

- 9.1 Specific guidance on care of children who have died is contained in the [Children's Services Bereavement Guidelines](#).
- 9.2 **Immediate communication and care environment**
 - 9.2.1 Care after death requires sensitive and skilled communication to ensure that the deceased person and their family continue to receive compassionate person-centred care.
 - 9.2.2 If the death has occurred in a bay or area where other patients are present, it may be appropriate to sensitively inform them within the boundaries of confidentiality.
 - 9.2.3 Consider moving the deceased person to a discrete area to provide personal care after death if possible / appropriate but if this is not possible, ensure that the area is appropriately screened.
 - 9.2.4 NHS Lothian has adopted the Purple Thistle Sign from NHS Education Scotland, as a symbol for end-of-life care within Edinburgh and the Lothians. It is used as a visual communication tool to encourage a peaceful and dignified environment for dying patients and their families. Further information and resources can be downloaded from the NHS Lothian Bereavement Service section of the staff intranet.
- 9.3 **Procedure for Personal Care after Death**

(For ordering supplies or paperwork refer to [Final Act of Care \(Adult\) Ordering Codes](#))

 - 9.3.1 As soon as possible after death is observed, the deceased person should be laid flat with one pillow under their head. Straighten limbs (arms by the sides) and close the eyes and mouth. This is for dignity and aesthetic reasons as rigor mortis can begin within a short time after death, however it may not always be possible e.g. if the deceased person has scoliosis, contractures or arthritic problems.
 - 9.3.2 The death must be formally confirmed (see section 2) before beginning the procedure for personal care after death. Ideally, confirmation should take place within 1 hour so that personal care and transfer to the mortuary or funeral directors premises can be completed within 4 hours of death.
 - 9.3.3 Where possible, personal care after death should ideally be carried out within 4 hours of the person dying, to preserve their appearance, condition and dignity. There are several factors that must be taken into account before commencing (see Box 7 overleaf).

Box 7: Considerations before commencing personal care after death:

- Has the death been confirmed (see section 2)?
- Is the death reportable to the Procurator Fiscal (see section 4)?
- Any personal preferences / wishes, spiritual, religious, faith, culture or identity?
- Is the person a tissue donor (see section 3)?
- Are there any infection risks and / or precautions in place (see section 6)?
- Are there any manual handling issues?
- Is there a likelihood of excessive purging or leakage (e.g. leaking wounds, clotting disorders, oedema, anti-coagulant therapy)?
- Do the family wish to be involved in washing and dressing the person?
- Any wishes regarding mementos, jewellery and personal belongings?
- Any wishes regarding viewing (see section 11)?

- 9.3.4 The family can be offered the opportunity to assist with personal care after death if they wish and provided there are no restrictions due to Procurator Fiscal investigation. This can be a positive experience for family members. Prepare them sensitively for the changes they may notice in the person following death.
- 9.3.5 Assess what medical equipment the deceased person has in-situ and how it should be dealt with (see Box 8). Gather the resources required to remove any equipment and carry out personal care.

The Final Act of care Trolley, which should contain (this list is not exhaustive)

Documentation;

Final act of care checklist
Deceased Adult In Patient Notification form
Death Registration Form for ALL in-pt deaths
NOK IN FORM (Patient funds and valuables form)
WHEN SOMEONE DIES leaflet
DC 1 and 2 cards

Care After Death (Last Offices)

X 2 ID Wrist bands
Combs, Razors, Soap
Denture pots and lids
Mouthwash pots and lids
Mouthwash tablets and Mouth care Swabs
Bandages, steri-strips and swabs
Syringes/Scissors/Blue clamps
Tegiderm dressings
Tape
Cotton Wool Balls/swabs
String pants/Pads
Orange Bags/yellow ties

Alginate bags
Gloves/wipes
Purple Thistle patient belongings bags
Shrouds
Body Bags
Slide sheets

Linen Buggy
Sharps bin

- 9.3.6 If the deceased person's weight / size / shape means a standard body bag is not suitable, a bariatric body bag should be obtained from the mortuary or Clinical Site Coordinator. Consider whether there are any other manual handling issues related to personal care after death, and seek advice and assistance from colleagues as necessary.
- 9.3.7 Use appropriate personal protection equipment as Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) continue to apply following death (see section 6).
- 9.3.8 Strip the bed to the bottom sheet leaving the deceased person with one pillow under their head and a sheet over their body.
- 9.3.9 Disconnect and remove medical equipment as per Box 8 and dispose of any remaining medicines as per [NHS Lothian Safe Use of Medicines Policy](#), and [procedures](#). Apply a gauze swab covered with a waterproof dressing to wounds or puncture sites to absorb leakage.

