

Sample Home Funeral-Friendly Body Release Hospital Policy Language

MRP: Nursing Director Intensive Care Unit/Oncology OR WHOEVER IN YOUR HOSPITAL
SETS POLICY

Policy:

It is the policy of XXXXXXXXX Hospital that the staff will take specific measures to ensure the necessary identification, documentation, preparation and holding of a deceased patient and the security of all valuables and personal effects until appropriate release of the body.

Procedure:

1. Nursing notifies the attending physician, nursing supervisor and registration office of the patient's death. A physician or nurse (see RN Pronouncement of Death Policy) will pronounce the patient. The physician notifies the family of the death.
2. If there is to be an autopsy, or if the patient meets the Medical Examiner/Coroner notification criteria (see attached), the Medical Examiner/Coroner dispatch is notified at PHONE NUMBER and a Request for Autopsy Form is filled out. The Medical Examiner/Coroner must be notified prior to decisions about organ donation.
3. Nursing notifies the NAME OF YOUR ORGAN BANK of the death at 1--XXX-XXXX within 1 hour.
4. If death occurs while a patient is restrained or in seclusion, or for deaths occurring within 24 hours after the patient has been removed from restraints and/or seclusion, or where it is reasonable to assume that a patient's death is a result of such seclusion or restraint, law requires that the Disabilities Rights Center, Inc. be notified at LOCAL PHONE within 7 days of the death.
5. Nursing or a physician will initiate the Death Certificate. DO NOT MAKE COPIES unless *the family or Designated Power of Attorney (DPOA) will be taking custody of the body. In that case only it is appropriate to place a copy in the patient chart; the original must go with the family or DPOA.*
 - a. The name of the deceased and the date of death are written along the upper left side of the death certificate.

- b. The physician is responsible for assuring the completion of the Death Certificate in black ink.
- If the nurse pronounces the death, he/she is responsible for completing IDENTIFY LINE ITEM NUMBERS of the Death Certificate.
6. Nursing will initiate the Postmortem Disposition Form and *notify the funeral home if the family has communicated that they are electing to use one.*
7. *If the next-of-kin or legally responsible person wishes to take custody of the body for home services, they may do so if an autopsy is not required or requested and the patient is not a Medical Examiner case. The family may or may not request the assistance of a funeral home or a home funeral specialist to assist, though both may be offered.* The Death Certificate must accompany the body and the responsible party must sign the Postmortem Disposition Form and the Postmortem Disposition of Personal Belongings Form. The family will be instructed to bring the Death Certificate to the city or town hall where the death occurred, and upon presenting the Death Certificate will obtain a burial permit from the city or town clerk's office. In some states, this may be handled at the county level. **LEGAL ORDER OF NEXT-OF-KIN AS DEFINED IN YOUR STATE** may look something like this:
- a. The spouse
 - b. An adult son or daughter
 - c. A parent
 - d. An adult brother or sister
 - e. An adult grandchild
 - f. An adult nephew or niece who is the child of a brother or sister
 - g. A maternal grandparent
 - h. A paternal grandparent
 - i. An adult uncle or aunt
 - j. An adult first cousin
 - k. Any other adult relative in descending order of blood relationship

Regarding Custody and Control Generally IDENTIFY YOUR SPECIFIC STATE LAW AND REPLACE THE FOLLOWING WITH THAT LANGUAGE, "If the subject has designated a person to have custody and control in a written and signed document {i.e., DPOA}, custody and control belong to that person."

8. If possible, all valuables will be removed from the body while the body is still on the unit. Valuables and personal belongings will be inventoried and listed on the Postmortem

Disposition of Personal Belongings Form. The family member or responsible person receiving these items must sign the form along with the nurse. A copy is kept in the patient chart.

Preparation of the body:

1. Close the patient's eyelids if open and insert dentures if appropriate.
2. The patient MUST be clearly identified with an ID band on right hand.
3. If eyes are to be donated:
 - a. Elevate head of bed 45 degrees
 - b. Tape eyelids closed with paper tape
 - c. Place ice bag over the eyelids with cloth or gauze between skin and ice bag
4. a. Routine autopsy (for example, those requested by the family): XXXXXXXXX Hospital has a contract with the pathologist at XXXXXXXXX Medical Center and the body will go to there via the funeral home of the family's choice, or the closest available service will be used.

b. Autopsy ordered by the Medical Examiner:
DO NOT remove dressings, therapeutic tubes or access devices, sutures, endotracheal tubes, esophageal obturator and subclavical lines. The body will be transported to the appropriate facility via the family's funeral home of choice or the closest available service.
5. Be sure both the patient and the outside of the shroud are clearly identified. If the body will be placed in the custody of the family or DPOA, they must provide an appropriate container for transport.
6. If the family wishes to spend time with the deceased in the hospital, prepare the body for viewing and accompany family into the room. If the family wishes to spend time with the deceased after disposition to the morgue, the body will be transported back to a private room.
7. *When a funeral director or family member acting as such picks up the deceased, he/she will sign and date the Postmortem Disposition and the Postmortem Disposition of Personal Belongings Forms.*