

# DECEASED ADULT IN-PATIENT NOTIFICATION FORM

SECTION 1: PATIENT DETAILS - completed by ward staff				
HOSPITAL/WARD	<b>Attach addressograph label or complete below:</b> NAME ADDRESS POSTCODE CHI: _____ SEX: M <input type="checkbox"/> F <input type="checkbox"/> Not specified <input type="checkbox"/>			
DATE OF DEATH				
TIME OF DEATH				
SECTION 2: HAZARDS - completed & signed by the person who confirms death				
2a. Is there a known RISK OF INFECTION associated with this body?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES please confirm the route(s) of transmission (tick as appropriate):				
AIRBORNE <input type="checkbox"/>	DROPLET <input type="checkbox"/>	CONTACT <input type="checkbox"/> (ingestion)	CONTACT <input type="checkbox"/> (blood)	CONTACT <input type="checkbox"/> (body fluids)
The following precautions should be taken in relation to the ongoing care of this deceased person:				
PRECAUTIONS	Tick all that apply	COMMENTS		
Body bag is <b>necessary for infection risk</b>	<input type="checkbox"/>			
Viewing is <b>NOT</b> recommended	<input type="checkbox"/>			
Embalming is <b>NOT</b> recommended	<input type="checkbox"/>			
Hygienic preparation is <b>NOT</b> recommended	<input type="checkbox"/>			
2b. Is there a known CONTAMINATION risk (e.g. radiation, poison, toxin)?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES please contact Medical or Oncology Physics / Health Protection Team as appropriate and note any advice given and by whom.				
2c. Is there a CARDIAC PACEMAKER OR OTHER POTENTIALLY EXPLOSIVE DEVICE present?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES is a Cardioverter Defibrillator or Cardiac Resynchronisation Therapy-Defibrillator present?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES to ICD / CRT-D, has it been deactivated prior to death / transfer to Mortuary?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
2d. NAME		SIGNATURE		
DESIGNATION		DATE		
SECTION 3: CARE OF THE DECEASED PERSON - completed by ward staff				
3a. Were there any specific issues with personal care after death?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES please specify detail and location e.g. any medical devices left in-situ or leaking wound site:				
3b. NAME		SIGNATURE	DATE	
SECTION 4: MANUAL HANDLING ASSESSMENT - completed by ward staff				
4a. Are there any risks relating to the deceased person's weight, height, shape or position?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES please specify:				
4b. NAME		SIGNATURE	DATE	
SECTION 5: PERSONAL BELONGINGS, JEWELLERY AND MEMENTOS - completed by ward staff				
5a. Does the deceased person have any personal belongings on or with them?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, list all property below e.g. dentures, jewellery, religious items or mementos:				
5b. NAME		SIGNATURE	DATE	
5c. FOR MORTUARY USE ONLY				
5c. PROPERTY TRACKING	NAME	SIGNATURE/COMPANY	DATE	
Received by mortuary				
Received by funeral director				
Received by family				

## GUIDANCE ON COMPLETING DECEASED ADULT IN-PATIENT CARE AFTER DEATH RECORD

This form must be completed prior to the deceased person being transferred from the ward or clinical area to the hospital mortuary or funeral director. It will remain with the deceased person to ensure that all people involved in their care are fully informed of the risks and that safe working practices are followed.

### SECTION 1: PATIENT DETAILS - completed by ward staff

Do not leave any blank sections. If deceased person does not have a CHI number, provide their UHPI number.

### SECTION 2: HAZARDS - completed by the person who confirms the death

#### 2a. RISK OF INFECTION

Guidance can be found in the [NHS Scotland National Infection Prevention and Control Manual](#) which can be accessed via Policy Online.

#### 2b. CONTAMINATION

Guidance on radiation risks can be found in the [Death in Hospital Procedures, Deceased patients containing Radioactive Material \(Section 7\)](#) which can be accessed via Policy Online. This includes contact details for Medical and Oncology Physics who can provide further advice (in and out of hours). For guidance on other contamination risks, contact Health Protection Team on 0131 536 9192/9092 or 0131 242 1000 (out of hours).

#### 2c. CARDIAC PACEMAKER OR OTHER POTENTIALLY EXPLOSIVE DEVICES

It is important to confirm whether the deceased person has had an implant fitted in life, as some implants may explode during the process of cremation. A current list (this may change in the future), of potentially dangerous implants is included below:

- Pacemakers, implantable cardioverter defibrillators (ICDs), cardiac resynchronization therapy devices (CRTDs), Implantable loop recorders, ventricular assist devices (VADs), implantable drug pumps including intrathecal pumps, neurostimulators (including for pain & functional electrical stimulation), bone growth stimulators, hydrocephalus programmable shunts, any other battery powered implant, fixation nails.

#### 2d. FINALLY date and sign your name which covers the information for section 2 only.

### SECTION 3: CARE OF THE DECEASED PERSON - completed by ward staff

**3a.** Document any issues or variances from usual practice - specify detail and location e.g. medical devices left in-situ, puncture sites that continue to leak e.g. drain sites, oedematous legs, unable to close eyes or mouth.

#### 3b. FINALLY date and sign your name which covers the information for section 3 only.

### SECTION 4: MANUAL HANDLING ASSESSMENT - completed by ward staff

**4a.** Please refer to [Death in Hospital Procedures, Transfer of deceased person from ward to care of mortuary/funeral director \(Section 10\)](#) which can be accessed via Policy Online.

Key questions for assessment are:

- Are there any specific moving and handling instructions e.g. weight, height, or width requiring additional equipment?
- Concealment trolley can accommodate max weight of 340 kgs/50 stone (RIE), 190kgs/30stone (WGH & SJH); do they require transfer on bed instead?
- Does the deceased person have any positioning restrictions? E.g. are they lying on their side due to a medical condition such as scoliosis, contractures or arthritic problems?
- If yes please specify and make sure you inform the porters when requesting transfer. Porters may need to bring different equipment from the mortuary. **EVERY** deceased person will be transferred from bed to concealment trolley using lateral transfer with Patslide and glide sheet(s).

#### 4b. FINALLY date and sign your name which covers the information for section 4 only.

### SECTION 5: PERSONAL BELONGINGS, JEWELLERY AND MEMENTOS - completed by ward staff

**5a.** Standard procedure is for all jewellery to be removed and returned to next of kin; however family may wish some items to remain with the deceased person. Any personal belongings, jewellery and mementos which remain with the deceased person must be clearly documented.

#### 5b. FINALLY date and sign your name which covers the information for section 5 only.

**5c.** For completion by mortuary staff, funeral directors and/or family.