**DEATH**

**CARE OF THE DECEASED ADULT PATIENT**

**DEATH THAT OCCURS IN THE OPERATING THEATRE**

Keywords: Coronial, non-coronial, notification, deceased, OT, operating theatre

**AIM**

- The appropriate management of a woman whose death occurs in the operating theatre.

**LEGAL REQUIREMENTS**

If the death is an unexpected death in the Operating Theatre, it becomes by law a Coroners case. See WNHS Policy 087 Coronial Matters

A Coronial Inquiry is not required if the cause of death was clearly by way of natural causes and the operation and anaesthetic did not contribute. The medical officer may issue a death certificate, having informed the Coroner of the circumstances of the death. **Only if the Coroner is not satisfied with any detail of these circumstances, will a Coronial Inquiry be required.**

In some circumstances the Coronial Investigation Unit / Coroner will decide that no further investigation is required and permission is given for a death certificate to be issued. Death certificates are to be issued within 48 hours of death. The hospital medical officer who has attended the patient may sign the certificate.

If a Coronial Inquiry is not required, proceed with Last Offices. See Clinical Guideline O&G: Death: Deceased Adult, Care of

**NOTIFICATION**

This is in accordance with WNHS Policy 087.

- The surgeon or anaesthetist will notify
  - The coroner (9425 2900 office hours) or the Coronial Inquiry Section WA Police Service (9420 5200).
  - The next of kin. If unable to contact the next of kin, inform the Hospital Clinical Manager.
  - Complete the Death In Hospital Form (MR 008) and fax it to the Police Coronial Investigation Unit (9324 1355).

- The anaesthetist will notify the Executive Director Public Health, Department of Health WA as soon as possible or at least by the next working day and the Head of Department (Anaesthetics)

- The theatre shift coordinator shall notify (All hours)
  - Clinical Nurse Manager (OT) for theatre or the Area Manager (OT).
  - The Hospital Clinical Manager (Page # 3333).

- The Clinical Nurse Manager (OT) shall notify
  - The coordinator of the appropriate ward(if relevant)
  - The Director of Nursing and Midwifery
  - The Medical Director of Obstetrics or Gynaecology depending on which speciality the woman was admitted under.

**THEATRE STAFF RESPONSIBILITIES**

Under no circumstances shall a body be viewed by relatives in the Operating Suite. Where practicable the relatives should view the body in the ward area which is more appropriate.
• If it is considered that the death may be related to the anaesthetic, the anaesthetist involved should have another anaesthetist and technician check the anaesthetic equipment and tubing, without altering its configuration or state, as soon as possible.

• Should a death occur in the Operating Theatre, the deceased body may be
  o Removed from theatre with the Coroner’s Office approval
  o Returned to the ward after discussion with the Hospital Clinical Manager. Only the Clinical Nurse Manager (OT) or Area Manager (OT) shall organise a bed.

SPECIFIC PATIENT MANAGEMENT- CONFIRMED OR POTENTIAL CORONER’S INQUIRY

TUBES / LINES / MEDICATIONS/ INFUSIONS
• The Coronial Investigation Unit must be consulted prior to the removal of any tubes or lines. After permission has been received from the Coronial Investigation Unit, all lines and tubes should still be left attached to the body and secured, however they may be cut back or spigotted in order to be less obtrusive for family viewing.

• In cases where intubation, equipment or medication may have contributed to causing the death, tubing and lines should not be removed or interfered with.

• All communications and instructions must be documented in the patient’s medical notes.

• All intravenous equipment or remaining vials / containers and used IV bags, syringes and injection needles shall be made available to the Coronial Investigation Unit.

• All ampoules and containers that have had or still do contain substances administered to the patient in the period immediately prior to death shall be preserved and dispatched with the body. If these items have been placed in a sharps container with items from other patients the container needs to be retained.

WOUND / SKIN / EXCRETA
• Wounds must not be cleaned or interfered with after death.

• Seal all wounds securely. Wounds may be packed if leakage is anticipated. This packing must be documented in the medical notes.

• Any skin, body parts or fluids removed during treatment must be secured / retained.

• Any foul clothing that came into the hospital with the patient must be retained. Rubbish bags and suction containers should not be removed from the operating room until permission to do so has been received from the Coronial Investigation Unit.

• The body should not be washed unless permission has been received from the Coronial Investigation Unit.

ADDITIONAL CARE (AS REQUIRED)
• Place dentures into the mouth or send with the body.

• Ensure identification bands (2) are present on the body.

• Place a mortuary label on the patient.

• If a wedding band has been left taped to the patient’s finger, record the item on the mortuary label and in the medical notes.
• Dress the patient in a disposable shroud.

• Photocopy all the patient’s notes for the Coroner Office. The original documents should be left in the Clinical Nurse Managers (OT) office.

If it is a confirmed Coroners case, a Police Officer from the Coronial Investigation Unit will communicate and attend on behalf of the Coroner. They will direct and assist staff in the further management of the patient. Document any actions and results of those actions, by whom and when, to ensure accurate recording of events.

**REFERENCES (STANDARDS)**

National Standards – 12 Service Delivery
Legislation – Health Act 1911
Coroner’s Act 1996
  IC 0195/14 Direct Transfer of the Body of a Deceased Person into the Hands of Relatives
  OD 0462 Assessment of the Extinction of Life and the Certification of Death
  IC 0133/13 Notification of Deaths
  OD 0448/13 WA Review of Death Policy
Department of Health Information Circular IC 00083/11.Death In Hospital Form and Guidelines

Related Policies – WO87 Coronial Matters
Other related documents – Nil

**RESPONSIBILITY**

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