

Care of the Deceased Patient in the Operating Department - Full Clinical Guideline

Reference no.: CG-SURGEN/2020/002

Please note: Ilkeston Community Hospital Follows Derbyshire Community Health Service Guidelines (DCHS)

Introduction

It is not common for a patient to die within the operating department, therefore is important for theatre staff to be aware of what is necessary for the ongoing individualised care of the patient when it does occur. Theatre staff will ensure the deceased patient and visitor experience is the best it could possibly be.

Aim and purpose:

To ensure that, in the event of a patient death, the patient and relatives are treated with dignity and respect whilst meeting all legal, professional, spiritual and mandatory requirements.

- Provides best practice principles for staff undertaking the care of the deceased patient
- Outline the process for the care of the deceased patient
- Outline what is available for staff support

This guideline to read in conjunction with:

- UHDB Policy and Procedures Relating to the Death of an Adult Patient
- UHDB Policy for Handling of Patients Property and Valuables
- UHDB Infection Control Policy
- UHDB SOP Catastrophes in Operating Theatres
- Religious practice guide

Procedural detail:

Before taking action

Verify

1. Death has been certified by medical staff in theatre and documented in patient's notes including time and date.
2. Ensure the religious beliefs of the patient are identified and proceed accordingly with the care after death of patient (formerly called last offices).
3. Medical staff to inform the coroner and the relatives of the deceased.

Inform

Theatre co-ordinator
Lead theatre manager
Theatre manager
Matron
Nurse in charge of ward
Division office / general duty manager mobile:
- that a death has occurred, and if there are any issues

Procedure

1. WHO 'Sign Out' must be performed. Routine swab and instrument checks must be carried out
2. After wound closure, a clean waterproof dressing should be applied
3. All drains, catheters, tubes, cannulas, endotracheal tubes etc. to be left in situ. These should be spigoted/ clamped, taped/ secured as necessary
4. Perform care of the deceased patient in the appropriate manner
 - Obtain 'Care of the Deceased Trolley' from surgical theatre recovery sluice
 - Place the EOL logo laminated cards on the operation theatre doors, minimise entry & exit
 - At least two staff must be present, one of which must be an experienced registered practitioner
 - Apply Trust CARE principles
 - Privacy and dignity upheld
 - Cleanse the patient
5. All jewellery should remain in situ and documented on the verification form. If the jewellery is being removed by request of a relative, this must be carried out in the presence of a colleague. Document on the notice of death form; the name of the relative requesting removal, print their name and obtain their signature.
6. Following cleansing and care of the deceased (Last Offices), the patient must be identified with two identification bracelets, one attached to each wrist. On the rare occasion that the deceased patient has an upper limb amputation, one identity bracelet should be applied to one wrist and the other to an ankle. If the deceased patient's limbs are excessively swollen two identification bracelets can be attached to make one large band. The identity wrist band already applied to the patient and another one to be printed is acceptable. There are spare blank identity bracelets in the trolley.

If writing the identity band, the following information must be written in block capitals: full name, ward, hospital number and date of birth must

be clearly recorded in biro, on each bracelet. Both bracelets must be clearly visible (i.e. not under the sleeve of the shroud).

