

NHS Fife Policy on the Last Acts of Care

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General Note

NHS Fife acknowledges and agrees with the importance of regular and timely review of policy/procedure statements and aims to review policies within the timescales set out.

New policies/procedures will be subject to a review date of no more than 1 year from the date of first issue.

Reviewed policies/procedures will have a review date set that is relevant to the content (advised by the author) but will be no longer than 3 years.

If a policy/procedure is past its review date then the content will remain extant until such time as the policy/procedure review is complete and the new version published, or there are national policy or legislative changes.

1. FUNCTION

1.1 NHS Fife affirms the importance of good Bereavement Care which is provided, before death, at the point of death and after death, to the patient and the bereaved.

1.2 This policy seeks to ensure the delivery of safe, effective and sensitive care for deceased patients and those who have been bereaved.

1.3 This policy is informed by “*CEL 9 (2011); Shaping Bereavement Care*” and the Scottish Governments “*Strategic Framework for Action on Palliative and End of Life Care (2016 – 2021)*”

1.4 This policy provides Guidance (Appendix 1) and Documentation (Appendix 2) to ensure good working practice and support the delivery of effective and sensitive care.

2. SCOPE

2.1 Bereavement Care, including care of the deceased, is core to person centred care and should be extended to the bereaved and all affected by the death, including staff.

2.2 This policy applies across all health and social care settings within NHS Fife, including domiciliary settings where healthcare professionals provide care.

3. BACKGROUND

3.1 Best practice in health and social care attends to the whole person – the physical, mental, social and spiritual aspects of human living. Care of the deceased is a fundamental component of holistic end of life care.

3.2 Traditionally the term “Last Offices” has been used to describe the procedures carried out for a deceased by nursing staff prior to viewing or transportation. Any event with legalistic or medical overtones is often couched in terms that make sense to respective legal and medical professions but are less understood by, or relevant to, the people we serve, particularly in times of distress. Therefore the term “Last Act of Care” has been used throughout this policy to describe not only the care of the deceased, but also, the wider responsibilities and duties that members of the clinical team are required to carry out following the death of a patient.

3.3 In 2011 The Scottish Government published “**CEL 9 (2011); Shaping Bereavement Care**” which recognised the need for clear guidance and policies supporting before death, at the point of death and after death. Also in 2011 the NHS National End of Life Care Programme and National Nurse Consultant Group recognised the impact that the lack of clear guidance and training can have on practice at this extremely important time.

3.4 In 2016 the Scottish Government published its “**Strategic Framework for Action on Palliative and End of Life Care (2016 – 2021)**” which recognises the importance of sensitive person-centred care before death, at the point of death and after death.

4. Purpose of the Policy

4.1 The purpose of this Policy is to;

- Promote safe and sensitive care of the body at the time of and after death, taking into consideration the wishes of the deceased patient and their family
- Ensure the deceased person is treated with dignity and respect, and that cultural and spiritual needs are met
- Promote effective communication and provide information to assist families when dealing with the practical issues that arise as a result of the death

5. RESPONSIBILITY

5.1 NHS Fife recognises that each service involved in caring for the deceased and the bereaved is responsible for ensuring that procedures and processes demonstrate respect for the values of personal dignity and promote safe and sensitive care.

5.2 Responsibility of Managers

5.2.1 Managers have a responsibility for the effective implementation of this policy and in ensuring that appropriate arrangements are in place within their spheres of responsibility to ensure members of the healthcare team involved in caring for the deceased and the bereaved have the required knowledge, skills and competences.

5.2.2 Staff should be supported to acquire knowledge and develop skills and competencies to enable the delivery of safe and effective care for the deceased and the bereaved.

5.3 Responsibility of NHS Fife Staff

5.3.1 Staff in caring for the deceased and the bereaved must ensure they possess the requisite skills, knowledge and experience to undertake the role, and:

- Maintain the knowledge and skills required for safe and effective practice
- Complete the necessary training before carrying out a new role
- Ensure knowledge and skills are up to date and relevant to their scope of practice through continuing professional development

5.3.2 Staff should seek to meet the religious, spiritual and cultural wishes of the deceased patient and the bereaved, whilst ensuring legal obligations are met

5.4 Medical responsibilities

5.4.1 In addition to the relevant responsibilities set out in Sections 6 & 7, Medical Staff shall ensure timely completion of the Medical Certificate of Cause of Death (Form 11) and related paperwork.

