



**COHESIVE HEALTHCARE MANAGEMENT & CONSULTING  
MANGUM REGIONAL MEDICAL CENTER**

TITLE		POLICY
Deceased Patient		NUR-009
MANUAL	EFFECTIVE DATE	REVIEW DATE
Nursing	02/2020	
DEPARTMENT	REFERENCE	
Nursing	See below	

### SCOPE

This policy applies to deceased patients of Mangum Regional Medical Center.

### PURPOSE

- To ensure the hospital has appropriate systems in place for the care of a deceased patient and their family.
- To ensure deceased patients are managed with dignity and respect.
- To provide compassionate support to families in a difficult time of loss.

### DEFINITIONS

1. **Autopsy**-defined as a post-mortem examination of the body of a person, including x-rays and an examination of the internal organs and structures after dissection, to determine the cause of death or the nature of any pathological changes that may have contributed to the death.
2. **Inquest**-defined as a means of investigation into the cause and circumstances of the death of a person, and a determination, made with or without a formal court hearing, as to whether the death was caused by an unlawful act or omission.

### POLICY

1. Determination of death by a medical provider.
2. Notify the attending physician or provider, if not present.
3. The House Supervisor/Charge Nurse or designated nurse will notify the next of kin.
4. Complete the Deceased Patient Checklist. If the answer is 'yes' to any of the suspected causes of death requiring notification of the Medical Examiner, do the following:

## PROCEDURE

1. Determine whether ME/Coroner notification is necessary by completing the Deceased Patient Checklist.
2. Contact LifeShare Donor Referral group at 1-800-241-4483 within 1 hour of death. Record in the LifeShare Death Log. Hospital staff do not inquire as to organ donation wishes. The LifeShare donation specialist will address donation with the family and obtain related consents.
3. If ME/Coroner case, nothing is to be removed from the patient. Greer County Medical Examiner & Coroner 1-405-239-7141. Contact the ME immediately for the following:
  - Death involving an accident, resulting sequelae of an accident
  - Suicide, homicide or suspicious circumstances of any type;
  - Circumstances where the death may have been caused by unlawful means;
  - Deaths unattended by a licensed medical or osteopathic physician for a fatal or potentially fatal illness; or unexplained coma; deaths that are medically unexpected and occur during a therapeutic procedure;
  - Deaths related to disease which might constitute a threat to public health;
  - Deaths of persons whose bodies are to be cremated, buried at sea, transported out of state, or otherwise made ultimately unavailable for pathological study.

***\*Should the death require contacting the Chief Medical Examiner (CME), staff are instructed to hold the body undisturbed and do not remove any devices, or other physical surroundings of the body, until the CME releases the body). The CME will direct the staff as to the disposition of the body.***

4. If death does not require ME/Coroner notification, the body of the deceased is cared for by removing all tubes, tape and bandages.
5. If the patient has an internal pacemaker or defibrillator leave in place. The funeral home will need to be aware if the patient has an internal defibrillator, so they know to turn it off prior to removal as to avoid shock.
6. Bathe patient, change linens and position body in a presentable, natural looking position, if possible. Cover with sheet or blanket to patient's shoulders.
7. Clear room of all unnecessary equipment.
8. Family may be present always and allowed to view the body until they are ready for the funeral home to be notified.
9. Send the patient's personal belongings with family and chart on the Deceased Patient Checklist.
10. Contact the family's funeral home of choice to arrange transport to the funeral home.
11. Assist funeral home personnel with moving body from bed to gurney. Supply funeral home personnel with copy of the face sheet.
12. If the staff has knowledge that the patient had, at the time of death, a communicable disease, staff should inform the funeral home of such.
13. Chart the name of the funeral home, the name of the personnel receiving body, and time body released on the Deceased Patient Checklist and in the patient's chart.
14. Complete the Body Release Form and retain in patient's chart.

15. Should the family request an autopsy, and there is no question in the cause of death, and there is no reason to suspect criminal actions, it is the family's responsibility to contact the pathologist, make autopsy arrangements and provide payment to the pathologist for autopsy services.