7. Dress the deceased in the shroud and bandage on the outside to secure in place.
 - For Muslim patients, it is important to place a bandage under the chin and tie it on the top of the head to keep the jaw and mouth closed. Also, tie both legs together at the ankle.
8. Establish if the relatives wish to view the deceased and prepare the body for viewing in a suitable area e.g. anaesthetic room, theatre or recovery.
 - If viewing is going to occur, make every effort to soften the environment; consider equipment, sounds, sights, smells, chairs, tissues
 - If the patient wears dentures consider placing them in the mouth. However, the presence of the endo- tracheal tube might not make this possible
 - The team should discuss and decide on the most appropriate place in the department for relatives to view the deceased
9. Place the patient in a shroud and a white body bag.
 - If the body is leaking then a transparent zipped body bag should also be used
 - Patients with infections such as HIV/AIDS, Hep C or active TB should also have a zipped bag
 - Patients with Clostridium Difficile or MRSA (unless leaking) don't need the zipped body bag
 - The patients arms are to be placed by their sides and turn both wrist bands to the front (so they can be accessible for mortuary staff)
10. A Report of Death form should be completed, signed and distributed. The original white top copy must be taped on the outside of the body bag and the coloured carbonated copies distributed as identified on the form.
11. When appropriate, call the porters to transport the deceased to the mortuary. Call the back porters on helpdesk ext. 86100. The transport must be on a clean LHTS and assistance given to porters to laterally transfer onto the concealment trolley. Remove LHTS when safe.
12. Notes are to be sent to the Bereavement Office.
13. If the patient has been admitted directly to theatre via the Emergency Department (ED), the following actions should be taken:

- If there are no relatives attending theatre, the patients personal effects should be checked by two people and placed in a patients property bag and sent (in office hours) to the General Office, near main entrance level 3, or return to ED out of hours
- Universal precautions apply
- Usual decontamination methods apply unless patient is known, or suspected, to be suffering from an infective condition. Refer to Infection Control Policy.

References:

1. The Royal Marsden Hospital (2018). Manual of Clinical Nursing Procedures
2. UHDB Policy for Handling of Patients Property and Valuables
3. UHDB Infection Control Policy
4. Trust Theatre Policy
5. Death and Dying: Religious Practices Wall Chart: A guide to - PDF Pedia (2017) Death and Dying: Religious Practices Wall Chart. [ONLINE] Available at: <http://www.pdfpedia.com/download/24391/death-and-dying-religious-practices-wall-chart-a-guide-to--pdf.html>. [Accessed 12 September 2017].

1. Documentation Controls

Development of Guideline:	Theatre Safe Surgery Group
Consultation with:	
Approved By:	Safe Surgery Group 09/02/2020 Surgical Division – 19/05/2020 (virtual approval)
Review Date:	May 2023 0 Extended to February 2024
Key Contact:	Claire Saunders

Appendices:

- Appendix 1-** Care of the Deceased Patient - Religious Practices Guide
Appendix 2- Care of the deceased patient trolley RDH Sites
Appendix 3 – Care of the Deceased Patient box QHB Sites
Appendix 4 – Death in theatre checklist

Appendix 1

Religious Practice Guide

FAITH OR CULTURE	GENERAL FAITH NEEDS	DIETARY PREFERENCES	MEDICAL TREATMENT (Considerations)	BIRTH CUSTOMS	END OF LIFE CARE	OBSERVANCES AT DEATH.
ATHEIST	None	No specific requirements	No specific requirements	No specific requirements	May appreciate presence of family and friends	No specific rituals. Burial or cremation.
AGNOSTIC	None	No specific requirements	No specific requirements	No specific requirements	May appreciate presence of family and friends	No specific rituals. Burial or cremation
BAHA'I	Daily prayer and scripture reading, but exempt from obligatory prayer during illness.	Holy season of fasting 2 nd - 20 th March, sunrise to sunset (Exempt for over 70's and in pregnancy). No alcohol except in prescribed drugs. Many Baha'is are vegetarian.	No specific requirements, but no habit forming drugs. No objection to transfusions or organ donation.	No specific requirements, but Baha'is may wish to express their gratitude to God with brief prayer.	Family or friend reading Baha'i scripture. Belief in after-life.	No cremation. No embalming. Burial should take place at a distance of no more than an hour from place of death.
BUDDHIST	Peaceful environment. Dress requirements for monks and nuns.	Often vegetarian or vegan. May prefer salads, rice, or fruit. Some specified days of fasting, where Buddhist is required to eat before noon and not after.	Medical examinations and treatments may be done by either gender. Transfusions acceptable, but organ donation may not be.	No special ceremonies for the babies of ordinary Buddhists.	Quite or time with another Buddhist who chants sacred texts. Need to keep a clear mind when terminally ill. Believe in rebirth / reincarnation	Treat corpse as body as many Buddhists believe that soul does not leave body immediately after death. Body may be touched by non-Buddhists. Burial or Cremation

FAITH OR CULTURE	GENERAL FAITH NEEDS	DIETARY PREFERENCES	MEDICAL TREATMENT (Considerations)	BIRTH CUSTOMS	END OF LIFE CARE	OBSERVANCES AT DEATH.
CHINESE & VIETNAMESE	Could be Taoist, Christian, Buddhist, Islam or Confucian. Different cultures and backgrounds	Older generation hold that rice is the only staple food which gives energy and vitality. Limited dairy products allowed and little meat. Fresh vegetables encouraged.	Injections preferred to pills. Women preferred to be treated by women	Some mothers may be unwilling to go for a bath in the first few days after birth, as immersion can be regarded as undesirable. Relatives visit with traditional gifts.	Variety in customs and beliefs, but generally family will gather at bedside – don't want to be left alone. Only Muslim Chinese will object to post mortem.	After life depends on faith but all respect their ancestors. Bodies are normally embalmed and dressed in best clothes. Grief may be expressed loudly and mourners wear white. Burial of babies or infants should take place as soon as possible with no special ceremonies.
CHRISTIAN	ANGLICAN <i>Church of England</i> <i>Scottish Episcopal Church</i> <i>Church in Wales</i> <i>Church of Ireland</i> Could require bedside prayer, Holy Communion, Anointing, Last Rights or space for reflection. Also access to a bible desirable.	Normally no specific requirements, but a number will not want to eat meat on a Friday.	No specific requirements, but as with all groups, personal wishes of the patient should be heard. No objection to transfusions or organ donation.	No specific birth requirements, but in cases of baby loss (at any gestation) parents should be offered services of a chaplain for naming or blessing of the child (can be secular or faith based.)	Dying patients and their relatives or carers should be offered the services of the appropriate chaplain. No general objection to post mortems.	Burial or cremation acceptable.

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CHRISTIAN (continued)	ROMAN CATHOLIC Will require bedside prayer and Holy Communion.	No specific requirements, but no meat on a Friday.	As above	As above	La+ st rights and anointing by the Roman Catholic Chaplain essential.	Burial or cremation acceptable.
	FREE CHURCH e.g. Baptist Church of Christ Church of God Church of Scotland Congregational Lutheran Methodist Moravian Pentecostal Plymouth Brethren Presbyterian Quakers Salvation Army Seventh Day Adventist Unitarian United Reformed Church	No specific requirements	As above	As above	Dying patients and their relatives or carers should be offered the services of the chaplaincy team. No general objection to post mortems.	Burial or cremation acceptable.
	ORTHODOX Greek Orthodox Coptic Orthodox Ethiopian Orthodox Syrian Orthodox	No specific requirements	As above	As above	Dying patients and their relatives or carers should be offered the services of the chaplaincy team. No general objection to post mortems.	Burial or cremation acceptable.

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CHRISTIAN (continued)	CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS (Mormons) Active members will know how to contact their Bishop (Church Leader). Administration to the sick by appointed church members is important.	Follow strict health code (Word of Wisdom) forbidding stimulants such as tea, coffee, alcohol or tobacco. Hot chocolate and malt based drinks acceptable	Blood transfusion acceptable, organ transplants left to individual discretion. Opposed to abortion except in specific circumstances (including rape and serious trauma)	No specific rituals.	Expect visits from members of local church. Anointing, laying on of hands and sacrament (bread and water) may be brought in. Will need ward privacy for service. Euthanasia forbidden but members are taught not to extend life by unreasonable means.	Burial preferred to cremation. No specific rites but deceased should be washed and dressed in shroud. If they have worn a secret garment it should be replaced after washing.
	JEHOVAH'S WITNESSES	Other than the rejection of foods containing blood, there are no special dietary needs. Many are vegetarian or teetotal, but this is a personal decision. No tobacco products.	Jehovah's Witnesses normally carry on their person an ' Advance Medical Directive ' regarding blood transfusions and other choices, which effect medical practitioner's scope of responsibility for any damage that might be caused by their refusal of blood. Advice, with patient consent, should be sought from the local JW Hospital Liaison Committee, via switchboard.	No specific rituals, but parents' wishes must be considered before transfusions or blood based immunoglobulins or vaccines are used.	No special rituals, but a pastoral visit from one of their elders would be appreciated. Organ donation (and receipt) is a matter of personal conscience.	Burial or Cremation No objection to post mortems, but many do not agree with the use of the body as cadaveric material for research.