Box 8: Removal of medical equipment

- Equipment which **CAN USUALLY*** be removed includes:
- Venflons
- Indwelling urethral catheter
- Intravenous lines
- Drains
- Nasogastric tube
- Endotracheal tube
- Medical equipment which **SHOULD NEVER** be removed:
- PEG tube
- Supra-pubic catheter
- Sutures and clips

Occasionally there may be circumstances when it is appropriate to leave equipment in situ e.g. significant risk of leakage in patients with clotting disorders, oedema or anti-coagulant therapy.

Any equipment left in-situ must be documented in Section 3 of the [Deceased Inpatient Notification Form](#).

- 9.3.10 If necessary, drain the bladder by gently applying pressure over the abdomen. If the deceased person has a stoma, the stoma bag should be left in situ or renewed if full.
- 9.3.11 Wash the deceased person as for a bed bath, using tepid water and soap / shower gel to gently wash then pat dry with a towel. Pay particular attentions to hands and nails as family may wish to hold the deceased person's hands. Moisturising the skin helps keep it supple and can help to preserve appearance.
- 9.3.12 Shaving a deceased person can cause marks and bruising so must be carefully considered, taking into account what matters to the deceased person and their family. It may be important to some individuals to be clean shaven whereas others may have religious or personal preferences regarding facial hair.
- 9.3.13 Gently suction the mouth to remove any debris and secretions. Clean teeth with toothbrush and toothpaste. If the deceased person has dentures, remove them and clean with a toothbrush and toothpaste and replace. If dentures cannot be replaced then send them with the deceased person in a labelled denture pot and document this in Section 3 of the [Deceased Inpatient Notification Form](#). Close the mouth and if necessary support the jaw by placing a pillow or rolled-up towel on the chest underneath the chin.
- 9.3.14 Trying to close the deceased person's eyes is important for dignity and aesthetic reasons and will also provide protection in case of corneal donation. Apply light pressure to the eyelids for 30 seconds or place moistened gauze swabs over eyelids until they remain closed without assistance. Do not tape eyes closed as this can cause unsightly marks.
- 9.3.15 Use an incontinence product / pad and pants to absorb any leakage from the bladder and bowels as they can continue to leak after death.
- 9.3.16 Dress the deceased person in their own night clothes or a disposable shroud, depending on what is available, appropriate and / or family preference.
- 9.3.17 Two ID bands must be placed on the deceased person (usually one on each wrist) to facilitate identification.
- 9.3.18 The Final Act of Care checklist can be used as an aide memoire. Ensure that the Deceased Adult Inpatient Notification Form has been completed and any specific risks or variances in care after death have been recorded.

Staff must ensure that personal care after death has been completed appropriately and the deceased person is prepared for transfer to the Mortuary.

Ensure a clean fitted sheet is placed under the patient.

For sites with mortuary facilities, place the deceased person directly into a body bag. The large plastic envelope on the outside of the bag should be at the head of the patient and the small plastic envelope should be situated at the feet of the patient.

Close the bag with the zips at the head end.

Fold the length and ends of the bag up over the patient and pull and tuck the fitted sheet from opposite sides, over the enclosed feet and head. This ensures that the patient is held securely within the bag.

Place a slide sheet under the patient ready for the porters to carry out the lateral transfer onto the mortuary trolley

Assist the porters with this manoeuvre.

- 9.3.19 Mortuary Card DC2 should be completed and **placed on the patient's chest** (this is what we still do on the wards – check this with the mortuary) and in the small clear plastic pocket at the foot of the body bag