

HARBOR UCLA MEDICAL CENTER

Attachment I

NOTICE OF PATIENT'S DEATH

INSTRUCTIONS TO NURSES: THIS BLANK MUST BE MADE OUT IMMEDIATELY FOLLOWING THE DEATH OF A PATIENT, AND DELIVERED TOGETHER WITH THE CHART, TO THE MORTUARY RECORDER. DO NOT WRITE ON THE REVERSE SIDE OF THIS SHEET.

The Patient named below died at _____ M _____ Day of the Week and Date

in the _____ Hospital Ward _____

Was a friend or relative present at time of death? _____ Name and relationship of person present _____

Address of person present _____ Also Phone Number _____

Name of person to notify _____ Relationship _____

Address of person to notify _____ Also phone number _____

Was an attempt made to notify? _____ Were you successful? _____

Remarks: _____

Enter on these lines any remarks about results or attempts to notify _____

Service of _____ Resident _____ Intern _____

Signed _____

Nurse

Date _____

Hour _____ A.M.

P.M.

MORTUARY ATTENDANT Please deliver the remains of the patient named below to bearer _____

ADMINISTRATOR

By _____

Clerk

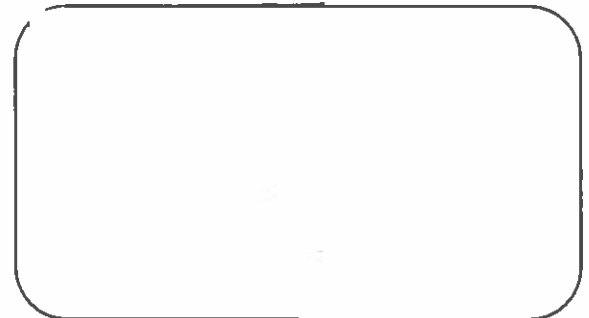
IMPORTANT: UNDERTAKERS AND OTHERS TAKING BODIES MUST COMPARE THE NAME AND NUMBER ON THE TAG ATTACHED TO THE BODY WITH THE NAME AND NUMBER ON THIS ORDER BEFORE REMOVAL.

Received remains of patient named below for transportation in accordance with Section 2 of Los Angeles Health Department Order No 13

Date _____ 20____ Name of Undertaking Firm _____

Date and Time Stamp indicating Arrival of Death Papers in Mortuary Office

Initials of Mortuary Clerk Accepting Death Papers



NOTICE OF PATIENT'S DEATH



NAME OF DECEASED

FIRST NAME

MIDDLE NAME

LAST NAME

DATE OF DEATH

TIME

SEX

1. WAS ONE LEGACY NOTIFIED (800-338-6112) AT THE TIME PATIENT EXPIRED?

YES NO

(THIS IS STATE-MANDATED) PLEASE DOCUMENT TIME CALL WAS MADE:

TIME: _____

2. WHAT IS THE DEATH NOTIFICATION NUMBER FROM ONE LEGACY?

3. IF THIS PATIENT BEING CONSIDERED AS A CORONER'S CASE?

YES NO

A. IF "YES" WAS A CORONER REPORT COMPLETED (FORM 18)

YES NO

(PLEASE READ REVERSE SIDE FOR CAUSES CONSIDERED CORONER'S CASES)

4. WAS AUTHORIZATION FOR AUTOPSY DISCUSSED WITH FAMILY?

YES NO

19A PLACE OF DEATH

19B IF HOSPITAL, SPECIFY ONE ER, EROP, DOA

19C COUNTY

19D STREET ADDRESS, STREET AND NUMBER OR LOCATION

19E CITY

TIME INTERVAL BETWEEN ONSET AND DEATH

22 WAS DEATH REPORTED TO CORONER

REFERRAL NUMBER

YES NO

21 DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR)

23 WAS BIOPSY PERFORMED?

YES NO

IMMEDIATE CAUSE (A)

24A WAS AUTOPSY PERFORMED?

