

How to care for a patient after death in hospital

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Rationale and key points

This article provides nurses with information about how to care for a patient after death and support their family in the hospital setting.

- ▶ Care after death involves supporting the family and significant others, and providing personal care to the patient.
- ▶ Staff undertaking care after death should be offered appropriate support.
- ▶ Local and national guidelines should be followed.

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Authors

Kathleen Greenway Senior lecturer in adult nursing, Oxford Brookes University, Oxford, England.

Paula Johnson Senior lecturer in adult nursing, Oxford Brookes University, Oxford, England.

Correspondence to: kgreenway@brookes.ac.uk [@kgreenwaynurse](https://twitter.com/kgreenwaynurse)

Keywords

care after death, clinical procedures, clinical skills, communication, family support, personal care

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Preparation and equipment

- ▶ The nurse should be aware of the circumstances in which a death would be reported to a coroner, for example, if the death is unexplained. If a death appears suspicious, the police must be contacted immediately. In this case, the patient's body should not be washed and mouth care should not be performed. All devices and prosthetics must remain in place.
- ▶ The nurse should ensure the necessary equipment is available, including:
 - Patient identification bands.
 - Occlusive tape.
 - Tape.
 - Gloves and an apron.
 - Clean sheets.
 - Body bag for patients with a high risk of infection.
 - Towel.
 - Linen skip.
 - Slide sheet or hoist sling.
 - Property list and bag.
 - Toothbrush or sponge sticks.
 - Absorbent pads or dressings, or continence pad or pants.
 - Clinical and domestic waste bags.
 - Bowl.
 - Spigot(s).
 - Notification of death forms and envelope.
 - Shroud or clean personal clothing.

Procedure

When performing care after death, attention should be given to patient and family preferences and cultural beliefs (Kwan 2002, Hills and Albarran 2010).

1. Record the time of death and time of verification of death in the patient documentation, adhering to local and national guidelines (Hospice UK and National Nurse Consultant Group (Palliative Care) (NNCG) 2015).
2. Contact the next of kin and significant others to inform them of the patient's death. Be aware that receiving such news may be distressing.

3. Invite the next of kin and significant others to view the patient's body. Acknowledge and discuss any preferences that the patient or family have noted that relate to the care after death procedure. This may include cultural or religious preferences or requirements.
4. Inform the GP of the patient's death.
5. Inform patients in the immediate vicinity that the patient has died. Provide them with an opportunity to talk about the deceased.
6. Put on appropriate personal protective equipment, including gloves and an apron, before undertaking any personal care, as per local policy. This is essential if handling body fluids or if there is a high risk of infection from the patient.
7. Position the patient on their back using the appropriate equipment, as per local manual handling policy. It is important to straighten the limbs before rigor mortis begins.
8. Close the patient's eyes by applying light pressure for 30 seconds.
9. Wash the patient using their own or hospital toiletries, a towel and bowl. Ensure that the patient's privacy and dignity are maintained. Family members may wish to be involved with this aspect of care, and it is important that this is confirmed and they are aware of what to expect. Family involvement may not be appropriate if there are infection control issues.
10. Perform oral hygiene using a toothbrush or sponge sticks. This may include cleaning and reinserting the patient's dentures. If you are unable to reinsert the dentures, they should be sent to the funeral director with the body.
11. Shaving a recently deceased person is not recommended, since the skin is still warm and bruising and marking may appear days later (Hospice UK and NNCG 2015). The funeral director can shave the patient at a later date, if the family requests this.
12. Drainage and intravenous catheters can be removed, with the exception of central venous access devices, which should remain in place. If the death is being referred to a coroner, or to the procurator fiscal in Scotland to investigate the cause of death, but where there are no suspicious circumstances, all devices and prosthetics must remain in place. Use absorbent dressings and occlusive tape to prevent any leakage from wounds or drainage sites, to protect staff from exposure to body fluids.
13. The body continues to excrete fluids after death. Apply or position pads to absorb any leakage and prevent soiling. Spigots should be used to prevent any drainage devices from leaking.
14. Place a clean sheet beneath the deceased, using appropriate manual handling equipment, such as a slide sheet or hoist sling, and adhering to local manual handling policy. Place used linen in the linen skip.
15. Record the deceased's property, for example jewellery and valuables, in the patient's property list. Remove all jewellery from the body and store in the patient's property bag as per local policy, unless otherwise requested. Another member of staff must witness this procedure. If any jewellery remains on the body, this should be noted on the notification of death form.
16. Dress the deceased in a shroud or clean personal clothing. The nurse may take into account the family's preferences and should adhere to local policy.
17. Apply patient identification bands to the deceased's wrist or ankle.
18. Using the clean sheet placed under the patient, begin to wrap the body. Start by covering the face (Figure 1a). Continue to wrap the body in the sheet (Figure 1b) and secure all limbs within the sheet (Figure 1c). Ensure that the feet are also covered (Figure 1d). Apply tape to secure the sheet. If there is a high risk of infection, a body bag should be used and a hazard label must be attached to the body bag and any accompanying documentation (Health and Safety Executive 2005). Some hospitals use body bags for all deceased patients, so follow local policy.
19. Attach the notification of death form to the sheet or body bag for transfer to the mortuary.
20. Hospital staff should move the body to the mortuary as soon as possible. If the patient's relatives have yet to view the body, they may do so later at the hospital's chapel of rest.
21. Screen off the patient's bed area while the removal of the body takes place, to avoid causing distress to other patients.
22. Dispose of used equipment according to local policy. Use clinical waste bags for the disposal of any waste considered infectious or hazardous. To reduce the risk of cross-infection, decontaminate your hands by washing or using alcohol hand gel (Loveday *et al* 2014).
23. Make time to sit with family members and colleagues who may have known the deceased to support and debrief them, to review care provided at death and bring closure to the process of care after death. It is important to inform other patients of the person's death in a sensitive manner. Family members or carers may welcome the opportunity for practical and emotional support afterwards. A referral can be

made to the hospital bereavement services or the specific team involved in the care of the deceased. Nurses should be aware that carrying out personal care after death can have a long-term effect on the bereaved family (Waller *et al* 2008).

24. Record in the medical and nursing documentation all actions carried out. Place the documentation in an envelope and transfer this with the deceased's property to the relevant administrative departments.

Evidence base

Following national recommendations, the term 'last offices' has been replaced by the more inclusive term 'care after death' (Hospice UK and NNCG 2015). Personal care after death refers to physical care of the patient's body. Nurses should view care after death as a continuation of the person-centred care they provided while the patient was alive. It is important that the care nurses provide to the patient after death conveys respect for the patient and their family, and fulfils any religious or cultural obligations or beliefs (Leadership Alliance for the Care of Dying People 2014, Martin and Bristowe 2015). For the family,

care after death involves transition, a time for them to come to terms with the death of their relative. Care after death presents an opportunity for them to respect and take responsibility for the deceased (Kwan 2002).

Healthcare professionals develop unique relationships with their patients and may also grieve for the deceased. Therefore, it is important to recognise distress in colleagues following care after death and provide appropriate support. Other non-clinical staff who work on the ward or unit may also have developed a relationship with the deceased, and may require support.

It is important to ascertain from nursing students and staff if this is their first time providing care after death. If so, particular attention should be given to their learning needs and emotions. Positive experiences in relation to care after death, alongside additional support and education, can enable staff to develop coping strategies for similar situations in the future (Gerow *et al* 2010).

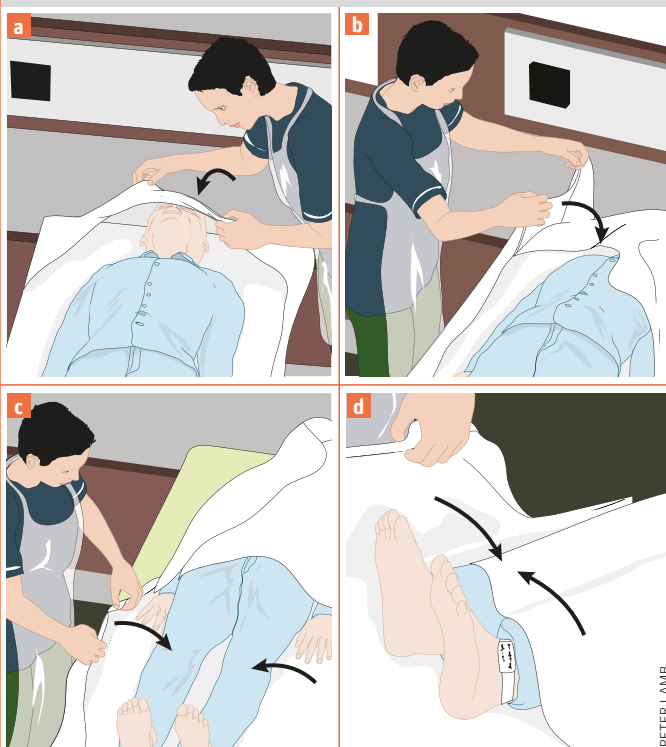
The nurse should reflect on discussions that take place and the non-verbal cues exhibited by the deceased's family and significant others to avoid them feeling pressured into being involved in personal care after death. Although family members may have been present at the patient's bedside before and after death, the nurse should not assume that they will choose to be involved in personal care after death (Martin and Bristowe 2015). If family members choose to take part in personal care, they should be supported and informed about what to expect (Kwan 2002).

The nurse needs to consider the cultural and religious beliefs of the deceased and their family when carrying out care after death. It is essential to respect explicit requirements and carry these out in a respectful way (Hills and Albarran 2010) **NS**

Disclaimer: please note that information provided by Nursing Standard is not sufficient to make the reader competent to perform the task. All clinical skills should be formally assessed at the bedside by a nurse educator or mentor. It is the nurse's responsibility to ensure their practice remains up to date and reflects the latest evidence.

FIGURE 1

Wrapping the deceased's body: (a) cover the face, (b) wrap the body, (c) secure all limbs, (d) cover the feet



PETER LAMB

USEFUL RESOURCES

- ▶ National Institute for Health and Care Excellence (2011) *End of Life Care for Adults*. Quality standard No. 13. www.nice.org.uk/guidance/qs13
 - ▶ National Institute for Health and Care Excellence (2015) *Care of Dying Adults in the Last Days of Life*. Guideline No. 31. www.nice.org.uk/guidance/ng31
- (Last accessed: March 14 2016.)

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