

Hospital Deaths

A. Physician

The physician responsible for pronouncing the death of a patient will:

1. Write death note on the chart
2. Determine whether the [Galveston County Medical Examiner \(GCME\) may have jurisdiction](#) over the death and contact the investigator if so indicated (Ext. 24004).
3. Call the Bed Information Center (BIC) to initiate Death Certificate on all NON GCME CASES. (Death certificates for ME cases will be generated by autopsy services.) Information to be provided to the BIC will be: Patient's full name, date of birth, date and time of death. The physician will wait for Death Certificate to be sent to the unit via the tube system from BIC. The physician must complete sections 26 thru 38 of the death certificate. (Section 30 will be completed by BIC).
4. Obtain authorization for autopsy (if requested) and disposition to a funeral home.
 - a) TDCJ inmate – Call the TDCJ Chaplain's office (26191) or TDCJ communications (ext. 26108). They will determine disposition of the body and whether or not there will be an autopsy.
 - b) For non-TDCJ patients, UTMB offers autopsy for all inpatient deaths The pronouncing physician is responsible for discussing autopsy with the legal next-of-kin, either in person or by phone. They are also responsible for obtaining written consent when the legal next of kin is present and agrees to the procedure. If the legal next-of-kin cannot be contacted, or are not present to sign the consent, send the body to the hospital morgue and Autopsy Services will contact the legal next of kin for consent. The physician then checks the appropriate box in section 4 indicating the outcome of the discussions with the legal next-of-kin and signs next to the appropriate statement.
 1. Discuss autopsy with legal next-of-kin and procedure declined. Proceed to Section 5.
 2. Legal next of kin requests autopsy, but not present to sign consent: Body to morgue.
 3. Unable to contact legal next of kin. Body to morgue.
 4. Family consents to autopsy. Complete remainder of section 4.
 5. Authorization for transportation to a funeral home should be secured directly from legal next-of-kin where possible. If legal next-of-kin are not available in the hospital, the physician may obtain telephone authorization for disposition of the body to a funeral home.
 - c) Stillborns and neonates less than 28 days old - Families may choose to send the body to a funeral home or dispose of the body following customary medical practice.

B. Bed Information Center - Inpatient

The Bed Information Center after being contacted by Unit will:

1. Complete the death certificate, entering the patient's full name, sex, date of birth, age, and date/time of death. They will also complete items #13-16, 30 of the death certificate.

The BIC will send the death certificate to the unit for completion by M.D. via the pneumatic "tube" system. The BIC will notify the unit by phone that the delivery is on the way to the unit. (If "tube" system not available, the unit staff will retrieve death certificate from BIC for completion. If necessary, the in house Nurse Administrator can deliver the death certificate to the unit.)

Roles and Responsibilities

C. Nursing Service – Inpatient

The unit charge nurse in conjunction with the nurse caring for the patient will:

1. Notify the Nurse Administrator of death.
2. Notify Southwest Transplant Alliance (STA); provide patient demographics and history. (800-201-0527). Record time and confirmation number.
3. Verify that patient ID is on body.
4. Leave all lines and tubes in place. If applicable prepare body for family viewing. Once the decision is made that there will be no autopsy, all tubes must be removed prior to release of body.
5. Release the decedent's personal belongings.
6. The three methods for releasing of a body and disposition of the medical record are as follows, check appropriate box on Form 5012.
 - A. Funeral home: Form 5012, copy of death certificate, current and old medical records to the autopsy services. (Original death certificate is released to funeral home upon pick up of body) Please do NOT hole punch, fold or damage the original death certificate.
 - B. Hospital morgue: Transportation notified. Form 5012, original and copy of death certificate, current and old medical records to autopsy services.
 - C. GCME: Form 5012, current and old medical records to autopsy services. (no death certificate required from BIC)
Note: The unit staff will make a copy of the completed death certificate using the fax machine or copier to forward with medical record to autopsy services.
7. Contact Nurse Administrator to respond to the unit to check the paperwork BEFORE the body is released.

D. Nurse Administrator

1. Check the Form 5012 for completeness prior to release of the body to the funeral home or delivery to the morgue and initial the checklist.

Ambulatory Areas and Emergency Department

A. Physician

1. Complete death note on the chart
 2. Determine legal next-of-kin and obtain contact information for the Medical Examiner.
 3. Contact the GCME to determine if the ME will exercise jurisdiction over the death (ext24004). If medicolegal autopsy is requested by the ME then the body may be transported directly to ME office or to hospital morgue.
 - a. If the ME declines to perform an autopsy, discuss the options of a private autopsy (family request) or a hospital autopsy (physician request) with the family and give them the autopsy pamphlet. Authorization for private or hospital autopsy will be obtained by Autopsy Service. If the family wants to proceed with an autopsy, send body to hospital morgue.
 4. Review autopsy process and complete funeral home disposition.
 - a. TDCJ inmate – Call the TDCJ Chaplain's office ext. 26191 or TDCJ communications at ext. 26108 to inform them of death. The Chaplain will coordinate with the family disposition of the body with regard to funeral home selection and/or autopsy. All TDCJ inmates will be released to hospital morgue or GCME.
 - b. All other deaths- Obtain necessary authorizations from next-of-kin.
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Roles and Responsibilities

- c. Authorization for transportation to a funeral home should be secured directly from legal next-of-kin where possible. If legal next-of-kin are not available in the hospital, the physician may obtain telephone authorization for disposition of the body to a funeral home.
5. Stillborns and neonates less than 28 days old - Families may choose to send the body to a funeral home or dispose of the body following customary medical practice.

B. Nursing

1. Notify Nurse Administrator of death
2. Notify Southwest Transplant Alliance (STA); provide patient demographics and history. (800-201-0527). Record time and confirmation number.
3. Verify that patient ID is on body.
4. Leave all lines and tubes in place, pending ME decision. Once the decision is made that there will be no autopsy, all tubes must be removed prior to release of body.
5. Document disposition of the decedent's personal belongings.
6. The three methods for releasing of a body/medical record are as follows, check appropriate box on Form 5012-ED
 - a. Funeral Home: Form 5012, current and old medical records to Autopsy Service
 - b. Hospital morgue: Transportation notified, Form 5012, current and old medical records to Autopsy Service.
 - c. GCME: Form 5012, current and old medical records to Autopsy Service.
7. Contact Nurse Administrator for completeness of the process.

C. Nurse Administrator

1. Check the Form 5012-ED for completeness before release of the body and initial checklist.

D. Transportation

1. Transport body, personal belongings, and medical records to Autopsy Service.
2. Transfer body to cold room gurney
3. Sign body into mortuary book.
4. If there is insufficient space in cold room, notify Nurse Administrator on pager 643-2801 for assistance.

E. Pastoral Care and Care Management

1. The Department of Pastoral Care may be contacted to provide spiritual support and counseling.
2. The Care Management Department may be consulted to assist families with grief counseling and/or special needs. Care Managers are available each day in house from 8:00 a.m. – 5:00 a.m.
3. All efforts will be made to respect the religious and cultural customs of the decedent's family.

F. Autopsy Service

1. Perform autopsy, if authorization obtained.
 2. Contact attending physician if the autopsy findings and cause of death are significantly different from the findings of the physician attending the death.
 3. Notify funeral homes when bodies are ready for release from hospital morgue
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Roles and Responsibilities

4. Complete death certificate if applicable (any autopsied or medicolegal case).
 5. Record all deaths in the Mortuary Records.
 6. Send medical records to Health Information Management.
 7. Mail death certificate to funeral homes or Bureau of Vital Statistics.
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