6. Operational System

6.1 In the circumstance of an unexpected death, the healthcare professional will use professional judgement to assess whether the initiation of life-preserving measures such as *cardiopulmonary resuscitation* CPR should be attempted.

6.2 Death may be expected, sudden, peaceful or traumatic. The nature of the death and the context in which it has occurred will determine the level of immediate support and information required by those who have been bereaved.

6.3 The following principles inform and underpin the operational processes associated with care of the deceased and the bereaved;

- Confirmation of Death shall be carried out in a timely and sensitive manner by an appropriate Registered Healthcare Professional. The Medical Certificate of Cause of Death must be completed by Medical Staff as soon after the death as is practical. Any delays to completion should be clearly explained to the bereaved.
- All staff will be aware of, and acknowledge the grief of bereaved people and provide emotional support and information appropriate to the circumstances.

- Consideration should be given to the bereaved who have communication / language difficulties (e.g. people with a Learning Disability) where information may require the use of simpler language.
- Consideration should be given to how staff support and care for bereaved children and young people.
- Staff shall protect the privacy, dignity and respect of the deceased at all times
- Preparation of the deceased for “viewing” and for transfer to the mortuary or the funeral director’s premises shall be undertaken in a timely, respectful and sensitive manner ensuring that family members are afforded the opportunity to participate in this process if they wish, and supporting them to do so.
- Promote safe and sensitive care of the body at the time of and after death, taking into consideration the wishes of the deceased and their family (including where appropriate facilitating organ and tissue donation) and ensure that that cultural and spiritual needs are met whilst ensuring all legal obligations are met
- Ensuring that the health and safety of everyone who comes into contact with the deceased is protected
- Promote effective, clear and sensitive communication and provide information to assist the bereaved to deal with the practical issues that arise as a result of the death e.g. registration of death or a death that is referred to the Procurator Fiscal
- An explanation of the Medical Certificate of Cause of Death should be offered to the bereaved.
- Information (including the Bereavement Pack and the Medical Certificate of Cause of Death) and the personal possessions of the deceased will be given to the bereaved in a sensitive and respectful manner.
- Contracts and Local Service Agreements with external agencies and third parties shall reflect the principles and key aims of this policy.

7. Unexpected Deaths

7.1 In Scotland, the Procurator Fiscal is responsible for the enquiry in to all sudden, suspicious, accidental, unexpected and unexplained deaths. All reportable deaths must be notified to the Procurator Fiscal as soon as possible after occurrence and **before any steps are taken to issue a death certificate.**

7.2 Should staff have any concerns in relation to the circumstances or context of death, these must be documented and additional support requested from the police or other agencies as required. If there is any uncertainty about whether a death should be reported the matter must be discussed with the Procurator Fiscal **before** any steps are taken to issue a death certificate.

7.3 When “Confirmation of Death” has been undertaken by a non medical practitioner, and the death was not expected, the responsible medical practitioner must be contacted immediately to consider whether the death should be notified to the police or the Procurator Fiscal.

7.4 A key consideration for staff undertaking “Last Acts of Care” when there is Procurator Fiscal or police involvement is the restrictions that will apply to preparation of the body for transportation to the mortuary.

7.5 At this particularly distressing time, bereaved relatives must be given clear information and help to understand the process which the Procurator Fiscal will undertake.

8. Documentation and communication

8.1 Whilst the Data Protection Act (1998) does not apply to people who are deceased, the duty of confidentiality remains after a patient has died. However the duty of confidentiality is not absolute. The disclosure of appropriate and legally required information is vital to safeguard the health and safety of all those who may care for the deceased.

8.2 It is important that all aspects of care carried out after death is recorded as soon as practical in the appropriate documentation so that information is available to members of the Multi-disciplinary Team and third parties where appropriate.

8.3 NSH Fife has a duty of care to protect the health and safety of those who come into the contact with the deceased. Hazards, risks or problems that are, or may be, present should be recorded to ensure continuity of care and to ensure that those handling the body know the nature of any risk to public health and any precautions which have or should be taken. This is a statutory duty placed on the Health Board.

8.4 The Registered Nurse coordinating the Last Acts of Care is responsible for completing in full the "Record of Care Following Death" documentation (Appendix 2).

