|  |  |
| --- | --- |
| Affix sticker here | **Name of patient:Hospital number:****Date of Admission:Date and time of death:****Ward & ext. number where patient died:** |
| Details of careName and job title of person completing this form and performing last offices:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Authorised Healthcare Professional who verified death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Doctor(s) who cared for patient in life and bleep number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Treating speciality and consultant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Senior Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did the patient have a learning disability? **Y / N** |
| Property Are there any property/valuables left on the deceased and sent to the mortuary? **Y / N** If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Is there patient property? **Y / N** If yes, please list property form number & where it is located: |
| **Body**Has the deceased been fitted with a pacemaker? **Y / N**Has the deceased been fitted with an ICD? **Y / N** |
| **Infection control**Has the deceased been placed in a body bag? **Y / N**Is this for leak prevention only? **Y / N**Is the deceased infectious? **Y / N****Please ensure portering staff are aware of any potential risks**Please include infection control sheetMortuary serial no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Nursing staff are responsible for informing the nominated person of the death**

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| --- | --- |
| Name: Relationship: Contact telephone number:Present at time of death? **Y / N**Informed of death? **Y / N** Note: | Name: Relationship: Contact telephone number:Present at time of death? **Y / N**Informed of death? **Y / N** Note: |

Date & time informed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Informed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of staff /other persons present at death:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any comments / special requirements for deceased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have the bereaved been provided the Bereavement Booklet? **Y / N**

## Bereavement Office Use Only

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| ***SRH/WGH:*** *PDT’D in* | ***SRH/WGH:*** *Datix number*  |
| ***RSCH/PRH:*** *GP letter NWC* | ***RSCH/PRH:*** *GP letter WC* |
| Doctor(s) | Ext/Bleep:Date contacted: |

|  |  |
| --- | --- |
| Coroner’s referral date completed: | Coroner’s Officer: |
| Reason for referral: |  |
| NOK informed of referral: | By: | Date: |
| MEO Scrutiny: | By: | Date: |
| ME scrutiny: |  By: Date: |
| MEO call to NOK: | By:  | Date: |
| Burial/cremation: | Date MCCD sent to register office: |
| Notes: |