POLICY TITLE: Death of a Patient in the Operating Room (PSF) (PSF)

DEPARTMENT: Clinical Patient Care  ORIGINATION DATE: 09/14/2015
CATEGORY: Perioperative Services  EFFECTIVE DATE: 12/23/2015

SCOPE
This guideline applies to associates in the Operating Room.

PURPOSE
To instructions on care of the patient who expires in the operating room.

STATEMENT OF POLICY
Any death in the operating room becomes a case for the Coroner.

PROCEDURE
1. When a death occurs:
   a. DO NOT disconnect any lines (e.g., IVFs, A-lines); however, they may be stopped.
   b. DO NOT remove any catheters or drains (e.g., Foley catheter, external ventricular drain, etc.)
   c. DO NO extubate. Oxygen should be discontinued.
   d. DO NOT remove/transfer the body from the OR without the approval of the medical examiner.
   e. Coordination between the Staff RN, and Charge Nurse and/or Nurse Supervisor will be done in regards to informing the following:
      i. OR administrator on-call and/or OR director
      ii. Chaplain
      iii. Coroner
      iv. Operator (dial “0”)
      v. Donor Information Line (1-800-448-4644)
      vi. Blood Bank (if blood/blood products were ordered)
      vii. Transport/CNA for a cart
      viii. Unit/floor the patient was assigned
      ix. Law enforcement (if applicable)
2. Document in the Nurse’s Notes (Coroner’s name, date/ time, resolution) if the Coroner releases the body or holds it for autopsy.
3. Lines, catheters, drains, and tubes may only be removed once authorization from Coroner is received.
4. If the family requests to view the body:
   a. The body must be released by the medical examiner before it can be moved.
   b. If there aren’t any patients in PACU/PACU overflow, place the body in the PACU overflow with curtains drawn.
   c. Other areas which can be used will be the anesthesia block room, or any private area within the Perioperative Services Area.
5. Complete the electronic documentation to include, but not limited to, the time of expiration, name of licensed practitioner pronouncing, and other pertinent information. Use the paper “Post Mortem Checklist” for electronic documentation downtime only.
6. If Code Blue has been initiated, include the code blue record in the chart.

All official Centura Health policies are maintained electronically and are subject to change. No printed policy should be taken as the official policy except to the extent it is consistent with the current policy that is electronically maintained.
7. Complete an Occurrence Report.
8. If an autopsy is going to be performed by the coroner, make a copy of the paper chart and send the copy with the body to the morgue. Otherwise, the original chart will go to medical records.
9. Body should be cleaned as necessary.
10. Tag the body in two places. Armband is acceptable for one; secure a printed label on ankle.
11. Complete the “Authorization for Mortuary Release” and/or “Consent for Removal of Body and Release of Valuables” forms as necessary.

DEFINITIONS
N/A

REFERENCES AND SOURCES OF EVIDENCE
N/A

REVIEW/APPROVAL SUMMARY

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<td>APPROVAL BODY(IES):</td>
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<td>Kelly Ledbetter, Valerie Brickell</td>
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<td>APPROVAL DATE:</td>
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