Post Mortem Documentation 1 of 2

IMMINENT DEATH (only):
• on vent? □ No □ Yes  • meets brain death criteria? □ No □ Yes  • terminal wean? □ No □ Yes
UNYTS contacted: Date: ________ Time: ________ UNYTS Coordinator’s name: ____________________________
Person who contacted UNYTS: _____________________________________________________________
Date: ________ Time: ________ Signature: ____________________________

POST MORTEM - TO BE COMPLETED BY NURSING SERVICE:

Pronounced by licensed individual practitioner: ____________________________
Room Number: ________ Date: ________ Time: ________
Attending doctor: ____________________________ Notified at: ____________________________
Consulting doctor: ____________________________ Notified at: ____________________________
Family present: □ No □ Yes Name: ____________________________ Relationship: ____________________________
Family notified: □ Yes Name: ____________________________ Relationship: ____________________________ Time: ________
□ No, Refer to Notification of Next of Kin Policy
Will family be coming to see body? □ No □ Yes
Medical Examiner (ME)/Coroner notified: □ No □ Yes Time: ____________________________
Name of ME contact: ____________________________
Name of licensed independent practitioner making contact: ____________________________
Reason: ____________________________________________________________ Accepted by ME: □ No □ Yes
(See back of form for reportable situations; Policy LB.6)
Police Notified (see policy MR.30 for notification): (Badge Number: ____________________________)
□ No □ Yes Time: ____________________________
Reason: ____________________________________________________________
In-House (Kaleida) autopsy offered/requested: □ No □ Yes
Autopsy Consent Obtained: □ No □ Yes Nurse Initials: ____________________________
Specify drain or tube left in place: ____________________________
Isolation/Precaution patient: □ No □ Yes Type: ____________________________
Did patient expire while in restraints? □ No □ Yes, call Risk Management
Did patient expire within 24 hours of being in restraints? □ No □ Yes, call Risk Management
ALL DEATHS MUST BE CALLED TO UPSTATE NEW YORK TRANSPLANT SERVICES (UNYTS): (716) 853-6667
Organ/Tissue donation information: UNYTS notified: □ Yes Time: ____________________________ By: ____________________________
UNYTS Coordinator name: ____________________________
Body donation to University at Buffalo: □ No □ Yes
Donation consent in chart: □ No □ Yes Nurse Initials: ____________________________
Post mortem care completed per procedure: □ Yes □ No
ID band on patient: □ Yes □ No
Shroud tagged as appropriate: □ shroud ID □ radiation hazard □ precaution alert
Body to morgue: Date: ________ Time: ________
Disposition of valuables:
To family: Name: ____________________________ Items: ____________________________
To undertaker: ____________________________
To other: ____________________________
For Neonates only: Gestational age: ________ length: ________ weight: ________
Date: ________ Time: ________ Nurse Signature/Title: ____________________________
TYPE OF DEATH REPORTABLE TO THE OFFICE OF THE MEDICAL EXAMINER OR CORONER’S OFFICE (LE.11)

It is these deaths for which the Medical Examiner or Coroner has the responsibility to investigate the circumstances surrounding the death and to make disposition of the case as indicated by his findings. When a case has been reported or is reportable to the Medical Examiner’s Office or Coroner’s Office, no attempt shall be made to secure consent for autopsy from the descendant’s next of kin until such time as the Medical Examiner/Coroner has determined that it is not within his responsibilities to investigate the death.

1. Deaths due to homicidal acts, which include but are not limited to:
   a. homicidal bullet wounds
   b. knife wounds
   c. assault
   d. technical automobile homicides

2. Deaths by suicide or with suspicion of suicide

3. Criminal or self-induced abortion

4. Deaths due wholly or in part to accidental injuries.
   This category includes automobile accidents, industrial accidents, accidents in or near the home, accidents in public places, etc. Deaths occurring during properly executed, accepted therapeutic or diagnostic procedures are not Medical Examiner/Coroner cases unless there is a possibility of accident or negligence. For example, anesthesia deaths will not be referred to the Medical Examiner/Coroner unless an explosion has occurred or there is a possibility of an accident or negligence.
   Examples of cases to be referred to the Medical Examiner/Coroner under this category include, but are not limited to:
   a. anesthetic accident (death on the operating table prior to recovery from anesthesia caused by possible negligence)
   b. blows or other forms of mechanical violence
   c. burns
   d. drowning
   e. electric shock
   f. explosion
   g. exposure
   h. fractures of bone (not pathological)
   i. falls
   j. hanging
   k. poisoning (food, chemical, drugs, occupational, carbon monoxide, or other)
   l. strangulation
   m. suffocation
   n. vehicular accidents

5. Sudden death which includes, but not limited to, deaths:
   a. when the individual was in apparent good health
   b. in a suspicious or unusual manner
   c. on the street, at home, in public place, or at a place of employment
   d. apparently caused by acute alcoholism or drugs
   e. which follows injuries sustained at a place of employment or related to injurious occupational exposure, i.e., silicosis, etc.
   f. due to poisoning or suspicion of poison
   g. abuse or neglect

6. Dead on arrival to the Hospital
   a. Patients who are dead on arrival at the Hospital where there is no licensed physician able to sign a death certificate must be reported to the office of the Medical Examiner/Coroner. If the patient has been seen by a licensed physician thirty (30) days preceding death, the physician must sign the death certificate.
   b. Deaths occurring after the arrival at the Hospital, the death certificate must be signed by any licensed physician who is able to form a reasonable opinion as to the cause of death. An observation period of only a few minutes may be adequate.
   c. It is important to note that any question as to whether a particular type of death is reportable should be referred to the Erie County Office of the Medical Examiner for instructions.