## **Special Considerations**

1. Right to control disposition of remains:
  - a) The right to control the disposition of the remains of a deceased person, the location, manner and conditions of disposition, and arrangements for funeral goods and services vests in the following order, provided the person is eighteen (18) years of age or older and of sound mind:
    - The decedent, provided the decedent has entered into a pre-need funeral services contract or executed a written document that meets the requirements of the State of Oklahoma;
    - A representative appointed by the decedent by means of an executed and witnessed written document meeting the requirements of the State of Oklahoma;
    - The surviving spouse;
    - The sole surviving adult child of the decedent whose whereabouts is reasonably ascertained or if there is more than one adult child of the decedent, the majority of the adult siblings, whose whereabouts are reasonably ascertained;
    - The surviving parent or parents of the decedent, whose whereabouts are reasonably ascertained;
    - The surviving adult brother or sister of the decedent whose whereabouts are reasonable ascertained, or if there is more than one adult sibling of the decedent, the majority of the adult surviving siblings, whose whereabouts are reasonable ascertained;
    - The guardian of the person of the decedent at the time of death of the decedent, if one has been appointed;
    - The person in the classes of the next degree of kinship, in descending order; under the laws of descent and distribution to inherit the estate of the decedent. If there is more than one person of the same degree, any person of that degree may exercise the right of disposition;
    - If the decedent was an indigent person or other person the final disposition of whose body is the financial responsibility of the state or a political subdivision of the state, the public officer or employee responsible for arranging the final disposition of the remains of the decedent;
    - In the absence of any person under paragraphs 1 through 9 of this section, any other person willing to assume the responsibilities to act and arrange the final disposition of the remains of the decedent, including the personal representative of the estate of the decedent or the funeral director with custody of the body, after attesting in writing that a good faith effort has been made to no avail to contact the individuals under paragraphs 1 through 9 of this section.

2. Oklahoma does not require the involvement of a licensed funeral director in making or carrying out final arrangements (Oklahoma Code § 63-1-317).
3. In Oklahoma, a body must be embalmed or refrigerated if final disposition will not occur within 24 hours O.A.C. 235: 10-11-1 (14). Refrigeration or dry ice can usually preserve a body for a short time. There are resources available to help persons learn how to prepare a body at home for burial or cremation: (see National Home Funeral Alliance <http://www.homefuneralalliance.org/>).
4. Oklahoma law requires a death certificate to be filed with the state department of health within three (3) days after the death. The hospital will be responsible for submitting the required information needed to file the death certificate.
5. A special permit is not required in the state of Oklahoma to move a body in Oklahoma. A burial-transit permit from the medical examiner will be required to move the body out of state (Oklahoma Code § 63-6-101).
6. There are no state laws in Oklahoma that prohibit home burial, but local governments may have rules governing private burials. Before conducting a home burial or establishing a family cemetery, consultation with the town or county clerk is required to see if there are zoning rules to follow.
7. Available means of disposition include: burial, entombment, cremation, or donation for scientific study. Donation of human bodies to medical institutions can be made to the State Anatomical Board. Contact information:  

State Anatomical Board  
P.O. Box 26901  
Oklahoma City, Ok 73190-3040  
(405) 271-2424
8. Prior to cremation, a cremation authorization signed by the next of kin and a special permit from the State Medical Examiner must be obtained before a body can be cremated.
9. Financial assistance and support for deceased indigent patients may be available through the county, local funeral home, social support services, and Native American burial assistance programs.

**REFERENCES**

OK Statutes Title 63.938, 63.941a and 63.941b, Title 21 Chapter 47 Section 1158, Oklahoma Code §63-1-317, §63-6-101, Oklahoma Funeral Board; Funeral Services Licensing Act, 11/1/17.

**ATTACHMENTS**

NUR-009A Deceased Patient Checklist & Body Release Form

**REVISIONS/UPDATES**

Date	Brief Description of Revision/Change