



# Death in the Perioperative Setting

## OVERVIEW

<b>THIS DOCUMENT</b>	This guidance statement provides a framework for developing procedures for meeting legal and cultural requirements for a patient death in the peri-operative setting specifically the operating theatre, procedure room, and PACU.
<b>PURPOSE</b>	To ensure that legal and cultural requirements for the deceased and their families are met.  To ensure that the privacy and dignity of the deceased is maintained.
<b>SCOPE</b>	All perioperative staff.

## GENERAL PRINCIPLES

1. The healthcare team must ensure that the deceased / tūpāpaku is cared for with privacy and dignity and in accordance with cultural and religious beliefs.
2. All deaths that occur during an operative / interventional procedure are reported to the Coroner.

## LEAD CLINICIAN RESPONSIBILITIES

	ACTION	RATIONALE
1	Immediately following the death of a patient during an operation / procedure, the Lead Clinician (surgeon, anaesthetist nurse practitioner, or other proceduralist) must notify the Coroner (the Police act for the Coroner and should be contacted directly)	Legal requirement
2	Treating Clinician notifies the appropriate staff and the deceased's next of kin.	Legal requirement
3	Record of Death (RoD) documentation is completed by a Registered Health Practitioner who was a member of the healthcare team treating the deceased patient (and / or after-hours duty Doctor).  The RoD form should normally be completed immediately but must be completed within three (3) hours of death.	Legal requirement specifies that the necessary paperwork must be completed to enable a rapid determination to be made by the Coroner.
4	A death certificate will not be completed unless discussed with the coroner; the death certificate will not be completed unless the coroner does not wish to hold an inquest.	Legal requirement



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### NURSE'S RESPONSIBILITIES

	<b>ACTION</b>	<b>RATIONALE</b>
1	Record in the patient's health record the time of death as pronounced by the Lead Clinician.	To assist the Lead Clinician with completion of legal details.
2	Nurse in charge notifies the appropriate manager.	To facilitate coordination of the event.
3	The deceased / tūpāpaku are left as they are, undisturbed, from the time that death was pronounced. All tubes, lines, catheters and monitoring devices are to remain in-situ. All I.V. bags, medication ampoules and syringes are to be retained. All body fluids and/or parts removed during surgery are to be retained. The body and wounds must not be cleaned.	These may all be of significance and may affect the outcome of any Coroner's inquiry.
4	The coroner must give permission before lines, tubes, drains etc. can be removed. If the Coroner has not consented, secure and leave all ET tubes / lines/ drains etc in place.	These may all be of significance and may affect the outcome of any Coroner's inquiry.
5	Only when the Coroner's consent has been obtained, may the deceased / tūpāpaku be prepared for viewing/caring by the relatives/whanau Leave ID band in place.	To make the deceased / tūpāpaku suitable for viewing/caring by the relatives/whanau
6	Refer to hospital policy for transportation policy/procedure	Operating / Procedure rooms are not an ideal environment for relatives/whanau to view the deceased / tūpāpaku
7	Wherever possible / practical do not leave the deceased / tūpāpaku alone.	It is undesirable culturally / spiritually for the deceased to be left alone
8	Once the deceased / tūpāpaku has been transferred, the room is cleaned in accordance with organizational policy	Environmental cleaning takes place for aseptic, cultural and spiritual reasons.
9	All documentation is to be completed and retained with the deceased / tūpāpaku. Clinical notes are to be processed according to organizational policy.	Legal requirement
10	Wherever possible / practical, arrange for a blessing of the room according to hospital policy	For cultural and spiritual reasons
11	Arrange a staff debriefing session as soon as practicable.	To facilitate reflective practice as death in the perioperative environment can be a stressful experience.



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### RELEASE OF THE DECEASED / TŪPĀPAKU

The body is not to be released until the Police or Coroner has given permission. The police are to discuss issues relating to post-mortem and release of the body from the hospital

For cultural reasons, where a post mortem is required, Police should be asked to act immediately once notified that the deceased / tūpāpaku can be released so that the tangihanga ritual process is not delayed. These discussions / decisions are to be recorded in the patient's health records

### ASSOCIATED DOCUMENTS

TYPE	DOCUMENT TITLES
<b>Legislation</b>	<a href="#">Births, Death, Marriages, Relationships, Registration Amendment Act 2020</a> <a href="#">Burial and Cremation Act 1964</a> ; (amended 2019) <a href="#">Coroners Amendment Act 2016 No 29</a> <a href="#">Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996.</a>
<b>Guidelines</b>	<a href="#">Chapter 14; New Zealand law on care and custody of the body: Tikanaga Māori concerning care and custody of the body</a> <a href="#">Law Commission (2013). <i>The Legal Framework for Burial and cremation in New Zealand: First Principles review</i>. Law Commission October 2013, Wellington, New Zealand. Issues Paper 34</a> <a href="#">Ministry of Health (2015). <i>Guidelines for Verifying Death</i>. Wellington: Ministry of Health.</a>
<b>Forms</b>	BDM39 Transfer of Charge of Body (Only available from BDM central offices) <a href="#">COR 28 Hospital Record of Death (and notification of death to coroner)</a> HP4720 Medical Certificate of Cause of Death (Ministry of Health)