8.5 Finally, the issue of the Medical Certificate of Cause of Death, receipt of the Bereavement Pack and confirmation of information being shared with relevant professionals involved in the care of the deceased before death occurred should be documented.

9. Risk Management

9.1 Awareness of this policy will ensure that the deceased and the bereaved are treated with dignity and respect.

9.2 This policy will ensure that operational systems are in place to ensure:

- Guidance in relation to care of deceased and the bereaved
- Guidance in relation to possible limitations and legal requirements associated with deaths being investigated by the Procurator Fiscal
- Care of the deceased's property
- The completion of the 'Record of Last Offices / Care following Death' form to ensure that there is effective communication with appropriate third parties prior to the release of the deceased from NHS Fife
- Adverse events are reported and monitored

10. RELATED DOCUMENTS

10.1 NHS Fife, Infection Control Manual

10.2 NHS FIFE Policy (COD-01) Care of the Deceased and Bereaved

10.3 NHS FIFE Policy (COD-02) Care of Patient in the last days and hours of life

10.4 NHS FIFE Policy (COD-03) Confirmation of Death

10.5 NHS Fife: Nursing Standards: Compassionate Care in the Last Days of Life.

11. REFERENCES

- 11.1 Chief Nurses Office, Northern Ireland (2017). *Care of the deceased patient and their family. A Guideline for Nursing Practice in Northern Ireland*
- 11.2 Hospice UK and National Nurse Consultant Group (2015). *Care after Death. Guidance for staff responsible for care after death.*
- 11.3 NICE NG 31 (2015) *Care of dying adults in the last days of life.*
- 11.4 SGHD/CMO (2014) 27: *Guidance for Doctors Completing Medical Certificates of the Cause of Death (MCCD).*
- 11.5 Scottish Government CEL 9 (2011) *Shaping Bereavement Care – a framework for action.*
- 11.6 The Royal Marsden Manual of Clinical Nursing Procedures 9th Ed. (2015) *Care after Death (last offices)*

Appendix 1: NHS Fife: Last Acts of Care (Guidance).

Introduction

Evidence suggests that the entire end of life care pathway – including communication, personal care, the setting, how the deceased’s possessions are handled and the journey to the mortuary - not only has an immediate impact on relatives but also affects their subsequent bereavement and grieving. How we are seen to care for the deceased remains in the memory of those who live on for a very long time.

The deceased person should be cared for with respect and dignity at all times. It is therefore essential that the setting and surrounding environment conveys this respect. This includes the attitudes and behaviour of staff, particularly as bereaved relatives can experience high levels of anxiety and/or distress. To encourage a quiet and respectful environment when a patient has died, staff should place “Respect Cards” on the entrances to the ward and outside the room / area in which the deceased and the bereaved are being cared for. Use of the “Respect Cards” indicates a death has occurred and alerts other health care staff working or entering the area.

Personal care after death should be carried out within two hours of the person dying, to preserve their appearance, condition and dignity of the deceased. NHS Fife believes that personal care after death is the responsibility of the registered nurse in charge of the patients care at the time of death.

Other patients, relatives and indeed staff may have built relationships with the deceased and, in communal bays individuals will be aware of what is being undertaken “behind the curtain”. As such, addressing the bereavement needs of patients and staff should be considered within the boundaries of patient confidentiality, being careful not to provide information about the cause and reason for death. Staff should also consider signposting those affected to appropriate bereavement support such as the Department of Spiritual Care.

Religious and Cultural Considerations

Scotland is a religiously and culturally diverse country and it is therefore important for all staff to be culturally sensitive and ensure that any specific religious beliefs or cultural needs of the deceased and the bereaved are considered when carrying out the Last Acts of Care. Staff can resolve potential issues arising from specific religious or cultural needs by simply asking the next of kin what practices are important to them. Further guidance in relation to specific religious requirements at the time of death can be found in “A Multi-Faith Resource for Healthcare Staff published by NHS Education for Scotland:

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/spiritualcare/about-spiritual-care/publications/a-multi-faith-resource-for-healthcarestaff.aspx>

NHS Fife’s Department of Spiritual Care is staffed by Registered Healthcare Chaplains who are a good source of knowledge and experience on how to serve the needs of a multi-faith population. Healthcare Chaplains can help to facilitate spiritual or religious care for all, whatever their faith or life stance happens to be. The Department of Spiritual Care and the on-call chaplain can be contacted 24/7 via the main hospital switchboard. In addition, NHS Fife offers access to interpreting services and it is essential to use these services when a patient has difficulty communicating their needs.

