

 <p>THE UNIVERSITY OF NEW MEXICO ♦ HEALTH SCIENCES CENTER UNM PSYCHIATRIC CENTER</p>	Guideline
All Components	

Patient Death Guideline

GUIDELINE PURPOSE: This guideline describes the process of reporting a patient death to the Office of the Medical Investigator (OMI).

PROCEDURE:

1. Immediate Actions:

- 1.1. If patient is found not breathing or in any other condition which suggests that death is imminent or has occurred, the staff member should obtain help, initiate resuscitative efforts and call 911.
- 1.2. Call the front desk to alert staff of the location to direct emergency personnel.
- 1.3. A physician should be called immediately.

2. Physician Responsibilities:

- 2.1. The Attending Physician or the physician covering in his/her absence will pronounce the patient dead and make an entry in the patient's chart, noting the circumstances surrounding the death, the patient's condition upon arrival, medical interventions attempted and their result, and the date and time of the patient's demise.
- 2.2. If a resident attends the death, he or she must notify the Attending Physician.
- 2.3. Notify Campus Police at extension 7-2241 that a death has occurred.
- 2.4. Notify the Office of the Medical Investigator at Extension 2-3053 (24 hours).
- 2.5. The Attending Physician will notify the designated next of kin. If upon notification of the death, the family asks to see the deceased and can arrive quickly (e.g., within one hour), efforts should be made to accommodate them. They should be informed that the Hospital is unable to guarantee viewing, since the OMI may need to remove the body before the family can arrive.

It is suggested that viewing not be offered if the family does not request it, as the Hospital is unable to prepare the body for viewing in OMI cases.

- 2.6. Upon OMI arrival, the Physician may give a brief statement to OMI officials concerning the discovery of the death and subsequent actions.
- 2.7. The Attending Physician will sign the death certificate within 12 hours of the death.

3. Nursing Staff Responsibilities:

- 3.1. Notify the Unit Nurse Manager who will notify the Executive Director and Risk Management.
- 3.2. Contact the Medical Records for guidance in disposition of the patient record. Only the Medical Records Manager is authorized to transfer the patient record to the OMI according to applicable regulations.
- 3.3. To the extent possible, remove other patients from the area and assign staff to supervise them and deal sympathetically with their feelings and concerns. If patients ask about what is happening, they may be given a brief explanation, e.g., "Mr. XXX has passed away and we are taking care of him."
- 3.4. Assign a staff member to decrease congestion by clearing all non-essential staff members from the area.
- 3.5. Upon termination of resuscitative efforts and pronouncement of death by the Physician, lock or otherwise secure the room or area where the deceased patient is located.
- 3.6. If the family has elected to view the body, they should be met by a responsible staff member (e.g., Charge Nurse, Nurse Manager, or Physician) who should prepare them for the scene, and be available to them during this period. This person should remain with them until they leave the unit, and document the family member's reactions and statement's in writing.
- 3.7. Risk Management must be notified.

4. OMI Investigation:

- 4.1. The patient and the scene of the death should be left as it was upon termination of resuscitation, and secured.
- 4.2. Staff is encouraged to cooperate with the OMI investigation, and to ask clarification from their supervisor as to their role and responsibilities. They may be requested to make statements, but are not required to do so. If they choose to make a statement, staff may have their supervisor present if desired. Verbal or written statements should be limited to direct personal and factual knowledge of the event. A copy of any written statements should be limited to direct personal and factual knowledge of the event. A copy of any written statements should be retained on the unit and provided to risk management
- 4.3. Medical Records (or the Hospital Administrator) will release the patient's medical record to the OMI staff after receipt of a subpoena. The OMI staff is to be advised that this record, if it is an original, must be returned to the University

of New Mexico Psychiatric Center Medical Records Department either as soon as possible, or before 5:00 p.m. of the same workday. On weekends or holidays, it is the responsibility of the Nurse in charge of Psychiatric Emergency Services to inform OMI of the need to return the record.

5. Removal of the Deceased:

- 5.1. The removal process will maintain dignity and respect for the deceased, and for the feelings of patients, visitors and anyone else in the area.
- 5.2. The person in charge of the unit will designate the removal route with the most privacy and vehicle access. He/she will request cooperation of the OMI staff in using the designated route, and with having the vehicle in place and ready to receive the body.
- 5.3. The charge person will designate a staff member to clear the route of spectators to the extent possible, and to accompany and escort OMI and the deceased from the unit out of the building, remaining until the removal is complete.

6. Disposition of Patient Property:

- 6.1. When the OMI and/or law enforcement officers release the scene, usually upon removal of the body, designated staff will make a written inventory of the patient's belongings in the room and elsewhere on the unit, pack them in a suitable container (e.g., patient's luggage if any; carton; heavy bag), seal the container with tape, and label clearly with the patient's full name and medical record number. Valuables receipts should be securely attached to the patient's record.
- 6.2. The Social Worker assigned to the patient will determine who is legally entitled to receive the deceased's property and valuables, and arrange for it to be collected.

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