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HINDU	Jewellery for women is sacred. Punjabi women wear baggy trouser (Sharwar) Asian women wear Dupatta – material draped round body. Shaking hands in public is uncommon. Avoid direct eye contact as some see it as a sign of disrespect.	No beef. Some Hindus are strictly vegetarian and avoid animal fat, fish and eggs. Salads and dairy products are acceptable. Washing of hands before and after meals is usually important to the patient.	Some prefer Ayurvedic medicine. Same sex care is preferred. No issues with blood transfusions.	Relatives will be anxious that the mother has 40 days of complete rest after the birth. Mother's may find it culturally very difficult to be separated from their baby for any space of time in the first few days after birth.	If a Hindu patient is dying, relatives may want to bring in money and clothes to be touched before distribution to the needy. Family will want to keep a constant bedside vigil. Hindus usually believe in reincarnation and so require that all organs are returned to the body after any post mortem.	After death the body should be left covered. Relatives will wish to wash the body and put on new clothes before it is removed from the hospital. Always cremation (except for burial for children under 5 years of age)
HUMANIST	Emphasis is on the here and now, tolerance and respect.	Some may be vegetarian or vegan	No special requirements. Many promote legal voluntary euthanasia.	No special requirements.	No special requirements. No reference to God or afterlife.	A non-religious celebration of life.
JAIN	Strong belief of a need for personal responsibility, non-violence and truthfulness.	Strict vegetarians. No alcohol, meat, fish, poultry, eggs or mushrooms. Dairy produce usually acceptable. Some also avoid root Vegetables.	Same sex treatment is preferred. Some will be reluctant to take antibiotics due to prohibitions against harming any life-form. Accept transfusions.	Complete rest for 40 days after birth is preferred for the mother, but families will accept the needs and rules of the hospital.	Jains believe the individual should have good thoughts with a feeling of detachment at death, so meditation and mantras are important. Important that whole family is present.	Bodies are always cremated (apart from infants).

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JEW	Prayers 3 times a day, in the morning, afternoon and evening, often using prayer shawls and the Holy Texts. Religious observations are not enforced during illness.	Jews should only eat Kosher meat and will never eat pork or shellfish, but are allowed eggs and white fish. Meat and milk should not be taken together.	The medical profession is treated with great respect but as Jews are very aware of bodily functions they are likely to ask many pertinent questions which should be answered as fully as possible. Most Jews have no objections to transfusions and transplants.	If a male baby is still in hospital at the age of 8 days, a room may be requested for the circumcision and naming of the child by a medically certified religious functionary.	Family usually present Holy Scriptures, especially the Kaddish (Deut 6:4) are read. Belief in afterlife. Leave drain tubes in.	No mutilation of the body unless there is a legal requirement for post mortem. Funeral should take place within 24 hours and cremation is forbidden. Seven days of family mourning.
MUSLIM	Muslims believe that there is no other God worth worshipping except Allah, and that Mohammed (peace be upon him) is the last prophet sent by God for mankind. The teachings of the Holy Koran provide guidance. Prayer 5 times a day towards Mecca, (after ablutions) is integral to faith practice.	Halal killed meats only to be eaten and pork, carrion and blood products are forbidden. Fish and eggs are allowed, although separation in preparation is essential. Fruit and vegetables permissible. Fasting during Ramadan can be relaxed during illness.	There is a cultural emphasis on cleanliness, and showers are preferred to stationary water. Both genders prefer to be treated by medical staff of the same gender. Transfusions and transplant to be discussed with the individual.	When a Muslim child is born it is required that as soon as possible a family member recites in the baby's ear the Azaan Prayer. A male Muslim may also be required to be circumcised soon after birth.	When dying the face should be turned to face Mecca (South East in UK). A dying Muslim needs to recite or hear (in Arabic) 'There is no God but The God, and Mohammad is His prophet'. It can be said in English for them. Belief in after life. Life and death is faced in acceptance to Allah's (God's) will	Emotions may be expressed freely when a loved one dies, and families should be given the privacy to do so. The next of kin will want to arrange for the washing of the body. The body should be buried as quickly as possible, preferable before sunset on the same day. Cremation forbidden.

