



CARE OF THE BODY AFTER DEATH

When a client's death is pronounced, the physician certifies the death in the medical record and indicates the time of death and makes a description of the therapies or actions taken. IF NECESSARY, the physician may request for an autopsy or a postmortem examination of the cause of death, data-gathering of the nature and progress of a disease, study the effects of therapies on the body, and provide statistical data for research and epidemiologic purposes. Autopsies are REQUIRED in unusual deaths (violent trauma, unexpected death in the home). Autopsies normally do not delay burial.

EQUIPMENT:

- Gown, disposable gloves
- Plastic bag for hazardous waste
- Basin, washcloth, towel, water
- Disposable gown
- Absorbent pads
- Gauze for ties
- Identification tags
- Small pillow or towel
- Paper tape, gauze dressings
- Plastic bag for items of the person to be returned to family
- Valuables envelope
- Body bag or plastic shroud

NURSING INTERVENTIONS	RATIONALE
1. Check with significant others about notifying other significant people.	Following a death, family may have troubles dealing with concrete details surrounding death and may need help.
2. Discuss the procedure of preparing the body with significant others. Inquire if there are cultural or spiritual practices that are significant for the deceased or the family. (Family may want to be involved in the final care. This can facilitate grieving and acceptance of death.) Determine if they want a priest or a pastor to be there.	Having some ability to direct what is happening will increase sense of being in control. Consulting with family can provide valuable information as to culture and spirituality. Discussing these will convey care and concern.
3. If organ donation has been made, consult the policy for specific guidelines in the care of the body.	Retrieval of tissues (eyes, bone, skin) may require certain preparation measures.
4. Wash hands.	Reduces transfer of microorganisms
5. Close the room door or draw bedside curtains.	Provides privacy for the deceased and S.O.
6. Wear disposable gloves and gowns or protective barriers as applicable. (if S.O. are assisting, they too need protection)	Body excretions may harbor infection. Withdrawal of tubes may cause temporary bleeding



7. Identify the body according to agency policy. Leave identification in place as directed.	Ensures proper identification
8. If in keeping with procedures, remove all tubes, catheters, IVs, O ₂ . (If an autopsy is to be performed, policy may direct that these be left in place.) Dress puncture wounds with gauze dressing and paper tape.	Creates a normal appearance. Paper tape minimizes skin trauma.
9. If the person wore dentures, insert them. If the mouth fails to close, insert a towel under the chin.	It is difficult dentures if rigor mortis has set in. Dentures maintain natural facial expression.
10. Position the client as advised in the policy. In general, do not put hands on top of one another. This can cause discoloration.	Client appears natural and comfortable.
11. Elevate the head of the bed 10 to 15 degrees or put a small pillow or folded towel under the head.	Prevents pooling of blood and subsequent discoloration.
12. Close eyes gently by grasping the eyelashes. Or put moist cotton balls over the 2 lids to keep them closed.	Closed eyes present a more natural appearance. Pressure on the lids causes discoloration.
13. Wash body parts soiled with blood, feces, urine, or other discharges. (A mortician will provide complete bath)	Reduces odor and prepares body for viewing.
14. Place an absorbent pad under the client's buttocks.	Relaxation of sphincter muscles after death can cause release of urine/feces
15. Remove soiled dressing and replace them with clean gauze dressing. Secure with paper tape.	Paper tape minimizes skin trauma. Changing dressings controls odors and creates a more acceptable appearance
16. Place a clean gown on the client (agency policy may require the removal before the body is wrapped).	Prepares body for viewing and creates a more acceptable appearance
17. Brush and comb client's hair. Remove clips, hairpins, or rubber bands.	For a well-groomed appearance. Hard objects may damage and discolor scalp
18. If family requests viewing, put a light blanket over the body with only the face and upper shoulders exposed. Remove unnecessary equipment from the room. Provide soft lighting and offer chairs. (determine if family needs time alone or with a staff in the room)	Maintains dignity of client and respect for family Prevents exposure of body parts.



NURSING INTERVENTIONS	RATIONALE
19. After the family has left the room, remove linens and gown, and label the body. The wristband ID should remain. Another ID should be placed around the ankle. Place the body in the body bag or apply a shroud, as indicated by the policy.	Ensures proper identification. Prevents injury and damage to body parts. Avoids unnecessary exposure of body parts
20. Place the third tag outside the body bag or shroud	Ensures proper identification
21. Arrange transportation of the body to the morgue or mortuary. Carefully transfer the body to a stretcher keeping the body aligned and covered with clean linen. Remove gloves and wash hands.	If delay is expected, body is cooled in the morgue to prevent tissue damage Minimizes transfer of microorganisms
22. Close the room doors or curtains of other clients.	Appearance of a body will upset others
23. Remove remaining items inside the room and wash hands.	Prevents transfer of microorganisms

RECORDING AND REPORTING

1. Record the date and time of death or if the person died in the absence of a physician, record the time the physician was called, the name of the physician who pronounced death, delivery of postmortem care, identification of the body, and information provided by S.O., a consent form signed by S.O., and disposition of the body.	Ensures client's death is accurately and legally documented.
2. Document any marks, bruises, or wounds on the body before death or those observed during postmortem care	Reduces risk of liability. Certain marks can identify the body in case identification tags are lost or destroyed.
3. Document how valuables and personal belongings were handled and who received them. Secure signatures as required by the agency policy.	Clears how belongings were distributed if a question arises.