YES NO

DUE TO (B)

24B WAS IT USED IN DETERMINING OF DEATH

YES NO

DUE TO (C)

DUE TO (D)

25 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21

26 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED

27B SIGNATURE AND DEGREE OR TITLE OF CERTIFIER

27C CERTIFIER'S LICENSE NUMBER

27D DATE SIGNED

27A DECEDENT ATTENDED SINCE MONTH, DAY, YEAR

DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR

27E ATTENDING PHYSICIAN'S NAME (PLEASE PRINT)

NAME OF RESIDENT PHYSICIAN

ID#

EXT./PAGER NO.

SERVICE

EXTENSION

ALTERNATE NAME OF RESIDENT PHYSICIAN

EXT./PAGER NO.

SERVICE

EXTENSION

*PLEASE NOTE: AS REQUIRED BY CIVIL CODE (SECTION 1798.9) PHYSICIANS MUST SIGN THE DEATH CERTIFICATE WITHIN 15 HOURS AFTER DEATH IF DETERMINED THE CAUSE OF DEATH IS NOT A CORONER'S CASE

INFORMATION SHOULD BE COMPLETED ON NURSING UNIT OR EMERGENCY DEPARTMENT

REPORT OF AUTOPSY

CAUSE OF DEATH AS DETERMINED BY AUTOPSY SURGEON: _____

DUE TO: _____

DUE TO: _____

OTHER CONDITIONS: _____

SIGNATURE OF AUTOPSY SURGEON _____

Name (Print) _____



FOR MORTUARY OFFICE USE ONLY: CORONER

WAS THE CORONER NOTIFIED? YES NO

WORK SHIFT/HOUR

EXTENSION/BEEPER

DATE REVIEWED

NAME OF THE PEACE OFFICER REVIEWING THE MEDICAL RECORD AND NOTIFYING CORONER'S OFFICE?

NAME OF PEACE OFFICER/TITLE (RANK)

DEPARTMENT/UNIT

TELEPHONE/EXTENSION

DATE REVIEWED

WITH WHOM IN THE CORONER'S OFFICE DID THE MORTUARY STAFF TALK TO?

NAME OF PERSON IN CORONER'S OFFICE

DATE AND TIME

TELEPHONE/EXTENSION

REMARKS/COMMENTS:

NAME OF MORTUARY STAFF:

Section 10250 (Health and Safety Code, State of California)

A PHYSICIAN, FUNERAL DIRECTOR OR OTHER PERSON SHALL IMMEDIATELY NOTIFY THE CORONER WHEN HE HAS KNOWLEDGE OF A DEATH WHICH OCCURRED OR HAS CHARGE OF A BODY IN WHICH DEATH OCCURRED:

- a. Without medical attendance.
- b. During the continued absence of the attending physician.
- c. Where the attending physician is unable to state the cause of death.
- d. Where the deceased person was killed or committed suicide.
- e. Where the deceased person died as the result of an accident.
- f. Under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.

Listed below are types of deaths which have been difficult to evaluate and should be referred to the Coroner for decision:

Aspiration - refer to Coroner
 Suffocation - refer to Coroner
 Drug addiction - refer to Coroner
 Exposure - refer to Coroner
 Pneumoconiosis - refer to Coroner

Gastroenteritis

- a. Do not use as cause of death - If death a result of "Acute Hemorrhagic Enteritis of undetermined natural causes," it is not a case for the coroner.
- b. Refer all others to the Coroner because of possibility of poisoning.

Gastrointestinal hemorrhage

- a. Do not use alone as cause of death. If death a result of "Gastrointestinal hemorrhage of undetermined natural causes," it is not a case for the Coroner.
- b. Refer all others to the Coroner.

Heat prostration - refer to Coroner.

Diarrhea - should not be used as immediate cause of death.

Fractures

- a. All fractures should be evaluated by the Coroner except SPONTANEOUS PATHOLOGICAL fractures.
- Therapeutic misadventure - refer to Coroner
 Operative Deaths (result of surgery or anesthesia) - refer to Coroner.

CONTAGIOUS DISEASES

A coroner's referral will not be necessary for diagnoses cases of contagious diseases since local procedures and the action by the Health Department after notification will be the defense against any public hazard.

