

7.15 Care of the Dying Patient and their Family/Whanau/Carers

Standard statement

The nursing care of dying patients and their family/whanau/significant others is directed towards allowing patients and their family/whanau/significant others choice and involvement in care wherever possible, by offering support and information to enable them to meet their physical, emotional, cultural, spiritual and social needs.

Scope

Nursing Staff within The Princess Margaret Hospital

Associated documents

Nursing Procedures: Care after Death.

“New to New Zealand” – A guide to Ethnic Groups in New Zealand, Daphne Bell, 2003.

Christchurch Hospital Manual, Volume D – Nursing Standards and Policies

The Standard is met when:

- 1 The nurse will have a knowledge of:
 - Care after Death procedure
 - Symptom control and the promotion of physical comfort.
 - Legal issues surrounding death and dying e.g. signing of wills
 - Cultural and religious influences on death and dying and where to seek advice if unsure.
 - Grief reactions
 - Role of other members of the multidisciplinary team in the management of death and dying.
- 2 Other members of the team will be available to act as a resource/source of referral e.g. Chaplain, Social Work etc.
- 3 Wherever possible, the environment will be conducive to meeting the needs of the patient, family/whanau/carers and the nurses e.g. use of side rooms, family/whanau room etc.
- 4 The patient’s right to privacy will be respected at all times.

- 5 The comfort of the patient will be promoted and the relief of symptoms will be maintained wherever possible.
- 6 The patient and family/whanau/significant others wishes and needs will be respected and met wherever possible.
- 7 The family/whanau/carers will be given every opportunity to be with the patient.
- 8 The patient and their family/whanau/significant others will be encouraged to talk openly.
- 9 Nursing staff will be available to talk with the patient and family/whanau/carers as the need arises.
- 10 The ability, willingness and need to participate in the care of the patient of the family/whanau/carers, will be assessed and respected, in conjunction with the wishes of the patient.
- 11 The patient and their family/whanau will be given appropriate information in order to make informed choices.
- 12 Nursing staff will act as advocates for the patient and the family/whanau/significant others whenever necessary.
- 13 The nurse will have an understanding of cultural and religious influences on death and dying, or will be able to identify the appropriate resource people and material
- 14 The nurse caring for the dying patient and their family/whanau/carers will be given support appropriate to their needs.
- 15 Documentation shows evidence of the above described level of professional practice being met and referrals being made where appropriate.

7.15.1 Care After Death

Purpose

- To ensure the correct preparation of the deceased.
- To support family/whanau and friends.
- To facilitate transportation of the deceased to the Mortuary.
- To facilitate the deposition of the patients belongings.

Scope

- Registered Nurse
- Enrolled/Student Nurse under the supervision of a Registered Nurse.
- Hospital Aide assisting a Registered Nurse.

Associated Documents

Death Certificate BDM50

CDHB Resident Medical Officers Handbook

Equipment

- Mortuary sheet.
- Shroud, **only** if nightwear is unavailable or inappropriate
- Sponging equipment.
- Second identification bracelet.

7.15.2 Procedure –

Step	Action
1.	In the event of every patient death a Doctor must examine the patient and ascertain that life is extinct and record this in the Medical Record before the patient is transferred to the Mortuary (Ref RMO Handbook).
2.	Always notify the Telephone Office as soon as possible, giving the patient's full name. If after hours the Telephone Office notifies the Duty Nurse Manager and the Orderlies. The Orderlies will organise the documentation to be completed.
3.	The Nurse caring for the patient will immediately notify relatives of the death if they were not present at the time of death. If no next of kin are known, contact the Duty Nurse Manager who will contact the Police.
4.	To ensure that Patient Enquires have up to date information, enter the patient's death on Healthlinks.
5.	Death, Cremation and Notification of Death to the Coroner Certificates are held at the Orderlies Office (refer to RMO Handbook).

7.15.3 Family/Whanau/Carers

The Registered Nurse responsible for the patient should ascertain from family/whanau/carers:

- If any religious/spiritual considerations are required, whether they would like the services of a Chaplain or other religious/spiritual person.
- If there are specific cultural considerations and whether they would like to meet with the 'nominated' Maori Health worker, other cultural advisor or interpreter as appropriate
- Whether a wedding ring or other jewellery are to remain with the deceased.
- Whether they wish to view the deceased, if not present at the time of death.
- Notify the Duty Nurse Manager if unsure of any relatives requests e.g. relatives wishing to take the deceased home without going via the Mortuary or through a Funeral Director.

