

EMERGENCY DEPARTMENT POLICIES		
SUBJECT:	Death Management Protocol	NO. 28
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Original Date of Issue: 4/25/85

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	4/03						

Patient Population

Neonate	√
Pediatric	√
Adolescent	√
Adult	√
Geriatric	√

POLICY:

Emergency Department staff are responsible for expeditiously coordinating the procedures following the death of a patient in the Emergency Department and in non-patient care units of the hospital to which they have responded.

PROCEDURE:

In the event a patient is brought into the Emergency Department dead on arrival (DOA) or a patient expires in the Emergency Department, the following steps are to be taken and noted in the patient's chart:

2. The ED physician informs the family or significant other of the death and requests consent for autopsy and/or notifies the nursing or residents.
3. Police to be notified as appropriate.
4. Nurse manager, coordinator, or hospital administrator to be notified. The administrator will generate a telegram to the next of kin if unable to contact.
5. If no relative is locatable, NYPD to assist with notification. Reverse directory available.
6. All deaths must be referred to the New York Organ Network (800)Gift 4-NY.
7. Medical Examiner (ME) should be notified if appropriate by the Emergency Department physician. See ME Reportable Death Guidelines attached
8. Original Copy of the chart should be kept with the Death Certificate and sent to Medical Records.
 - a. The case number and Medical Examiner physician should be entered on the patient's chart and on the death certificate. The house staff must call the Medical Examiner for a decision in one hour. **(212-447-2030)**
 - b. If the case is accepted, a Medical Examiner form is completed. Do not remove any indwelling tubes, catheter, or EKG electrodes All sharps must be removed. Cut and clamp all tubes and catheters. A copy of the patient's valuables form will be attached to the ME form.

- c. If the case is rejected, the next of kin is asked for consent for autopsy. Consent must be in writing. Faxed consent is acceptable. Telephone consent is only acceptable after 72 hours.
 - d. The consent form #17 is attached to the front of the Emergency Department chart and is sent with body to the morgue.
9. The chart copy should be held for physician QA/CQI director.
- a. Patient's property check (see Patient Property Policy in this book #31).
 - b. Valuables
 - 1. A complete search is to be done. All valuables are to be itemized and sent to Security.
 - ii. Valuables Record will be distributed as follows:
 - a. -Original with Medical Records
 - b. -Copy in ED
 - c. Clothing
 - 1. If patient is an ME case, all clothing is to be left the body. The items of clothing are to be listed on the clothing form and indicate "left on body."
 - 2. If clothing is already removed, itemize and send to security.
 - 3. If any article of clothing is requested by the Police, they must produce a warrant before their request can be honored (People v. Watts 462, NYS. 2nd 389; Sup. t. 1983). Clothing must be placed in a paper bag All articles of clothing taken by police must be listed on the patient's clothing sheet. Have the officer sign for it with Precinct Number and Shield Number.
10. Nursing staff will manage patient deaths and prepare body for morgue in accordance with Nursing Department Policies #804, 806, 808, and 810. Deceased patient should not remain more than one hour in the Emergency Department.

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Medical Examiner Cases: Reportable Deaths

The Chief Medical Examiner (OCME) has jurisdiction over deaths occurring under the following circumstances:

- **All forms of criminal violence or from an unlawful act or criminal neglect**
 - ****Applies whether the death occurs immediately and directly, or indirectly after a lapse of weeks, months, or even years****
- **All accidents (motor vehicle, industrial, home, public place, etc.)**
- **All suicides**
- **All deaths caused or contributed by drug and/or chemical overdose or poisoning**
 - ****Any infectious complication of intravenous drug use should also be referred to the OCME (i.e. AIDS, Hepatitis, endocarditis, etc)****
- **Sudden death of person in apparent good health**
- **Deaths of all persons in legal detention, jail, or police custody**
 - ****This includes a prisoner who is a patient in the hospital, irrespective of the cause of death****
- **Deaths during diagnostic or therapeutic procedures or from complications of such procedures**
- **Deaths of particular health significance (i.e. anthrax, smallpox, etc)**
- **Deaths due to disease, injury, or toxic agent resulting from employment**
- **When a fetus is born dead in the absence of a physician or midwife**
- **Deaths unattended by a physician and where no physician can be found to certify the death**
 - **"Unattended" meaning not treated within 31 days prior to death**
- **When there is intent to cremate the body or dispose of a body in any fashion other than internment in a cemetery**
- **Dead bodies brought into the city without proper medical certification.**
- **Deaths in any suspicious or unusual manner**

There is no "24 hour rule" in NYC regarding deaths that need to be reported to the OCME.

Rather, it is the circumstances surrounding the death that dictate whether the OCME needs to be notified.

NYC OCME Telephone #: 212-447-2030