Lothian FINAL ACT OF CARE CHECKLIST

PLEASE ATTACH PATIENT I.D. STICKER HERE

Please ensure all tasks are ticked in the correct box and then initialled.

| PRIOR TO COMMENCING | YES | NO | N/A | Initials |
|---|-----|----|-----|----------|
| Has the death been confirmed? | | | | |
| Inpatient Notification form RED area signed by Doctor/HAN | | | | |
| Procurator Fiscal / Body Donation / Tissue Retrieval case | | | | |
| Any known religious or personal preferences or requirements | | | | |
| Has NOK been informed | | | | |
| If no NOK, contact NHSL Bereavement Service to give patient details | | | | |
| Has cause of death (as written on MCCD) been discussed with the patient's NOK | | | | |
| Complete Death Registration Form (DRF version 5) to document NOK contact | | | | |
| phone number and email address | | | | |
| Advise NOK they must email bereavement service for copy of MCCD | | | | |
| NOK is made aware of process to arrange a viewing in the hospital bereavement | | | | |
| suite | | | | |
| COMMENTS: | | | | |
| | | | | |

| PROPERTY / VALUABLES | YES | NO | N/A | Initials |
|---|-----|----|-----|----------|
| Property & valuables sensitively packed using the patient's own bag or a Purple | | | | |
| Thistle bag (do not pack soiled clothes/perishables in with property) | | | | |
| Ask NOK if they wish to take soiled clothes / perishables or dispose of in hospital | | | | |
| NOK wishes re jewellery/valuables confirmed and documented | | | | |
| Complete NOK Indemnity Form | | | | |
| Ward staff and NOK must both sign Indemnity Form | | | | |
| Send Indemnity Form to Patient Funds, Royal Edinburgh Hospital | | | | |
| If no NOK, belongings and completed Indemnity Form to be sent to Cashier Office | | | | |
| COMMENTS: | | | | |
| | | | | |

| DOCUMENTATION | YES | NO | N/A | Initials |
|---|-----|----|-----|----------|
| Complete and SIGN each section of the Inpatient Notification form | | | | |
| Complete Death Registration Form in full – do not leave areas blank | | | | |
| Ensure the MCCD (Medical Certificate of Cause of Death) is completed and signed | | | | |
| by the doctor | | | | |
| Take completed DRF and MCCD to the mortuary | | | | |
| Complete DC1 card (White) | | | | |
| Complete DC2 cards x 2 | | | | |
| COMMENTS: | | | | |
| | | | | |

| CARE AFTER DEATH (LAST OFFICES) | YES | NO | N/A | Inititals |
|---|----------|----|-----|-----------|
| Take Final Act of Care trolley to the patient's bedside | | | | |
| Lie patient flat with limbs straight | | | | |
| Close patient's eyes and mouth | | | | |
| Remove tubes / lines / catheters etc | | | | |
| Ensure wounds are covered with absorbent waterproof dressing | | | | |
| Wash patient and make presentable | | | | |
| Clean mouth area and brush teeth | | | | |
| Insert dentures if they fit | | | | |
| If dentures are ill fitting, clean them and put in denture pot to be transferred with | | | | |
| patient | | | | |
| Apply disposable pads and pants | | | | |
| Dress patient in disposable shroud or own CLEAN clothes | | | | |
| Apply 2 name bands – 1 on wrist, 1 on ankle | | | | |
| Apply DC2 card to clothing on chest area with tape (NOT on skin) | | | | |
| Ensure bed sheet has been changed and is clean; put body bag on top. Position | | | | |
| patient onto bag | <u> </u> | | | |
| Place patient in the middle of the body bag | | | | |
| Place DC2 card in small envelope on the body bag at the patient's feet | | | | |
| Close zips ensuring they meet at patient's head, leaving a small gap to release air | | | | |
| when folding the bag | | | | |
| Fold the excess areas of the bag gently round the patient | | | | |
| Pull the clean sheet up and over the patient's head and feet to create a cocoon | | | | |
| Please do not use tape to secure the bag or the sheet | | | | |
| Position patient onto the slide sheet and leave in situ until porters attend | | | | |
| Clear room of all patient belongings – those for patients with no NOK must be lodged | | | | |
| with the cashier office on site (do not keep on ward) | | | | |
| Ensure pat slide is to hand | | | | |
| COMMENTS: | | | | |
| | <u> </u> | | | |

| TRANSFER TO THE MORTUARY | YES | NO | N/A | Initials |
|---|-----|---------|-----|----------|
| Ensure porters / funeral directors are contacted to transfer patient to the mortuary / funeral home | | | | |
| Assist porters in the transfer and ensure the wrap is still intact before transfer to the mortuary | | <u></u> | | |
| COMMENTS: | | * | | |

| FINAL DOCUMENTATION | YES | NO | N/A | Initials |
|--|-----|----|-----|----------|
| Ensure all documentation is complete and correct | | | | |
| If Purple Thistle sign has been used, please remove from door, and return to | | | | |
| designated place | | | | |
| Discharge patient from TRAK | | | | |
| COMMENTS: | | | | |
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