# Notification of Death

**PATIENT IDENTIFICATION**

<table>
<thead>
<tr>
<th>PATIENT NAME:</th>
<th>ROOM #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL RECORD #:</td>
<td></td>
</tr>
</tbody>
</table>

**DATE OF DEATH:** (Military Time)  
**FAMILY NOTIFIED:**  
**Relationship / Name:**  
**Telephone Number:** ()

**TIME OF DEATH:** (Military Time)  
**ATTENDING PHYSICIAN:**  
**PRONOUNCED BY (Print Name):**

**ADMITTING NOTIFIED:**  
**Ext. 7907**  
**YES**  
**NO**  
**Time:**  
**By Whom:**

**WRTC NOTIFIED:**  
(703) 641-0100  
**YES**  
**NO**  
**Time:**  
**By Whom:**

WRTC to be notified within 1 hour of death

**ANATOMICAL GIFT:**  
**DONOR**  
**NON-DONOR**  
**NOT MEDICALLY SUITABLE**  
**AWAITING WRTC**

**AUTOPSY:**  
**AUTOPSY REQUESTED:**  
**YES**  
**NO**  
**BY WHOM:**

**CONSENT DELIVERED TO ADMITTING:**  
**YES**  
**NO**  
**BY WHOM:**

* Family Member  
**MUST** Authorize

**RELATIONSHIP TO DECEASED:**  
**SPOUSE**  
**MOTHER**  
**FATHER**  
**BROTHER**  
**SISTER**

**SON**  
**DAUGHTER**

**OTHER (Explain):**

**MEDICAL EXAMINER:**  
(202) 698-9000  
**DATE:**  
**TIME:** (Military Time)

**MEDICAL EXAMINER NOTIFIED:**  
**YES**  
**NO**  
**BY WHOM:**

**LEFT MESSAGE (Answering Machine):**

**SPOKE TO (Name):**

**BODY RELEASED:**  
**YES**  
**NO**  
**BY WHOM:**

MEDICAL EXAMINER’S Authorized Representative

If the following conditions occur, the OFFICE OF THE MEDICAL EXAMINER must be notified:

A. Death within 24 hours of admission.

B. Patient admitted due to any type of Trauma (regardless of date of admission) -OR- the underlying cause of death is associated with Trauma.

C. Death is related to Medical Intervention; deaths associated with Medical Reaction -OR- resulting from a procedure.

**NEWBORN:**

<table>
<thead>
<tr>
<th>WEIGHT:</th>
<th>GRAMS</th>
<th>STILL BORN</th>
<th>ABORTUS</th>
<th>DISPOSITION PAPERS COMPLETED</th>
</tr>
</thead>
</table>

**NURSE’S SIGNATURE / TITLE:**  
**DATE:**

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**PART OF THE MEDICAL RECORD**

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INSTRUCTIONS FOR FORM COMPLETION

This form must be completed for all deaths occurring at Your Hospital

Identification  Complete the following:
1. Stamp patient's Addressograph in upper right hand corner.
2. Handwrite Patient's Name, Location (E.R., Nursing Unit, etc.), and Medical Record Number.
3. Complete all sections related to Date, Time of Death, Family and Physician. Please get telephone number where the family can be reached if necessary.
4. Name of physician who pronounced the patient.

Notification / Documentation / Authorization  Complete the following:
1. Admitting: Notify Admitting Office ASAP at ext 7907.
2. WRTC (703 / 641 - 0100): Immediate notification is required by Federal Law for all deceased, newborn or adult for whom a Death Certificate will be generated.
   - Document name of the WRTC coordinator notified on the bottom of the Anatomical Gift Form.
   - Per Federal Law, all requests of organ/tissue/eye donation must be made by WRTC personnel.
3. Anatomical Gift: The WRTC Representative will make the determination if the deceased is a donor, non-donor or not medically suitable. Check off the appropriate box. If waiting WRTC's decision when the chart is to be sent to Medical Records, check off that box.
4. Autopsy: Any age; adult or newborn.
   a. Request is made by a Physician.
   b. Complete all questions regarding autopsy request, and consent.
      - Consent form for adults is on the back of the Admitting Face Sheet.
      - Consent for newborns is a separate form kept in L&D.
   c. Hand carry the Autopsy Consent to Admitting ASAP. (Admitting will notify Pathology).
5. Medical Examiner: (202 / 698 - 9000):
   - Complete date, time and name of person at M.E office who was notified of death. (Indicate if message was left on M.E.'s answering machine).
   - Complete name of person at Hospital who notified the M.E.
   - Complete date, time, and name of Medical Examiner who released body.
6. Newborns: Complete weight and status at birth, (i.e., live birth, stillborn -or- abortus), and indicate whether disposal papers have been completed.
7. Signature: Complete date and name of nurse who initiated the Notification of Death Form.

WRRTC NOTIFICATION PROCEDURE

WRRTC = "Washington Regional Transplant Consortium"

- WRTC Notification should be notified by phone within 1 hour of death.
- The call to WRTC to report the Patient death may be made by any Nurse, Secretary or Administrative Supervisor.
- WRTC will determine when donation is appropriate, and only WRTC Staff should approach family for consent.
- Your call will be answered by a Secretary. Tell him/her "I want to report a patient death". Your call will be forwarded to a WRTC Coordinator. Be prepared to provide the Patient's location (i.e., E.R., ICU, etc.), name, age, sex, date of birth, admitting diagnosis, date/time of death, cause of death, and next of kin (name and contact phone number for the next 24 hours, [i.e., mobile phone]).
- If the cause of death is "Sepsis", the coordinator will need to know the most recent WBC, and whether any cultures were done/results.
- Document name of the WRTC coordinator notified on the bottom of the Anatomical Gift Form.