded to Medical Records.

D. Signs the death certificate activity log. (Note: except with autopsy where the record accompanies the deceased to the morgue)

**CLINICAL NURSE MANAGER/ASSISTANT ADMINISTRATOR**

A. Coordinates the NY regional transplant process once they have been informed

B. Assists the clinical nurse and BA as needed

C. Assures that all records and forms are completed and received by medical records

D. Contacts the private attending or assigned attending pursuant to Section II, 1A and documents in decedent follow-up log the name of next of kin and/or significant other/emergency contact informed of the death, the time and the individual who notified the patient.

E. Initiates the protocol for unsuccessful notification of patient’s death as needed (see below).

**III. UNSUCCESSFUL NOTIFICATION OF PATIENT’S DEATH PROTOCOL:**

Refer to Mount Sinai Policy A3-115
Medical Examiner Cases: Reportable Deaths

The Chief Medical Examiner (OCME) has jurisdiction over deaths occurring under the following circumstances:

- All forms of criminal violence or from an unlawful act or criminal neglect
  - **Applies whether the death occurs immediately and directly, or indirectly after a lapse of weeks, months, or even years**

- All accidents (motor vehicle, industrial, home, public place, etc.)

- All suicides

- All deaths caused or contributed by drug and/or chemical overdose or poisoning
  - **Any infectious complication of intravenous drug use should also be referred to the OCME (i.e. AIDS, Hepatitis, endocarditis, etc)**

- Sudden death of person in apparent good health

- Deaths of all persons in legal detention, jail, or police custody
  - **This includes a prisoner who is a patient in the hospital, irrespective of the cause of death**

- Deaths during diagnostic or therapeutic procedures or from complications of such procedures

- Deaths of particular health significance (i.e. anthrax, smallpox, etc)

- Deaths due to disease, injury, or toxic agent resulting from employment

- When a fetus is born dead in the absence of a physician or midwife

- Deaths unattended by a physician and where no physician can be found to certify the death
  - **Unattended** meaning not treated within 31 days prior to death

- When there is intent to cremate the body or dispose of a body in any fashion other than interment in a cemetery

- Dead bodies brought into the city without proper medical certification.

- Deaths in any suspicious or unusual manner

*There is no "24 hour rule" in NYC regarding deaths that need to be reported to the OCME. Rather, it is the circumstances surrounding the death that dictate whether the OCME needs to be notified.*

NYC OCME Telephone #: 212-447-2030