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PAGAN	No specific obligations, but adherence to spiritual pathways and observance of various Pagan festivals may be important to the patient.	Many are vegetarian or vegan. Meat eaters will usually only eat meat from humane sources.	No preferences although alternative treatments are often preferred. No rules about medical examinations.	Pagan women will wish to make their own, informed, decisions regarding prenatal and neonatal care.	Pagans accept death as a natural part of the cycle of life. Some believe in reincarnation.	'Last rites' may be performed by pagan members to help spirit to go peacefully. Emphasis is on joyfulness for the departed as they pass to a new life
RASTAFARIAN	Has links with Christianity and Judaism and looks towards the final Liberation, especially for the Black race.	No pork, fish with scales or shellfish. Most are vegetarian and do not take stimulants – tea, coffee, alcohol	Have an aversion to western medicine (white man's drugs). Prefer homeopathy and acupuncture. Blood transfusions may be refused.	Natural methods for childbirth are preferred.	No specific requirements.	No specific requirements. Rastafarians celebrate life more than death, and funerals are joyous occasions.
SIKH	Males wear turbans no removal without permission except in emergency. Men avoid shaving. The 5 K's are observed: kesh – uncut hair kangha – the comb kara – steel bangle kirpan – short sword kachha – white shorts These are sacred and should not be disturbed or moved.	Most are vegetarian or vegans. Forbidden to eat Halal, Kosher or beef. No eggs. The use of alcohol and tobacco is forbidden	Some Sikh's prefer Ayurvedic medicine. No cutting or removing of body hair. If necessary retain and give to another Sikh for disposal. Both genders prefer to be treated by medical staff of the same gender.	Relatives will want to visit the mother and child as soon as possible after the birth, for rejoicing and celebration. The mother is expected to have complete rest for 40 days after the birth.	The dying person may want access to Sikh scripture and possibly the service of a Sikh priest. Belief in reincarnation.	Healthcare staff can perform last rites, although family will want to view before removal to mortuary. Straighten limbs and place arms by side of body. 5Ks to be left on body. Cremation only, as soon as possible after death.

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ZOROASTRIAN	Ancient Iranian religion, practicing 'Good thoughts, good words, good deeds' to attain salvation. Washing in running water before the daily prayers (the Avesta) is important.	Some avoid beef and pork and some are vegetarians, but no religious restrictions.	No significant requirements. No objection to blood transfusions but some will object to organ donation.	One can only become a Zoroastrian by birth and children are admitted into the as young children.	Prefer to die quietly, but if no family are present the dying patient may be comforted by having another Zoroastrian present. Belief in after life.	Allow prayers to commence as soon as possible after death. Body should be washed before dressing in white cloth and 2 garments They believe corpses are polluting and wish to dispose of bodies as soon as possible, by burial within 24hours.

Note: Advice given from ED, Royal Derby Hospital.

- Offering a bereaved Asian a cup of tea is a sign of disrespect. However water may be offered.
- The relatives of a dying Muslim should be present as the last thing a Muslim should hear is the name of God. The body should then be laid straight.

