LAC+USC MEDICAL CENTER DEPARTMENT OF NURSING SERVICES AND EDUCATION

POSTMORTEM CARE PROCEDURE

PURPOSE:

To outline the nursing responsibility in the care of patient's postmortem.

SUPPORTIVE DATA:

Postmortem care should be performed in a manner that is consistent with the patient's/family's cultural and religious beliefs, as necessary. Grief and loss take time to resolve. When a loved one dies, family members frequently desire to be near that loved one. Emotional support that addresses family needs is imperative to transition through the grieving process. Ensuring that the deceased patient is clean, neat and covered (e.g., with a patient gown) can provide an environment that helps to emotionally support the family.

EQUIPMENT LIST:

- Personal Protective Equipment (PPE) (e.g., gown, goggles, hair net, etc.)
- Postmortem Bag (includes 3 identification tags)
- Bag BathTM
- Non-sterile gloves
- Large paper bag

Additional equipment list as needed:

- Wash basin
- Towels
- Gown
- Incontinent pad
- Suture removal kit (scissors)
- Record of Valuables (form # 631)
- Clothes Record form #233

CONTENT:

PROCEDURE STEPS

UPON EXPIRATION

- 1. Notify provider
- 2. Confirm that provider has made an attempt to notify known family/guardian/next of kin to inform of death
- 3. Call social services and pastoral care, as requested by family.

KEY POINTS

Patient may be Comfort care/DNR

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PROCEDURE STEPS

- 4. Call organ procurement agency within one hour of patient death.
- 5. Document the organ/tissue confirmation number in the electronic health record (EHR). on the Organ/Tissue referral tab.

AFTER DEATH CARE

- 6. Provide privacy by closing curtains/door.
- 7. Don clean gloves.
- 8. Place body in proper alignment and close the eyes, if open.
- 9. Remove gloves and wash hands.
- 10. Check to see if Coroner's case before proceeding.

- 11. Gather all equipment and bring to bedside.
- 12. Don clean gloves and PPE.
- 13. Remove all jewelry from the body.
- 14. Remove all tubes, and medical devices, unless otherwise directed.

KEY POINTS

The organ procurement agency will issue an organ / tissue confirmation number that shall be documented on the death forms and in the EHR.

- Maintain privacy at all times
- Maintain respectful care of patient's body.
- Maintain respect toward the family
- Comply with family/cultural requests, whenever possible

All patients in custody are Coroner's cases. Most Emergency Department deaths are coroners' cases. See NCP 228 for potential Coroner Cases.

Postmortem care is provided for patients in custody, only after a deputy from the Jail unit has been notified of patient name and MRUN, time of death and name and employee number of provider pronouncing death.

If coroner's case is determined, DO NOT remove any tubes/medical devices or dressings.

If there is still blood oozing or fluids draining, place dry dressings over the area.

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15. Wash body and comb hair, as needed. DO not wash or clean body if death is suspicious i.e homicide, suicide, or potential coroner case. Evidence needs to be maintained for collection.

Prepare the patient so that the body is presentable for family visitation.

PROCEDURE STEPS

- 16. Replace / reinforce old dressings with new ones, as needed.
- 17. Place incontinent pad under body, as needed.
- 18. Do the following if family will be viewing the body:
 - a. Put a clean gown on the patient.
 - b. Arrange bed linens neatly.
 - c. Place patient's hands above the sheet.
 - d. Minimize noise.
 - e. Allow for privacy.
 - f. Provide tissue.
- 19. Remove gloves and PPE and wash hands.
- 20. Leave the room and remain in general area to assist family, if needed.

POST FAMILY VISIT

- 21. Open PostMortem Bag (includes 3 identification tags).
- 22. Remove 3 identification tags and place patient's label on all 3 tags.
- 23. Don gloves.
- 24. Place one of the identification tags on the patient's foot / ankle.
- 25. Place patient in postmortem bag and close zipper.

KEY POINTS

Clean dry dressings, especially those that are visible, indicates to family that loved one has been cared for.

Incontinent pad will help soak up any urine and/or stool the body may release.

This will provide privacy for the family and friends.

Identification tags are for the following locations:

- Patient's foot / ankle
- Zipper on outside of PostMortem bag
- Patient's property bag

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- 26. Place the second identification tag on the zipper located on the outside of PostMortem bag.
- 27. Place all of the patient's belongings in a large paper bag.

PROCEDURE STEPS

- 28. Remove gloves and wash hands.
- 29. Send patient's belongings home with family, if possible.

30. Attach one identification tag to the patient's belongings bag, if not sent with a family member.

KEY POINTS

Belongings should be sent home with family. Valuables, personal property and medications may be released to the next of kin in the following order:

- The surviving spouse / registered domestic partner
- The surviving child or children of the decedent
- The surviving parent or parents of the decedent
- The person or persons respectively in the next degree of kinship in the order named by the laws of California as entitled to succeed in the estate of the decedent
- The public administrator

If next of kin is not available, list all items on "Record of Valuables" (form #631) and Submit items to Cashier's office. List all other belongings in the EHR under the "Valuables and Belongings" tab.

Exception: In the following cases, property is released only to the Los Angeles County Sheriff's Department:

- Deaths occurring in the emergency departments
- Potential Coroner's cases
- In-custody deaths (prior to booking by the Los Angeles County Sheriff's Department)

Note: Personal property is released to the Los Angeles County Sheriff's Department for all patients booked into custody.

31. Document disposition of patient's property and valuables in the EHR, if applicable.

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32. Call the morgue to pick up patient's body.

Postmortem care and family visits should be completed and the Office of Decedent Affairs notified that the body is prepared for removal within two (2) hours of death (refer to Nursing Policy #228).

33. Ensure patient is discharged to the morgue and document in the EHR.

Revision: