



Georgetown  
University  
Hospital

MedStar Health

GEORGETOWN UNIVERSITY HOSPITAL  
3800 Reservoir Road, NW  
Washington, DC 20007

## PATIENT DEATH NOTIFICATION FORM

GUH 83310000 (9/11/09) (F3F)

PATIENT LABEL



GUH83310000

**Patient Name:** \_\_\_\_\_ **Date and Time Pronounced:** \_\_\_\_\_

**Pronounced By:** \_\_\_\_\_ **Patient in restraints during past 24 hours:**  YES  NO

**Female Patients:**  Not Pregnant within past 12 months  Pregnant at time of death  Not pregnant, but pregnant within 42 days of death  
 Not pregnant, but pregnant within 43 days - 1 year before death  Unknown if pregnant within past year

**If a newborn fetal death or stillborn:**  
Gestation \_\_\_\_\_ Weeks \_\_\_\_\_ Grams \_\_\_\_\_ Mother's Name \_\_\_\_\_

If less than 500 grams or 20 weeks gestation does the family wish for a funeral home to handle the remains  YES  NO  UNKNOWN

Any Pathology Studies requested:  YES  NO Complete disposition of stillborn and deceased infants.

In the event of an **unexpected death** and/or case taken by the Medical Examiner (ME), contact the Risk Manager. All equipment, (IVs, medications, ventilators, PCA pumps, etc.) should be sequestered until the ME states that such equipment is unnecessary for an investigation. All tubing (IV lines, chest tubes, ET tubes, etc. is to remain attached to the patient until the ME states that such equipment may be removed. Any concern regarding the functioning of a piece of medical equipment is handled via Policy 254 "Program for Reporting Adverse Events from Medical Devices." Refer to the following Medical Center Policies for additional guidance for this form. #118 and #119

When a patient dies, the persons noted below will be notified. The form will be completed and signed by the responsible physician and nurse caring for the patient at the time of death and be placed on the chart to become a permanent part of the medical record.

### If unable to make contact with one of the parties to be notified, indicate action taken.

Responsible Physician to Notify	Date / Time of Contact	Name of Contact	Pager or Phone
Medical Examiner (ME). Only call ME if applicable to indications on page 2. The ME will notify DC Police if necessary.	<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Unable to Contact ME (202) 698-9000
Family*	<input type="checkbox"/> None Known		<input type="checkbox"/> Unable to Contact
Patient's Attending Physician			
Referring Physician (Nursing Home / Care Facility)	<input type="checkbox"/> Not Applicable		<input type="checkbox"/> Unable to Contact
If Post-Mortem is requested, • Obtain consent from next of kin • Contact: Pathology Administrator M - F 8 am to 4 pm: • Notify Clinical Manager from 0700 to 1700 M-F and the Clinical Administrator all other times.	<input type="checkbox"/> Not Applicable		Pathology Administrator: (202) 687-1294, (202) 405-1507 Nursing Clinical Administrator: (202) 405-1439

Other Notification	Date / Time of Contact	Name of Contact	Pager or Phone
Washington Regional Transplant Consortium (WRTC):			(703) 641-0100
Notify Clinical Manager 0700 to 1700 M-F and Clinical Administrator all other times.			Pager (202) 405-1439
Health Information Management			7am-11:30pm x4-7770 Hours 11:30pm-7:00am Pager (202) 405-3364 Fax x4-6427
Pastoral Care:			(x4-7243)

\* Before the family is notified, the physician should ask the nurse to call a WRTC coordinator who will evaluate the patient for medical stability as a potential organ and tissue donor and eventually approach the family to request consent for donation. When the physician calls the family he or she will notify the family of the patient's death, suggest the option of possible donation, request consent for a post mortem (which will be done after organs and tissues are donated if consent is obtained) and tell the family that provisions must be made to have the deceased's body removed from the hospital by a funeral director within 24 hours after all required documentation has been completed.

If known at time of completion of the form - FUNERAL HOME REQUESTED: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE and TIME: \_\_\_\_\_

RN SIGNATURE: \_\_\_\_\_ DATE and TIME: \_\_\_\_\_

## DEATHS REPORTABLE TO THE MEDICAL EXAMINER

1. Any death where any form of violence, either criminal, suicidal or accidental, was either responsible or was contributory.
2. Any death caused by an unlawful act or criminal neglect.
3. Any death occurring in a suspicious, unusual or unexplained fashion.
4. Any death where there is no attending physician and there is insufficient medical information to explain the individual's demise.
5. Any death of a person confined to a public institution.
6. The death of a prisoner even though the cause and manner both appear to be natural.
7. Any death caused by, or contributed to, drug and/or chemical poisoning overdose.
8. Any sudden death of a person in apparent good health.
9. Any death occurring during diagnostic or therapeutic procedures, resulting from such procedures, or having such procedures play a contributing role.
10. Any fetal stillbirth in the absence of a physician.
11. Any inoperative death.

For statistical purposes: Any death in the elderly involving a hip fracture.

(1997) Information Regarding Death Notification, Germainuik, Humphrey.  
Chief Medical Examiner, District of Columbia.

### D.C. Code 11-2304

- (a) Under regulations established by the Chief Medical Examiner, the following types of human deaths occurring in the District of Columbia shall be investigated:
  - (1) Violent deaths, whether apparently homicidal, suicidal, or accidental, including deaths due to thermal, chemical, electrical, or radiational injury, and deaths due to criminal abortion, whether apparently self-induced or not.
  - (2) Sudden deaths not caused by readily recognizable disease.
  - (3) Deaths under suspicious circumstances.
  - (4) Deaths of persons whose bodies are to be cremated, dissected, buried at sea, or otherwise disposed of so as to be thereafter unavailable for examination.
  - (5) Deaths related to disease resulting from employment or to accident while employed.
  - (6) Deaths related to disease which might constitute a threat to public health.

### DCMR 22 2401.1

- (1) All known or suspected unnatural deaths.
- (2) All deaths occurring within twenty four (24) hours of hospital admission.
- (3) All deaths occurring without medical attention within a period of ten (10) days prior to death.