Viewing of the deceased

The bereaved should be given the opportunity to sit with the deceased in the period immediately after death and prior to after death care commencing. The bereaved should be prepared for what they will see before they go into the room and it is therefore important that staff provide details about the deceased (e.g. discolouration, equipment still in place, if the deceased's eyes / mouth open).

If children are present, adult family members should be encouraged to view the deceased first, so they can decide about the appropriateness of the children seeing the deceased. This allows parents, with support from staff, to prepare children for what they will see. Where parents are unsure about letting children view the deceased they should be reminded that further viewings can take place in the less clinical environment of the Funeral Directors.

On the rare occasions when the bereaved cannot view the deceased, for example after death in theatres, staff should make alternative arrangements for viewing at another appropriate location, such as the viewing room attached to the mortuary.

There may be exceptional circumstances where the bereaved can only view the deceased with the agreement of the police, for example where the death is the subject of an investigation by the Procurator Fiscal. It is therefore important that staff fully discuss the situation and any possible limitations with the police and, where appropriate, the Procurator Fiscal. The limitations placed on viewing will depend on the nature of the death. Advice and guidance from mortuary staff and the police should be sought in all such cases. If there is any legal or other reason why the deceased cannot be viewed, this should be explained clearly and sensitively to the bereaved. In situations where the bereaved may need the opportunity to view the deceased (e.g. to identify the body) they should be fully prepared for what they might see.

Deaths involving the Procurator Fiscal

Where the Procurator Fiscal is involved in investigating a death; a key consideration for staff is the restrictions that may apply to care of the deceased. If Procurator Fiscal is involved with the death, staff should leave all cannula's and lines in situ and intravenous infusions clamped but intact (this includes syringe drivers with controlled drugs).

Leave any catheters in situ with the bag and contents.

Do not wash the body or begin mouth care in case it destroys evidence.

Continue using universal infection measures to protect people and the scene from contamination.

Mortuary staff can provide guidance on this at the time of death.

At this particularly distressing time, bereaved relatives require clear information and help to understand the Procurator Fiscal process and the subsequent restrictions and the effect the legal processes may have in relation to the family "making arrangements".

In particular, the family should be informed sensitively that;

- there may be restrictions on viewing or holding the deceased
- that the Procurator Fiscal and not the "Hospital" will issue the MCCD
- they may be spoken to by the police who will gather evidence on behalf of the Procurator Fiscal
- The family will be unable to finalise funeral plans until approval has been given from the Procurator Fiscal

Procedure

Some family members may wish to assist with part, or all off, the personal care of their loved one. As such, nursing staff should offer, and provide, family members with the opportunity to participate in this process if they wish, and support them to do so. In particular staff should prepare the family for changes to the body after death and infection control issues.

Each ward should maintain a “Mortuary Box” which should contain all the equipment and resources that staff will require to carry out the procedure:

- Personal Protective Equipment: gloves and apron
- Basin, soap, towels and cloths.
- Brush / comb
- Identification labels x2
- Hospital Gown or with appropriate personal clothing to comply with family / cultural wishes.
- Flat Sheet (or where appropriate Body Bag)
- Dressings, bandages, tape if wounds present.
- Valuable/property book
- Clinical and household waste bags/laundry bags
- Disposable cloths
- Record of Last Act of Care forms and envelopes
- Bereavement Packs
- Bereavement Bags / Personal Item Bags

Preparation of the Deceased

Personal care of the deceased after death should be carried out by two members of staff, one of whom should be a registered nurse. All care for the deceased should be carried out in accordance with Infection Control and safe manual handling guidance.

Lay the deceased on their back; straighten their limbs (if possible) with their arms lying by their sides. Leave one pillow under the head as it supports alignment and helps the mouth stay closed. If it is not possible to lay the deceased flat due to a medical condition then seek guidance from the mortuary staff or funeral director. Support the jaw by placing a rolled up towel underneath the chin (this should be removed before the family view the person). Do not use bandages or tape to “bind close” the mouth as this can leave pressure marks on the face.

