

# Postmortem Care – CE

## CHECKLIST

**S** = Satisfactory **U** = Unsatisfactory **NP** = Not Performed

Step	S	U	NP	Comments
Performed hand hygiene and donned PPE as indicated for needed isolation precautions.				
Verified the correct patient using two identifiers.				
Introduced self to the family.				
Asked the practitioner or other designated team member to establish the time of death and determined if the practitioner had requested an autopsy.				
Determined if family members or significant others were present and if they had been informed of the death.				
Identified the patient’s surrogate (next of kin or durable power of attorney).				
Determined if the patient had first-person consent, was listed in the Donate Life Registry, or if his or her surrogate had been asked about organ and tissue donation. If so, ensured that the donation request form had been signed and notified the organ request team per the organization’s practice.				
Gave family members and friends a private place to gather. Allowed them time to ask questions and to grieve.				
Asked family members if they had requests for the preparation or viewing of the body (such as position of the body, special clothing, and shaving). Determined if they wished to be present or assist with care of the body.				
Contacted a spiritual care provider consistent with the family’s cultural beliefs or enlisted a team member to stay with family members who were not helping prepare the body.				
Consulted the practitioner’s orders for special care directives or specimens to be collected.				
Provided privacy for the patient’s body, when possible. If the patient had a roommate, explained the situation to the roommate and moved him or her to a temporary location.				
Performed hand hygiene and donned gloves, gown, mask, and eye protection.				
Explained the procedure to the family and ensured that they agreed to treatment.				

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Helped family members notify others of the death. Per the organization’s practice, notified the morgue or mortuary chosen by the family to transfer the patient’s body. Discussed plans for postmortem care.				
If organs or tissue were being donated, followed the organization’s practice for care of the body.				
Identified and tagged the patient’s body, leaving the identification on the body per the organization’s practice.				
Assessed the general condition of the body and noted the presence of dressings, tubes, and medical equipment.				
1. Did not remove indwelling devices when an autopsy was to be performed. Followed the organization’s practice and family’s cultural preferences regarding body preparation.				
2. Disconnected and capped IV lines.				
Removed indwelling devices, if appropriate per the circumstances and the organization’s practice.				
If the patient had dentures and they were not in his or her mouth, placed them there. If the dentures did not stay securely in the mouth, placed them in a labeled denture cup and ensured that they were transported with the patient’s body to the mortuary.				
If culturally appropriate, used a rolled-up towel under the chin to close the patient’s mouth.				
Placed a small pillow under the head or positioned it according to cultural preferences.				
Followed the organization’s practice regarding securing the hands and feet. Used only circular gauze bandaging on the body. Positioned the hands in an elevated position on the abdomen.				
If culturally appropriate, closed the patient’s eyes by gently pulling the eyelids over the eyes.				
Shaved male facial hair, unless doing so was prohibited by cultural practices or the patient wore a beard.				

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Washed soiled body parts. If family members were assisting with washing the body and providing postmortem care, instructed them to don gowns and gloves as protection from body fluids.				
Removed soiled dressings and replaced them with clean dressings, using paper tape or circular gauze bandaging.				
Placed an absorbent pad under the patient's buttocks.				
Placed a clean gown on the patient's body.				
Brushed and combed the patient's hair. Removed any clips, hairpins, or rubber bands.				
Identified which of the patient's belongings were to stay with his or her body and which were to be given to the family.				
If the patient's family requested a viewing, prepared the patient's body and room in a culturally sensitive manner per the organization's practice.				
1. Placed a clean sheet over the patient's body up to the chin with the arms outside the covers, if desirable.				
2. Removed unneeded medical equipment from the room.				
3. Provided soft lighting and chairs for the family.				
4. Put a chair at the bedside for a family member who may have collapsed.				
5. Provided tissues and water for the family.				
Allowed the family time alone with the patient's body.				
1. Encouraged the family to say good-bye with religious rituals and in their culturally accepted manner.				
2. Did not rush the grieving process.				
3. Did not force family members to view the patient.				
4. Remained accessible to address needs and answer questions.				
After the viewing, removed linens and gown per the organization's practice.				
Placed the patient's body in a shroud provided by the organization.				

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1. Placed an identification label on the outside of the shroud per the organization's practice.				
2. Followed the organization's practice for marking a body that posed an infectious risk to others.				
Ensured that prompt transportation of the patient's body to the mortuary had been arranged. If a delay was anticipated in the transfer to mortuary care, transported the patient's body to the morgue.				
Observed family members', friends', and significant others' responses to the loss, and provided support as needed.				
Discarded supplies, removed PPE, and performed hand hygiene.				
Documented the procedure in the patient's record.				

Learner: \_\_\_\_\_ Signature: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_