Care of Deceased Process Map. LPT In- Patient areas. V1. 13.11.24

Natural death: death occurs as a result of the aging process or progression of a natural illness/disease.

Decision making is based on HONEST HELD BELIEF - If ANY suspicion to suspect a third party has caused or contributed to the death by act or omission, treat as un-natural.

<u>Un-natural death</u>: death not considered to be due to natural causes (not ageing or natural illness /disease progression). Examples: accidents (fall, choking), incidents (medication error), suicides.

<u>Detained</u>: held under a statutory power (example: Mental Health Act 1983). <u>Not detained</u>: not held under a statutory power (no state imposition upon their freedoms)

- 1. Expected Death: Reasonably foreseen as likely.
- Patient has EoL care plan or senior clinician documentation in medical records that death is expected for Last Days of Life.
- ReSPECT form DNACPR in place.

All ages
Natural death
Not detained.

All ages
Natural death
Patient detained.

- **1a.** Death will require routine referral (or urgent e.g cultural needs) to Medical Examiner (ME) follow ME / BSS process chart.
- **1b.** Ensure the next of kin are contacted to inform them of the patient's death by an appropriately trained person. Where no known next of kin, contact Matron and email BSS nurse. bereavementsupportservice@uhl-tr.nhs.uk
- **1c.** Carry out Last Offices considering the patient's religious beliefs. Invite family to be involved.
- **1d**. Contact Funeral Directors. Complete Notification of Death Form and Bereavement Checklist. Complete eIRF.

2. Unexpected Death: Not reasonably foreseen as likely.

No EoL care plan, no documentation that death expected and no ReSPECT form DNACPR in place.

Call Crash Team / or 9999 and start resuscitation. Unsuccessful resuscitation stopped by doctor / paramedic.

Adult Natural death <u>Not</u> detained

Adult Natural death Detained

2a. Call Police 101

Child All Natural deaths Child All Unnatural deaths

deaths

Adult

ALL Unnatural

deaths

2b. Call Police 999

2c. Area does not require securing.

Ensure the next of kin are contacted to inform them of the patient's death by an appropriately trained person. **Family can visit.** Await further guidance. Complete eIRF.

Responsible clinician should still contact Medical Examiner office where death referred directly to coroner. See ME/BSS Process chart. Notify Bereavement Support Nurse. bereavementsupportservice@uhl-tr.nhs.uk

2d. DO NOT TOUCH OR MOVE ANYTHING, SECURE THE AREA.

Inform Line Manager / On Call Manager and follow their instructions.

Preserve the scene of the patients' death. Do not remove anything from the area or from the patient, lock the area where possible or identify a staff member to stand at entrance to the area to prevent patient or staff entry. Wait until authorised to clear it by the Police (directly or via Managers) even after the deceased has been transferred and the coroner has been informed. Ensure the next of kin are contacted to inform them of the patient's death by an appropriately trained person. Sensitively explain that visiting restrictions may apply. Complete Notification of Death Form and Bereavement Checklist. Complete eIRF.