7.15.4 Information given to Relatives by the Registered Nurse responsible for the patient

1. Relatives are to contact the Funeral Director of the family's choice, who will advise on funeral procedures, etc. (24 hour service).
2. Should a post mortem, or consent for organ donation be requested, this is the responsibility of the Medical Officer. Staff should attempt to ensure that this occurs while the relatives are still in the hospital.
3. Cultural advice and/or interpreters may need to be obtained prior to post-mortems where appropriate.
4. Property of the deceased may be collected from the Ward at any time.
5. Release of valuables held by the Administration Office occurs only during office hours, Mon – Fri.

7.15.5 Property/Clothing

Step	Action
1.	To ensure that all property can be accounted for, all articles must be checked off against Patient Admission Details (Face Sheet) and Patient Valuables Form
2.	Property given to next of kin must be documented in the clinical notes
3.	For ease of access for relatives to collect, property, other than valuables, not collected at time of death are to be bagged and labelled and remain in the ward. Do not include perishable items.
4.	Wet or soiled articles should be placed in a separate labelled plastic bag.
5.	To ensure that all property can be accounted for, and for Medico legal requirements, any damaged/cut clothing that is discarded at the time of death, must be documented in the Clinical record.
6.	No medications are returned with the belongings of the deceased.

7.15.6 Valuables

Step	Action
1.	To ensure that all property is accounted for, any jewellery left on the deceased is recorded in the clinical notes
2.	Where possible, clothing and valuables are given directly to the next of kin, this must be documented in the Clinical records
3.	No money should remain with the patient's property. All money should be taken to the Administration Office.
4.	Valuables and money for safe custody are placed in a valuables envelope E10. During office hours, 0830-1700, these are delivered to the Administration Office, TPMH. Out of hours contact the Duty Nurse Manager, for placement of the valuables in the Orderlies safe.
	Note: For more detailed information, see Valuables – Safe Custody. Volume A Policies and Procedures

7.15.7 Care for the Deceased

Step	Action
1.	To ensure no relatives walk in unaware, ensure that the room/curtains of the deceased has a sign asking visitors to call at the Nurses station.
2.	If relatives are present and wish to view the deceased, prepare the room e.g. tissues, additional chairs, flowers.
3.	Lie deceased flat, placing a mortuary sheet underneath the deceased for lifting. Straighten out all limbs, and see that eyes are closed, if possible. This is to ensure ease of movement of the deceased before rigor mortis sets in.
	Wrapping the deceased in the mortuary sheet is no longer required, but the sheet is used for lifting. If the body of the deceased is considered infectious, is leaking copious amounts of fluids or if the deceased has received an intravenous cytotoxic medication within the last 48 hours, please liaise immediately with the Duty Nurse Manager for the use of a body bag.
4.	If necessary wash the deceased.
5.	To prevent leakage and contamination from body fluids, cover wound sites with Opsite.
6.	Remove all Catheters and Intravenous and PICC lines.
7.	To ensure correct and easy identification in the Mortuary, ensure there is a legible identification bracelet on BOTH AN ARM AND A LEG.
8.	Ensure the deceased is dressed in clean night attire. A shroud may only be used if patient's own clothes are unavailable.
9.	Insert patient's dentures if possible. If dentures do not fit, place in a labelled carton inside the mortuary sheet.

7.15.8 Transfer to Mortuary

Step	Action
1.	Nursing notes should include: <ul style="list-style-type: none"> – If deterioration and death was sudden. – Notification of Doctor stating time and which Doctor was notified. – If relatives notified and present. – Any treatment immediately prior to death. – Time of death. – Time and name of last person to see the patient alive. – Details of what has occurred to the patient's property and valuables, e.g. returned to next of kin.

Step	Action
2.	Place all notes (both current and old) and reports in case notes and then place in a labelled deceased patient's envelope. (Place infectious sticker on envelope if appropriate.) The notes are to accompany the deceased patient to the Mortuary.
3.	Contact the Orderlies to arrange for the Mortuary trolley. Inform the Orderlies of any special requirements e.g. infectious precautions. The Nurse should also inform the Orderly if the patient is wearing any jewellery.
4.	When using the mortuary trolley, the orderly will close the mortuary sheet from side to side and end to end. Pins and/or tape are not required. Assist the Orderly to transfer the deceased onto the trolley using the mortuary sheet to assist with transferring.
5.	To ensure correct identification of the deceased before leaving the unit, the Nurse should verify the patient number of the deceased against the case notes with the Orderly.
6.	Ensure the body goes to the Mortuary as soon as possible, that is, at least within 4 hours of death.
7.	Room to be cleaned and blessing completed On call Chaplain to be notified of the need to bless bed/room of the deceased person
8.	Ensure the Death Certificate (BDM50) has been signed and processed by the designated member of the medical team.
9.	Cultural considerations that have been implemented on the request of family/whanau/carers are documented.

7.15.9 Care of a Deceased Patient with Infectious Disease.

See CDHB Policy and Procedure Manual,
Volume 10- Infection Control