



OBSTETRICS AND GYNAECOLOGY CLINICAL PRACTICE GUIDELINE	
<h1>Deceased Patient Management</h1>	
Scope (Staff):	All staff
Scope (Area):	Obstetrics and Gynaecology
This document should be read in conjunction with the Disclaimer.	

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General Information

1. In the event of a death, it is the responsibility of the Consultant Medical Officer for the woman/baby, to notify the relatives in a timely and sensitive manner.
2. The Consultant Medical Officer is required to be available for adequate discussion relating to the cause of death and family counselling.
3. The death of a woman/baby is inevitably a stressful time for everybody involved. Even when the death is expected, the actual death itself can come as a shock to the family.
4. The role of the nurse / midwife when a death occurs includes:
 - Care for the family
 - Care of the deceased
 - Documentation and statutory requirements.
5. At the time of the discussions, the question of statutory requirements such as funeral arrangements should be raised. Patients can be referred to Pastoral Care Services to assist with funeral arrangements.
6. Bereavement counselling should be readily available and all resources offered.

7. For Perinatal Deaths (and sudden unexpected death of an infant) the Perinatal Loss Service (PLS) Clinical Midwife Consultant (CMC) should be contacted to coordinate care.
8. For sudden and unexpected deaths (including maternal deaths) a case manager will be allocated to coordinate management at KEMH. If the Coroner's Office is involved, the coroner's counsellors will be available to provide continuing support. KEMH case manager for death of:
 - Adult: Contact KEMH Risk Manager
 - Stillbirth: PLS CMC
 - Neonatal death on LBS: PLS CMC
9. For other adult deaths the Clinical Manager of the particular ward should initiate referrals for bereavement support.

Deceased Adult Patient – Non-Coronial

1. Consult the family or support people of the deceased for specific cultural requirements for care following death.
2. A consultant should notify the woman's General Practitioner within one working day of her death.
3. The deceased may be identified by a relative, acquaintance or a doctor / nurse / midwife who knew the woman recently. The medical notes should be endorsed with details of the identification.
4. Purslowe's Funeral Homes have agreed to collect, transport and care for the deceased (at no cost) until the family makes funeral arrangements as there are no mortuary facilities at KEMH. There is no obligation on the family to use Purslowe's Funeral Home for the funeral Service (Ph 9361 1185),
5. If the family have contacted a Funeral Director then the nominated Funeral Director may collect the deceased, however they must be able to accommodate the transfer immediately.
6. Proceed with Last Offices.
See [SCGH Nursing Practice Guideline No 58: Last Offices – Care After Death](#) for procedural information and religious denominations only
Please note that this guideline is for clinical information only. Information contained in it regarding contacts and paperwork (e.g. MR numbers) are not applicable for KEMH.
KEMH specific: Note: KEMH does not use an obituary tray or obituary label
7. It would be anticipated that the deceased person be transferred to the Purslowe's Funeral Home / nominated funeral home within several hours after death. Arrangements for family viewing is organised with the Funeral Director.

Notification

Attending staff will notify:

- Medical officer (registrar) who
 - Certifies death
 - Informs the next of kin and the consultant.
 - Ward / departmental clinical manager
 - Patient enquiries on extension 81548 Pastoral Care Services via switchboard.

Documentation Required in Non-Coronial Cases

- [Death in Hospital Form MR 001](#) (required for all deaths occurring at KEMH)
- Application for Permit to Cremate- Form 6 (If applicable).
- Medical Certificate of Cause of Death - BDM 202.
 - The original is collected by the funeral director when the body is collected.
 - A copy is retained in the Medical Certificate of Cause of Death book.
- Consent for Post Mortem Examination (MR 236) – If required
- Certificate of Medical Attendant - Form 7.
- Medical Records and X-rays are retained on the ward in the interim until returned to medical records

PROCEDURE	ADDITIONAL INFORMATION
1. Determine whether the relatives wish to view the body prior to last offices being performed. Contact Purslowe's to ascertain a time of collection. This enables the family to organise travel arrangements etc.	This should be accommodated in a private and sensitive manner. Advise the family arrangements may be made with the funeral director if they wish to view the deceased person later/again.
2. Remove all jewellery and return to the next of kin. If requested by relatives, leave the wedding ring in situ.	Document in the woman's medical records. Document if any jewellery is left in situ.
3. Perform last offices. See also SCGH Nursing Practice Guideline No 58: Last Offices – Care After Death Dress in clothing of choice.	Discussion with next-of-kin and family regarding cultural and religious practices that may be necessary before attending to the care of the deceased woman.
4. Ensure the eyelids are closed	
5. Securely attach an identification label to a limb.	The time and date of death and ward of origin should appear on the label.

PROCEDURE	ADDITIONAL INFORMATION
6. The body is transported in a body bag.	These can be obtained from Perinatal Pathology in hours. After hours contact the Hospital Clinical Manager and they will source a bag for use.
7. The Unit / Hospital Clinical Manager contacts the funeral home to make arrangements for collection of the deceased. The Hospital Clinical Manager advises the Funeral Directors to enter the hospital via the ambulance entrance. The Hospital Clinical Manager meets the funeral directors at the entrance and escorts them to the relevant ward. The Hospital Clinical Manager accompanies the funeral directors back to the ambulance entry with the body. If the Hospital Clinical Manager is unable to accompany the funeral directors the duty orderly may be paged to assist.	
8. The nurse / midwife signs the Receipt Form for Retrieval of Body (Funeral Directors supply this). One copy is placed in the medical notes.	X-rays/case notes are not sent to the Funeral Directors
9. The forms that must accompany the body when transferred to the Funeral Director are: <ul style="list-style-type: none"> • Medical Certificate of Cause of Death – BDM 202 • Certificate of Medical Attendant – Form 7 • Application for Permit to Cremate-Form 6 (If applicable) 	

Note: For Coronial Cases – refer to [WA Health Mandatory Policy MP 0098/18 Review of Death Policy](#).

