|  |  |
| --- | --- |
| Affix sticker here | **Name of patient: Hospital number:**  **Date of Admission: Date and time of death:**  **Ward & ext. number where patient died:** |
| Details of care  Name 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 sheet  Mortuary 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: | | |