

# Procedure - Upon the Death of a Patient in the Emergency Department

## 1. The attending Doctor

- Will pronounce the patient dead
- Contact the Coroner : Philip Comyn
  - **Contact** via switch - 08:00-23:00
  - **Out of Hours:** ring at 08:00 the next morning
- Inform the Next of Kin regarding need for Post-Mortem based on direction of Coroner
- If out of hours – inform family Post Mortem likely to be required
- Contact the GP to inform them of the situation

**Prepare family for the likelihood of a Coroner's Post Mortem.**

**Notification to the Coroner is a legal requirement.**

**Ensure when Coroner has advised that a Coroner's Post Mortem is to happen family are informed.**

**Record the Following in the Medical Notes:**

- Events leading to death
- Time and Date of death
- Information given to relatives
- Outstanding issues
- Document if a post-mortem or the question of a post-mortem if required
- Time Coroner contacted

## 2. The Clinical Nurse Manager /Resuscitation Nurse must:

- Contact the Mortician as he **must be aware** of all deaths in the ED through Switchboard usually necessary in cases where the death is suspicious /Paediatric deaths and very distressing deaths or circumstances
- In the event of a death being deemed suspicious it is important to remember that the body and patient's property need to be dealt with forensically as part of a potential crime investigation. The body should only be viewed for the purposes of identification, and this will be arranged by a senior member of An Garda Siochana having taking direction from the Coroner and informed the Mortician On-Call
- Under no circumstances should the patients property be given to anyone other than Mortuary staff or An Garda Siochana
- **Do not** leave a message in the office answering service

**Record the following information in the patients Nursing Notes:**

- Time and date of death
- Who was contacted and informed of the patient's death
- If the patient is for a post-mortem and what doctor made the decision
- Record any valuables/patient property taken home and by whom ( name and relationship with patient to be recorded also)
- An account of any valuables left on the body

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- Leave details for GP liaison Nurse (including the completion of the GP liaison form)
- Request iPIM's records be completed
- Phone Medical Social Worker (core hours) via switch and fill in electronic referral form for all paediatric deaths and where family support and crisis intervention is required.

### 3. Medical Record Chart

- Medical Notes along with Mortuary Card should travel with the patient where possible, usually during core hours.
- Where this is not possible they must be delivered the mortuary at the earliest opportunity thereafter.
- Two identification bracelets with the patient's full name, MRN and DOB are to be placed the deceased patient's ankle and wrist (as per hospital policy). Attach patient mortuary identity cards to appropriate areas.

### 4. Important Points of note:

- In cases of suspicious death or trauma all tubes and IV cannulas are to remain in situ as per hospital policy (7.22ppg-cuh-cuh-193). The ETT may be shortened to lip level in respect of family sensitivities.
- Be aware that any death in the ED could become part of a forensic investigation. Therefore all medical, nursing records and patient's personal property may be required later (hence the importance of accurate record keeping).
- **Under no circumstances** is a child's foot print or lock of hair to be removed in the ED. All requests for the same will be attended to be the mortuary staff.
- Any death that occurs **while on route to CUH** must be admitted to the ED Resuscitation Room.
- Any death that is **pronounced out of hospital** should ordinarily not be admitted to the ED CUH but proceed to the City Morgue located on site as per Hospital procedure. If PM is required the staff in attendance there will arrange same.
- Formal identification of deceased patients by an Garda Siochana will take place in the mortuary by arrangement.
- All deceased patients are processed by the Mortuary Service prior to leaving the CUH. **Under no circumstances** may any remains leave the hospital via any other route/form of transport other than the internal corridors from ED to the Mortuary.