

Death Notification Checklist for Medical Providers

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| Client's Name |
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This form is intended for use when a client dies on campus. If a client dies in a hospital, the hospital is responsible for handling the client's death. If you are notified of a client death in a hospital, notify the Duty Office or nursing staff, who will notify the appropriate facility staff.

| | Time | Date |
|--|--|------|
| 1. Make pronouncement of death. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| 2. Determine if autopsy is required under DDA Policy 9.10 . | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| 3. Notify the county medical examiner's office and verify whether the death is under the coroner's jurisdiction under RCW 68.50.010. For a death that occurs after hours, follow directions on the recording at the coroner's office. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| 4. Inform the legal surrogate of the client's death. Obtain consent for an autopsy under RCW 68.60.101, if appropriate..... Does the legal surrogate desire autopsy information? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did you send the information? Document autopsy information in the client's chart..... Verify the legal surrogate's preferred funeral home..... | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| 5. Notify the Residential Services Coordinator, Duty Officer, or Nurse of the client's death. Tell them the preferred funeral home and give them clearance to move the body. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| 6. Complete the Certifier's portion of the electronic death report using the Washington State Department of Health web application for reporting life / health events. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |
| 7. Write a death summary in the client's chart. | <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. | |

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| Signature | Printed Name |
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| Date checklist was completed: |
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Route completed Checklist to Clients Records office.