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|  | **Death Notification Checklist for Medical Providers** | | | | |
| Client’s Name | | | | | |
| 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. | | |  | A.M.  P.M. |  |
| 1. Determine if autopsy is required under [DDA Policy 9.10](https://www.dshs.wa.gov/sites/default/files/DDA/dda/documents/policy/policy9.10.pdf). | | |  | A.M.  P.M. |  |
| 1. 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. | | |  | A.M.  P.M. |  |
| 1. Inform the legal surrogate of the client’s death. | | |  | A.M.  P.M. |  |
| Obtain consent for an autopsy under RCW 68.60.101, if appropriate | | |  | A.M.  P.M. |  |
| Does the legal surrogate desire autopsy information?  Yes  No If yes, when did you send the information? | | |  | A.M.  P.M. |  |
| Document autopsy information in the client’s chart | | |  | A.M.  P.M. |  |
| Verify the legal surrogate’s preferred funeral home | | |  | A.M.  P.M. |  |
| 1. 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. | | |  | A.M.  P.M. |  |
| 1. Complete the Certifier’s portion of the electronic death report using the Washington State Department of Health web application for reporting life / health events. | | |  | A.M.  P.M. |  |
| 1. Write a death summary in the client’s chart. | | |  | A.M.  P.M. |  |
| Signature | | Printed Name | | | |
| Date checklist was completed: | | | | | |