

UT-Harris County Psychiatric Center
Department of Nursing

DEATH/POSTMORTEM CARE CHECKLIST

Date of Death: _____

Time of Death: _____ AM / PM
(circle one)

*** To be completed by Nursing. (Check and Initial)

	<u>Yes</u>	<u>No</u>	<u>Comments</u>
1. Physician notified?	_____	_____	_____
2. Family notified?	_____	_____	_____
3. Head Nurse/Supervisor/Director of Nursing notified?	_____	_____	_____
4. Does family give permission to be contacted by LifeGift? If yes, fill out LifeGift Notification of Death form	_____	_____	_____
5. Is this an isolation patient? Disease/Precautions _____	_____	_____	_____
6. Does deceased meet criteria of being a Medical Examiner's case?	_____	_____	_____
7. Body to go to Medical Examiner? _____	_____	_____	_____
8. Medical Examiner notified?	_____	_____	_____
8. Medical Examiner released body to _____	_____	_____	_____
10. Authority for Release of Body Form signed with two witnesses?	_____	_____	_____
11. Family instructed to call Medical Records and/or Nursing Supervisor when funeral home decided?	_____	_____	_____
12. Family advised that when body is ready to be released, Medical Records or Nursing Supervisor will notify designated funeral home?	_____	_____	_____
13. Body cleansed?	_____	_____	_____
14. Great right toe tagged?	_____	_____	_____
15. Identification tags on?	_____	_____	_____
16. Isolation tags on?	_____	_____	_____
17. Body wrapped in shroud and tagged?	_____	_____	_____
18. If family consents to organ donation, is consent in chart?	_____	_____	_____

Signature RN

Date/Time