Close the eyes by applying light pressure for 30 seconds. If this fails then explain sensitively to the family that the funeral director will resolve the issue. In most circumstances tape should not be used to close the eyes. Where consent has been given for cornea donation it is essential that the eyes are closed to protect the tissues. Where the eyes fail to remain closed following the application of light pressure – then it is permissible to lightly tape the eyes closed until retrieval has occurred. In such cases this should be sensitively explained to the family.

The use of “coins” to close the eyes is never appropriate.

Personal Care of the Deceased

When the death is not being referred to the Procurator Fiscal remove all mechanical aids, such as syringe drivers, cannula's, ET Tubes etc. Apply gauze and tape to the sites and document disposal of any medication.

Clean the mouth to remove debris and secretions. Clean and replace dentures as soon as possible after death. When it is not possible for dentures to be placed in the oral cavity, they should be sent to the mortuary with the deceased in a clearly identified receptacle.

Cover exuding wounds or unhealed surgical incisions with a clean, absorbent dressing and secure with an occlusive dressing. Leave stitches and clips intact. Cover stomas with a clean bag. Clamp drains (remove the bottles), pad around wounds and seal with an occlusive dressing.

Avoid waterproof, strongly adhesive tape as this can be difficult to remove later and can leave a permanent mark.

Traditionally, shaving the deceased person was part of the procedure during the last act of care. However, shaving can cause bruising and marking which only appears days later. Usually the funeral director will do this. If the family request it earlier then sensitively discuss the consequences and document this in the notes. Staff should be aware that some faith groups prohibit shaving.

Remove any urinary catheters. Pads and pants should be used to absorb any leakage of fluid from the urethra, vagina or rectum. Do not tie the penis.

Wash and dress the deceased appropriately before they go to the mortuary. Staff should dress the deceased in a plain hospital gown unless the family have requested alternate arrangements. The deceased should never go to the mortuary naked or be released naked to a funeral director.

Tidy the hair as soon as possible after death and arrange into the preferred style (if known) to guide the funeral director for final presentation.

Clearly identify the deceased with two name bands, one on the wrist and one on the ankle (avoid toe tags).

Provided no leakage is expected and there is no notifiable disease present, the deceased can be wrapped in a sheet and taped lightly to ensure it can be moved safely.

If there is significant leakage or if a notifiable infection is present place the deceased into a body bag. If the body is leaking profusely use absorbent pads prior to the deceased being placed in a body bag.

Ensure mortuary staff and funeral directors are informed of any present or potential leakage or infection risk. Record any infection risk on the Record of Last Offices / Care after death form (See Appendix 2).

Unless specifically requested by the family, remove any jewellery in the presence of another member of staff, and document this according to NHS Fife Policy on Patient's Valuable (NHS Fife Financial Operating Procedures; Section 19).

Secure any rings left on with minimal tape and document.

Be aware of religious items, including jewellery or clothing, which needs to remain with the deceased.

Record any jewellery or personal effects remaining with the deceased on the Record of Last Offices / Care after death form.

Wrap the patient carefully in a sheet and fasten lightly with tape. Do not bind the sheet or tape too tightly as this can mark the body.

Prior to transfer the completed Record of Last Offices / Care after Death Form should be completed in full, placed in a sealed window envelope and "taped" to the top of the sheet with the name clearly visible through the window.

Transfer from Ward / Clinical Area

Following death the deceased person will be taken from where they died to the mortuary or funeral directors (and occasional to the family home) while burial and cremation arrangements are made. The privacy and dignity of the deceased on transfer from the place of death is paramount.

Each service involved is responsible for ensuring that transfer procedures demonstrate respect for the values of personal dignity and that these are incorporated in the design of the concealment trolley, the way the body is covered and how it is moved from place of death to its destination. This is particularly important as the transfer journey might include public areas such as hospital corridors.

Nursing staff should request removal of the deceased from the ward / clinical area. In hospital settings it is best practice for the deceased to be transferred from the ward to the mortuary within four hours of death.

There needs to be clear communication to mortuary staff and funeral directors regarding infection risk, property on the body, the presence of implanted devices and information relevant to the burial or cremation. This information should be recorded on The Record of Last Acts Of Care (Appendix 2).

Where the deceased is to be cared for by a third party / external contractor, it is the responsibility of the ward staff to inform the bereaved when transfer will occur and who will care for the bereaved.