Cases of possible but not diagnoses contagious disease, such as, possible meningitis or possible pulmonary tuberculosis when an autopsy is not contemplated, shall be referred to the coroner for diagnosis following which notification of proper authorities will be made.

INFORMATION FOR CERTIFICATE OF DEATH

SOME OF THE REASONS YOUR PHYSICIAN EARNESTLY SEEKS YOUR PERMISSION TO EXAMINE THE DECEASED:

- 1. If the cause of death is obscure there is no more final or definite method of determining this cause.
- 2. If the cause is presumably known, the knowledge gained from a post mortem examination will be of significant, unusual value in helping your physician in the treatment of those similarly afflicted.
- 3. If a suspected, but not confirmed, transmissible or hereditary disease which might affect a person or persons now living.
- 4. The post mortem examination will be performed by a pathologist very much as any operation is performed. The report of the examination can be of value in settling insurance claims.
- 5. Advancement of medical knowledge to the present high level has been made possible by the use of the post mortem examination.

CONSENT TO POST MORTEM EXAMINATION

For the purpose of determining the cause of death, and in the hope of furthering medical knowledge and progress, I, being the surviving spouse, child or parent, brother or sister, or other kin or person who has acquired the right to control the disposition of the remains of _____

(NAME OF DECEASED)

hereby authorize the Department of Health Services of the County of Los Angeles, to perform without charge to me a complete post mortem examination on the deceased, including removal, photographing, retention, and disposition of such specimens, organs and tissues including eyes as deemed proper for diagnostic, scientific or therapeutic purposes, including transplantation to a living person.

Relationship to Deceased _____ Print Name _____

Signature _____ Date _____

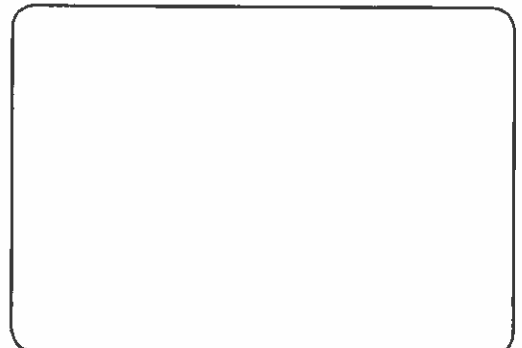
SPECIAL INSTRUCTIONS:

| |
|---|
| BODY RETURNED TO MORGUE IN GOOD CONDITION |
| AUTOPSY SURGEON _____ |
| MORGUE ATTENDANT _____ |
| DATE _____ |

Date _____

Autopsy No. _____

By _____
MORTUARY RECORDER



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TO REPORT A DEATH — PHONE (323) 343-0711 FAX (323) 222-7041
COMPLETE ALL LINES, USE INK. IF UNKNOWN OR NOT APPLICABLE, SO STATE.

CC# _____

NAME OF FACILITY _____

ADDRESS _____ HOSPITAL PHONE # _____

NAME OF DECEDENT _____

SOURCE OF IDENTIFICATION _____ DOB _____ AGE _____ SEX _____ RACE _____

DATE OF DEATH _____ TIME _____

PRONOUNCED BY _____ MEDICAL RECORD OR PATIENT FILE # _____

ORGAN/TISSUE DONATION INFORMATION

WAS THE NEXT-OF-KIN APPROACHED REGARDING ORGAN/TISSUE DONATION?

NO YES IF YES WHAT WAS THEIR RESPONSE? _____

DATE ENTERED HOSPITAL _____ TIME _____

SELF AMBULANCE (Name or R.A.#) _____ ER DEATH? IN PATIENT DEATH?

FROM _____
(STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS (IF HOSPITAL ATTACH THEIR HISTORY)

ADMITTED BY: _____ M.D. PRIMARY ATTENDING PHYSICIAN _____ M.D.

OFFICE PHONE # _____ OFFICE PHONE # _____

INJURIES _____ PLACE _____ CAUSE _____
DATE _____ TIME _____ (TRAFFIC, FALL, ETC.)