Appendix 2**Care of the Deceased Patient Trolley RDH Sites****Location: General theatre recovery sluice****Contents: restock after every use**

- Copy of the UHDB Policy and Procedures Relating to the Death of an Adult Patient
- Flow chart for supporting staff after patient death in the operating theatre
- Religious and spiritual support for patients and visitors after a death
- White EOL Care Door cards
- Report of Death forms
- Histopathology forms
- Patient property forms

Bereavement folder for relatives	Replace from bereavement office, ext. 85557 opposite boots chemist opening hours 8.30- 4pm
Family comfort pack with car park & meal voucher	Replaced from EoL Care Team mobile: 07769 164112
Yellow jewellery bags	
Mobile phone bags	
White property bags	
1 sealable patient valuable bag	Issued by cashier's office, level 3 main entrance ext. 89872 to be signed for
Hibiwash/ 3in1 wash	Store room
Microwavable hair washing kit	Order no: VJT492
Small toothbrush (replacing oral sponges)	Order no: MRB183
2 shrouds	Sewing room: ext. 89143
2 Non- zip white body bags	
Plastic zip lock bags for infected and/or leaking patients	

- 2 bed sheets
- 1 pillow case
- 1 packet dry patient wipe'alls
- 2 combs
- 2 bandages
- 6 spigots
- 2 denture pots
- 6 ID bracelets
- 1 packet of disposable pants
- Several towels

*Call the bereavement office number for advice & paperwork

*Patient notes to go to the bereavement office

Appendix 3

Care of the Deceased Patient Box QHB Sites

Documentation;

- Trust policies relating to death in theatres
- Flow chart, supporting staff after death of a patient in theatre
- Door Cards
- Confirmation of death forms
- Last offices theatre check sheet
- Managing risk of infection after death of a patients
- Deceased patient property book
- Organ Donation Retrieval Checklist for Theatres
- Faith/ Culture end of life sheet
- DNAR forms
- “Because we care” Packs

Box Contents

- Shrouds
- White zip body bags
- Sheets
- Pillow case
- Disposable pants
- Denture pots (Fit dentures if possible)
- Toiletries
- Patient property bags

Appendix 4



Date and time of Death:

Theatre:

Staff performing Last offices

Name/designation:

Name/designation:

Affix patient label here

STANDARD	PROCEDURE	YES	COMMENT
Communication	Ward has been informed. (Ward to contact next of kin)		
	Porters contacted when patient is ready to be transported to the mortuary. Relay infection status and weight of patient if necessary.		
Patient identification	Ensure 2 wristbands, 1 on the wrist and 1 on the ankle. Both must be intact and legible.		
Last offices	Place a pillow under deceased head, ensure eyes are closed and dentures are fitted if appropriate. (Dentures are NOT to go with patient property)		
	All tubes and lines must be spigotted or capped but must remain in situ. Clear dressings to wounds and breaks in skin.		
	Wash patient, brush hair. See faith requests list.		
	Place patient on a bed if next of kin visit applicable.		
	Apply shroud or clean theatre gown.		
	Wrap patient in a sheet using minimal tape. (Not around circumference of the head, neck or legs)		
	Co-ordinator to view the body prior to transfer to the mortuary to ensure that the correct procedure is followed.		
Next of kin	Patient can be moved to recovery or an unused theatre for next of kin to view.		

	Please provide a 'Because we Care' pack, asking them to contact the bereavement office after 11.30 am the next day.		
Deceased property	Valuables left on the body must be documented on the Managing risk of infection after death form.		
	Additional property to be documented in the patient property book.		
Documentation completed	WHO checklist and care plan completed.		
	Confirmation of death form completed by doctor and death documented in the patient notes.		
	Managing risk of infection after death of a patient form completed. This must accompany the body, attached to the front of the sheet. (Valuables left on the body must be documented here).		
	Patient property book. All items / valuables must be documented for collection by the patient's relatives or bereavement staff. Two staff to document and sign for entries. Please ensure valuables are locked in a secure cupboard prior to collection. Collected items must be signed for, by relatives or bereavement staff.		

Co-ordinator signature:

Print name:

Designation:

