

# MANAGEMENT OF THE DEATH OF A CHILD IN HOSPITAL –

## + FLOW SHEETS AND CHECKLISTS

**CONFIRMATION OF DEATH & REPORTABLE DEATHS:  
FLOW SHEET (1)**

Down Arrow

Medical Officer (MO) asked to complete death certification after child death. MO is to inform the Senior Medical Officer (SMO) responsible for the care of the child that the child has died. SMO leads the completion of the medical certificate of cause of death.

**The SMO responsible is expected to actively participate in this process and will ensure that all documentation is accurate and complete.** The SMO is to ensure other MOs and SMOs involved in the child's care are kept informed.

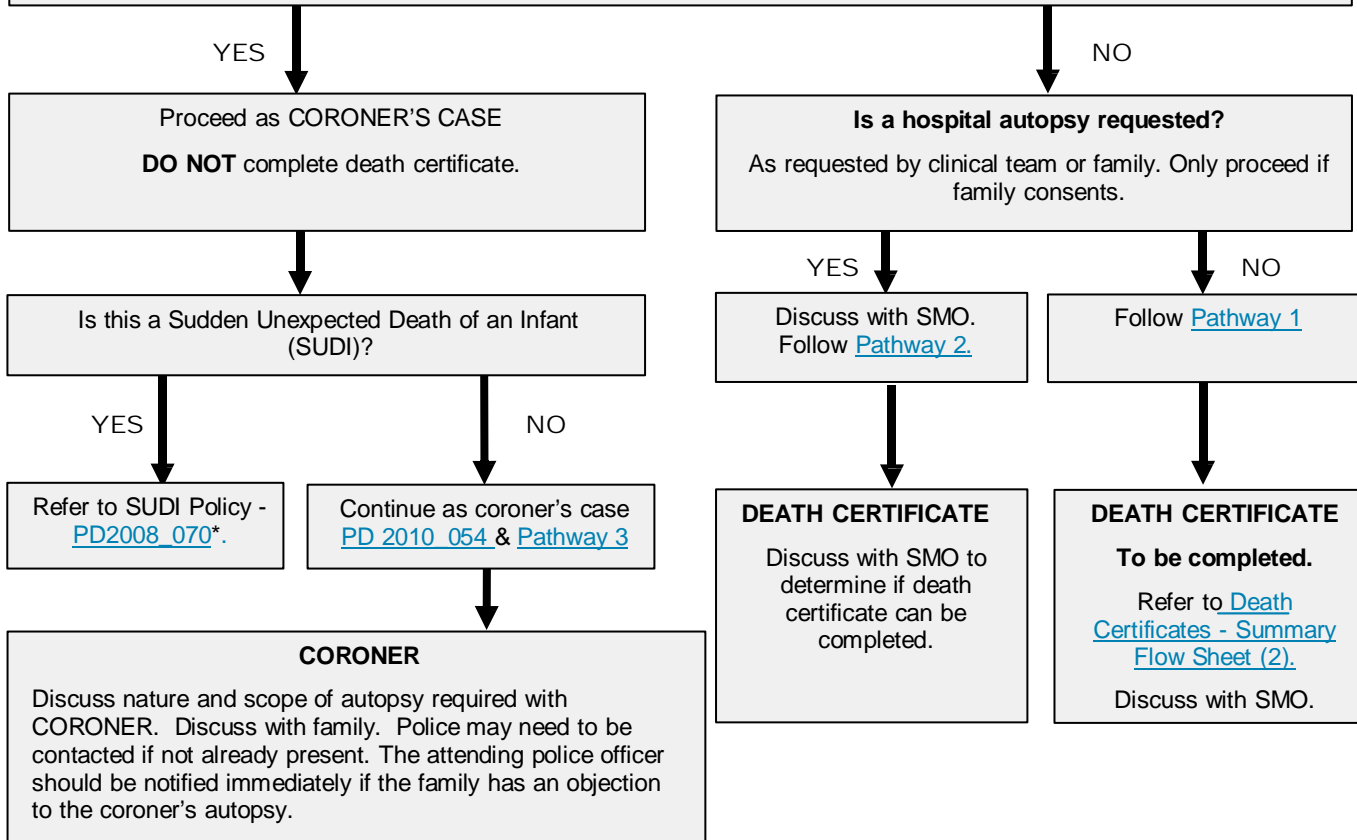
Prior to entering room, MO to discuss with Nurse in Charge or other relevant staff circumstances of death and family issues as relevant. Assess if psychosocial needs of family have been met and request assistance (social worker, cultural, spiritual, religious support) as required.