DESCRIBE INJURIES:

CLINICAL HISTORY:

SURGICAL PROCEDURES: STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? SPECIFY _____

LABORATORY: REPORT ON PATHOLOGY SPECIMENS TAKEN _____ DATE & TIME _____

LABORATORY PHONE NUMBER _____

MICROBIOLOGY CULTURE RESULTS: _____ NO _____ YES (ATTACH REPORT)

TOXICOLOGY SCREEN: _____ NO _____ YES (ATTACH RESULTS)

RADIOLOGICAL STUDIES: _____ NO _____ YES (ATTACH RESULTS)

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE

IN MY OPINION, THE CAUSE OF DEATH IS: _____

BY _____ M.D. -OR- _____

NURSE/HOSPITAL ADMINISTRATOR

OFFICE PHONE # _____

OFFICE PHONE # _____

1. THE BODY WILL NOT BE REMOVED BY THE CORONER WITHOUT THIS COMPLETED REPORT AND COPIES OF ALL CHARTS.
2. ALL ADMISSION BLOOD SAMPLES/SPECIMENS, INCLUDING GASTRIC LAVAGE, NEED TO ACCOMPANY THE REMAINS.

Section 102850. A physician and surgeon, physician assistant, funeral director, or other person shall immediately notify the coroner when he or she has knowledge of a death that occurred or has charge of a body in which death occurred under any of the following circumstances:

- (a) Without medical attendance.
- (b) During the continued absence of the attending physician and surgeon.
- (c) Where the attending physician and surgeon or the physician assistant is unable to state the cause of death.
- (d) Where suicide is suspected.
- (e) Following an injury or an accident.
- (f) Under circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another.

Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.

Section 27491 of the Government Code, State of California

It shall be the duty of the coroner to inquire into and determine the circumstances, manner, and cause of all violent, sudden or unusual deaths; unattended deaths; deaths wherein the deceased has not been attended by a physician in the 20 days before death; deaths related to or following known or suspected self-induced or criminal abortion; known or suspected homicide, suicide, or accidental poisoning; deaths known or suspected as resulting in whole or in part from or related to accident or injury either old or recent; deaths due to drowning, fire, hanging, gunshot, stabbing, cutting, exposure, starvation, acute alcoholism, drug addiction, strangulation, aspiration, or where the suspected cause of death is sudden infant death syndrome; death in whole or in part occasioned by criminal means; deaths associated with a known or alleged rape or crime against nature; deaths in prison or while under sentence; deaths known or suspected as due to contagious disease and constituting a public hazard; deaths from occupational diseases or occupational hazards; deaths of patients in state mental hospitals serving the mentally disabled and operated by the State Department of Mental Health; deaths of patients in state hospitals serving the developmentally disabled and operated by the State Department of Developmental Services; deaths under such circumstances as to afford a reasonable ground to suspect that the death was caused by the criminal act of another, or any deaths reported by physicians or other persons having knowledge of death for inquiry by coroner. Inquiry in this section does not include those investigative functions usually performed by other law enforcement agencies.

In any case in which the coroner conducts an inquiry pursuant to this section, the coroner or a deputy shall personally sign the certificate of death. If the death occurred in a state hospital, the coroner shall forward a copy of his report to the state agency responsible for the state hospital.

The coroner shall have discretion to determine the extent of inquiry to be made into any death occurring under natural circumstances and falling within the provisions of this section, and if inquiry determines that the physician of record has sufficient knowledge to reasonably state the cause of a death occurring under natural circumstances, the coroner may authorize that physician to sign the certificate of death.

Any funeral director, physician, or other person who has charge of a deceased person's body, when death occurred as a result of any of the causes or circumstances described in this section, shall immediately notify the coroner. Any person who does not notify the coroner as required by this section is guilty of a misdemeanor.

Listed below are types of deaths which have been difficult to evaluate and **should be referred** to the Coroner for decision:

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Suffocation – refer to Coroner

Drug addiction – refer to Coroner

Exposure – refer to Coroner

Pneumoconiosis – refer to Coroner

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