



## DEATH IN THE PERIOPERATIVE SETTING

### OVERVIEW

**THIS DOCUMENT** This guidance statement provides a framework for developing procedures for meeting legal and cultural requirements for a patient death in the peri-operative setting.

**PURPOSE** 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.

**SCOPE** All peri-operative 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.

### SURGEON / ANAESTHETIST / CLINICIAN RESPONSIBILITIES

	ACTION	RATIONALE
1	Immediately following the death of a patient during an operation / procedure, the Surgeon / Anaesthetist / Clinician must notify the Coroner (the Police act for the Coroner and should be contacted directly).	Legal requirement
2	The clinician notifies the ward staff and the deceased's next of kin.	This is the responsibility of the treating clinician.

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	ACTION	RATIONALE
3	<p>Record of Death documentation is completed by a Registered Medical Practitioner who was a member of the healthcare team treating the deceased patient (and / or after-hours duty Doctor).</p> <p>The ROD form should normally be completed immediately but must be completed within three (3) hours of death.</p>	<p>The necessary paperwork must be completed to enable a rapid determination to be made by the Coroner.</p>
4	<p>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.</p>	<p>Legal requirement</p>

### NURSING STAFF RESPONSIBILITIES

	ACTION	RATIONALE
1	<p>Record in the patient's health record the time of death as pronounced by the clinician in charge of resuscitation.</p>	<p>To assist the clinician with completion of legal details.</p>
2	<p>Organisation management informed of death in theatre by nurse in charge.</p>	
3	<p>The deceased / tūpāpaku is left as they were at 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.</p>	<p>These may all be of significance and may affect the outcome of any Coroner's inquiry.</p>

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# GUIDANCE STATEMENT

	ACTION	RATIONALE
4	Consult with the Surgeon / Anaesthetist / Clinician to determine when the Coroner has given approval for the removal of lines, tubes, drains etc. 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	If Coroner consent has been obtained, the body is cleaned to remove obvious traces of blood, dress wounds apply a clean gown and ensure eyes are closed and the jaw supported.  Leave ID band in place.	To make the body suitable for viewing by the next of kin.
6	Transfer the body to a bed and cover with a clean blanket. (NB: This can only be done if the Coroner has given permission - they may wish to view the body exactly as it was at the time of death).	May all be of significance and may affect the outcome of any Coroner's inquiry.
7	Arrange for the body to be returned to the ward it came from. If the patient had not been admitted to a ward, arrange for the transfer of the body to a Mortuary or Funeral Director.	Operating / Procedure rooms are not an ideal environment for relatives to view the body of their family member. Wards / mortuary / Funeral Directors have areas suitable for use by relatives.
8	Wherever possible / practical do not leave the deceased / tūpāpaku alone.	It is undesirable culturally / spiritually for the body to be left alone

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# GUIDANCE STATEMENT

	ACTION	RATIONALE
9	Once the body has left the area, the room is thoroughly cleaned in accordance with organizational policy.	Environmental cleaning takes place for aseptic, cultural and spiritual reasons.
10	All documentation is to be completed and retained with patient. Patient's notes are to be processed according to organizational policy.	Legal requirement
11	Wherever possible / practical, arrange for the Hospital Chaplain to bless the room (if the death occurs after hours, the blessing should take place the next morning).	For cultural and spiritual reasons
12	As soon after the event as is possible, arrange a debriefing session for staff involved.	Unexpected death is a stressful experience.

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### RELEASE OF THE BODY

The body is not to be released until the Police or Coroner has given permission.

The police are to discuss issues relating to postmortem 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 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 record.

### ASSOCIATED DOCUMENTS

TYPE	DOCUMENT TITLES
Legislation	<a href="#">Coroner's Act (2006). No 38. (as at 7 July, 2010) Public Act.</a>
	Ministry of Health A c form (HP4720)
Legislation	<a href="#">Births, Deaths and Marriages Act 1995</a>

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