Care of the Bereaved

Good care of the bereaved, at and around time of death contributes to better outcomes for those who grieve. Conversely shortcomings in care can contribute to difficulties in the grieving process which can result in a variety of physical, mental, spiritual and social health issues (Scottish Government 2011).

Staff should be responsive to needs of the bereaved for practical information and emotional support in ways which reflect spiritual, religious and cultural requirements.

The bereaved should be offered the use of a comfortable room, privacy and the opportunity to be with deceased with as few restrictions as possible. Within in-patient settings a designated member of staff (ideally known to the family) should be available to the bereaved, to offer support and advice as required.

Following death, the information pack entitled “When someone has died – information for you” should be given to the deceased’s ‘next of kin’ or significant other by an appropriate member of staff. The pack must have a contact number which families can access should they have further questions or require further support in relation to the process following a death.

Whenever possible, the information pack should contain the completed “Medical Certificate of Cause of Death” (Form 11). When this is not completed, clear instructions about where and when the next of kin can collect this must be given. Where a death has been referred to the ‘Procurator Fiscal’ the family should be given appropriate information and support by a member of staff who has been trained to do so.

Personal property should be returned with consideration for the feelings of those receiving it. Family members may wish to be involved in gathering and packing their loved ones personal property and should be given the opportunity to do so. Discuss the issue of soiled clothes sensitively with the family and ask whether they wish them to be disposed of or returned. Under no circumstances should “Patient Belonging Bags” or “Domestic Bags” be used. If the family request that soiled items are returned, these should be sealed in an appropriate plastic bag and placed within a separate Bereavement Bag.

The bereaved should be offered the opportunity to meet with the appropriate senior nurse on duty and the appropriate Doctor in charge of the deceased’s care.

Staff should consider the needs of the bereaved in relation to their journey on leaving the hospital and where possible accompany them to the door of the unit.

When the deceased has been transferred to the care of a third party / external contractor, it is the responsibility of the ward staff to give verbal and written information about who is caring for the deceased and all relevant contact details, as well as an explanation about the procedure for arranging transfer to the relevant Funeral Director chosen by the bereaved.

Appendix 2: NHS Fife “Record of Care Following Death” documentation

Information			
<i>Patient I.D Label (Please ensure patient label is also attached to Green Copy)</i>	Ward		
	Hospital		
	Religion / Belief (include specific requirements) :		
Date and Time of Death: Date :		Time :	
Family / Carer present	Yes	No	If No, time family informed
Staff present	Signature:		

Section A: Post Mortem (If case has been reported to Procurator Fiscal please refer to specific arrangements in Care of the Dying, Bereaved and Deceased Policy)	
Family informed of Procurator Fiscal / Police involvement : Yes / No	Hospital Post Mortem (If there has been a request by clinical staff and consented by next of kin) : Yes / No If YES please inform mortuary staff as soon as possible.

Section B: Medical Certificate of Cause of Death (Form11) <i>(IMPORTANT – Staff must Ensure Patient I.D. bracelet is in situ)</i>	
Medical Certificate of Cause of Death Completed : Yes/No	
If known, is the deceased for: Burial / Cremation/ Unknown (Please circle)	
Death Certificate given to family:	Yes / No.
If No give reason/advice given:	
If Yes Please state name and relationship:	

Section C: Infection Control	
Is there a potential risk of transmission of infection? (e.g. known or suspected infection)	Yes / No/ Unknown
Body bagging required as per Infection Control Policy	Yes / No
If Yes please state the reason (e.g. infection or leakage):	
Is open viewing recommended as per Infection Control Policy	Yes / No/ Unknown

Section D: Devices / items remaining with the Deceased on transfer to Mortuary.	
Cardiac pacemaker	Yes / No / Unknown
Cardiovertor defibrillator	Yes / No / Unknown
Medical Equipment (e.g. Central Line, T-Tube, Catheters etc)	

Section E: Personal Belongings with Deceased: <i>List clearly only those items which will accompany the deceased to the mortuary with two signatures required where items are listed:</i>			
Jewellery	Prosthetics	Dentures	Other
		Yes No (Please circle)	
Signature 1.	Print Name:	Designation:	
Signature 2.	Print name:	Designation:	

Section F: Removal of deceased from NHS setting (For completion in mortuary)			
1. APT/Porter Signature	Date:	Time:	Acknowledgement of receipt of items as in Section E if required- Signatures 1. 2.
2 Undertaker :Signature	Company	Date: Time:	

