

Surname	Patient ID No.
Forename	D.O.B DD/MM/YYYY
Address	NHS No.
Postcode	Sex Male / Female

Care after Death

Date of patient's death: Time of patient's death:

Verification of expected death form completed as per organisational policy: Yes No

Details of the healthcare professional who verified the death:

Name (*Print*): Designation: Contact No:

Persons present at the time of death:
.....
.....

Relative / carer present at the time of death: Yes No
If no, has the relative / carer been notified: Yes No
Name of person informed: Relationship to patient:
Contact No:

Does the coroner / deputy need to be informed: Yes No
Informed by: Designation: Contact No:

Last offices to be undertaken: Yes No
(according to policy and procedure where applicable)

The patient should be treated with respect and dignity whilst last offices are undertaken.
Spiritual, religious, cultural rituals and / or needs should be met.

Follow organisational policy, where appropriate, for issues such as infection risk,
management of ICD's, and the management and storage of patient's valuables and
belongings in an in-patient setting.

**The relative or carer can express an understanding of what they will need to do next
and are given relevant written information:** Yes No

'Grieving' leaflet given: Yes No

'What to do After a Death' (England & Wales) leaflet given: Yes No

Information should be given regarding obtaining the death certificate and, where appropriate
patient's belongings.

Discuss as appropriate: viewing the deceased person, the need for a post mortem, removal of
cardiac devices, the need for liaison with the coroner, patient's wishes regarding tissue or
organ donation.

The primary health care team is notified of the patient's death Yes No

Telephone or fax: the GP practice Yes No community nursing team Yes No

The patient's death is communicated to appropriate services across organisations
Yes No

Identify organisations involved in the patient's care, notify them of the patient's death and
document overleaf.

Healthcare professional signature:

Name: **Date:** **Time:**