Religious and Cultural Considerations

1. Pastoral Care Services shall be advised as soon as possible of ALL deaths at KEMH even if a religious representative is present. They will liaise with and guide relatives and hospital staff about appropriate religious and cultural supports.
2. During office hours (8am – 4pm) they are available on extension 81036 or pager 3125 via the switchboard. After hours the on-call chaplain should be contacted via the switchboard.
3. Cultural practices may vary between groups even if they belong to the same religion. It is important not to make any assumptions.
4. A “Cultural and Health Care’ information file is kept in the Hospital Clinical Manager’s Office.

Post Mortem Examination

Aim

To inform staff regarding adult and perinatal post mortem examinations and samples for a coroner

Adult Post Mortem Examination

An adult that has died at KEMH, and who is not subject to a Coronial inquiry, and requires a post mortem examination is transferred to the Fiona Stanley Hospital (FSH) mortuary.

The FSH Post Mortem Coordinator obtains consent for post mortem examination.

Perinatal Post Mortem Examination

Perinatal post mortem examinations are conducted at Perth Children’s Hospital (PCH). Post mortem examinations can only be performed with informed written consent of the deceased's parent(s). The exception is in matters referred to the Coroner whereby consent for post mortem examination is not required. Permission for post mortem examination is obtained by a member of the attending clinical staff (most commonly a Medical Officer) and this is confirmed by the Post Mortem Coordinator.

The "Non-Coronial Post Mortem Examination Information for Parents” pamphlet (available in a variety of languages) must be read and understood by the deceased’s parent(s) prior to consent being gained or declined. Use an interpreter if necessary. The Post Mortem Coordinator is available to discuss the post mortem examination with the parents, and is contactable via the Perinatal Pathology Department during working hours (07:30 – 15:50 extension 82730 or speed dial 41065).

The Consent for Post Mortem Examination form (**MR 236**) must be completed, signed by the attending clinician and woman/parent and transported to the Perinatal Pathology department by hand. Consent given for post mortem examination should be documented in the medical records and clinical pathway.

Post Mortem Coordinator

The Post Mortem Coordinator (extension 82730 or speed dial 41065) is responsible for the control and coordination of matters associated with post mortem examinations, hospital cremations (in conjunction with Pastoral Care), release or transfer / transport of the body.

The post mortem coordinator is available to discuss post mortem examinations with women, parents and staff. They are authorised to gain consent for a post mortem from the woman /parents.

Release of Samples to the State Coroner's Office

In the circumstances of Coronial Post Mortem Investigation, pre-existing pathology specimens may be required by the State Coroner for further investigations. All enquires must be directed to the Director of Pathology, in line with Policy QA: PM: 0300 (a Histopathology document), which also provides documentation of the "Coroners Request Release Form".

Related policies, procedures and guidelines

[NMHS Policy: Release of the Deceased](#)

[NMHS Policy: Healthcare Record – Access, Use and Disclosure](#)

[NMHS Policy: Morbidity and Mortality Review](#)

[WNHS Policy: Release of the Deceased from Perinatal Pathology](#)

Allied Health: [Pastoral Care Guidelines](#) and [Hub Page](#)

Obstetrics and Gynaecology Directorate:

- [Perinatal Loss](#) (includes FDIU; Care and Management of the Deceased Baby; Flexmort Cuddle Cot; Baptism; Reporting; Funeral Arrangements)
- Perioperative Services – [Death that Occurs in the Operating Theatre](#)

CAHS [Neonatology](#) Guidelines: [End of Life Care](#)

Useful resources

Department of Health WA:

- [Notification of anaesthetic death](#)
- [Notification of death of a woman as a result of pregnancy or childbirth](#)
- [Notification of perinatal and infant deaths](#)
- [From Death We Learn](#) (Summaries of coronial inquest findings)








Useful resources

- [Sentinel events](#)

WNHS SQP hub page- [Sharing Lessons Learnt](#) (summaries from RCA investigations that have occurred at WNHS)- access via Healthpoint

Forms:

- **Death in Hospital Form MR 001 (required for all deaths occurring at KEMH)**
- **Application for Permit to Cremate- Form 6 (If applicable)**
- **Medical Certificate of Cause of Death - BDM 202**
- **Consent for Post Mortem Examination (MR 236) – If required**
- Certificate of Medical Attendant - Form 7

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Version History

Version Number	Date	Summary
1.0	September 2018	First version Amalgamated five individual guidelines (from section 'Death' in Joint Obstetrics & Gynaecology), created from August 1993 onwards into one document Supersedes:

		<p>1. Death: General Information (version dated May 2015)</p> <p>2. Death: Post Mortem Examination (version dated March 2015)</p> <p>3. Death: Religious & Cultural Considerations (version dated March 2015)</p> <p>4. Death: Sudden and Unexplained – Including Maternal Death (version dated March 2015) [note guideline only contained links to legislation]</p> <p>5. Death: Adult Patient- Non Coronial (version dated March 2015)</p>
1.1	22 October 2020	Minor amendment – hyperlinks
1.2	23 October 2020	Minor amendment – rescinded policy link removed; no content changed
2.0	August 2024	Clinical decision by Executive to extend review date by 12 months

The health impact upon Aboriginal people has been considered, and where relevant incorporated and appropriately addressed in the development of this policy.

This document can be made available in alternative formats on request for a person with a disability.

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