**CONFIRM DEATH**

MO to introduce themselves to family member(s) in room briefly explains their role. [PD2012\\_036 Death – Extinction of Life and the Certification of Death – Assessment](#) outlines the process for the assessment and documentation to verify death (previously referred to as extinction of life), and the medical certification of death. It describes the roles of health professionals employed by NSW Health in relation to assessment and documentation when patients die.

**IS THIS A REPORTABLE DEATH?**

See list of conditions that require coronial notification in [PATHWAY 3 – Reportable Deaths](#) (If in doubt, discuss with SMO)

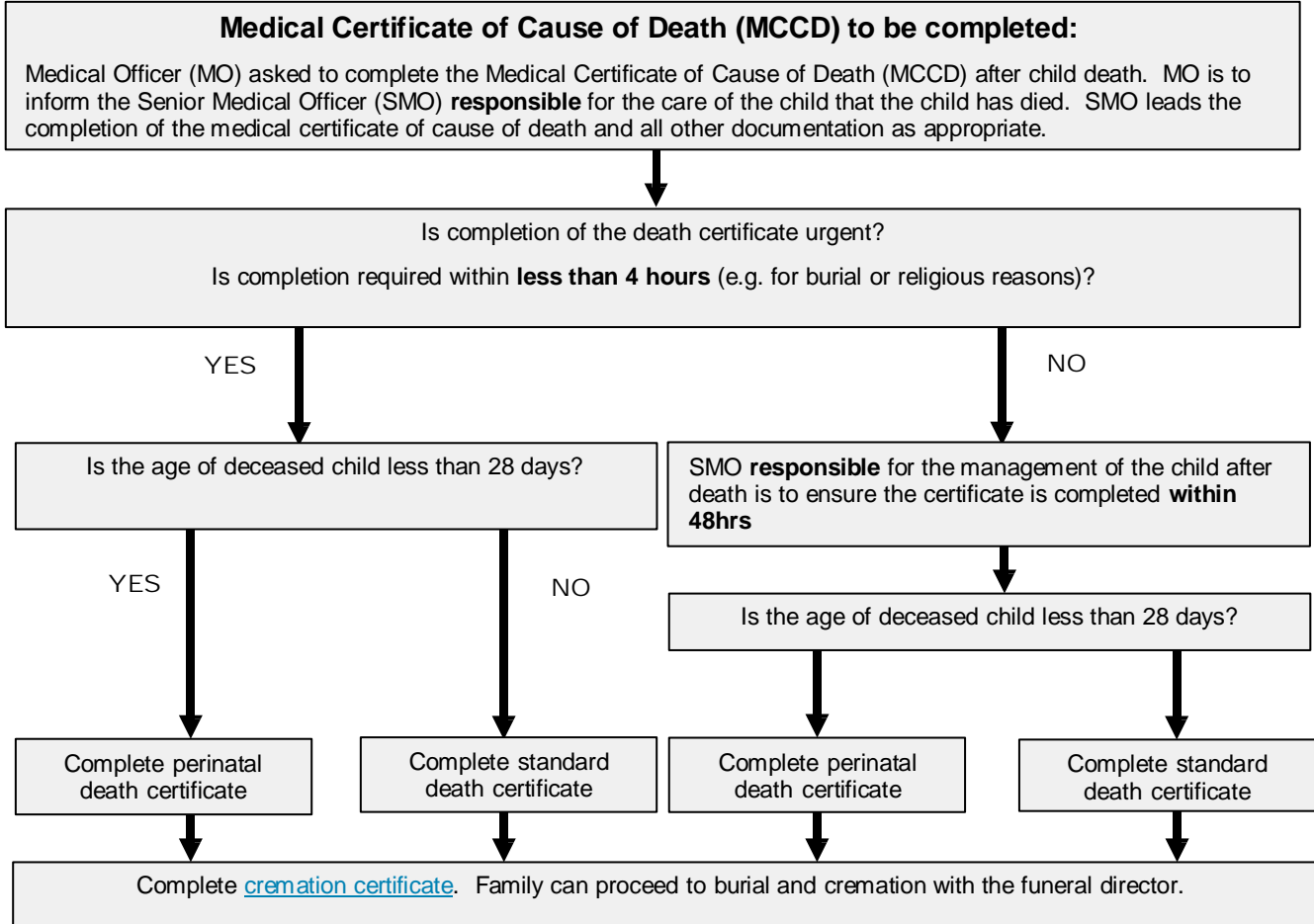


**NOTES:** In coronial cases only, if a hospital autopsy is requested or diagnostic tissue or organ removal required SMO **MUST** discuss with coroner first and only proceed if family consents. Metabolic samples are best obtained within 2 hours of death. Follow [GL2014\\_008](#) and [PD 2013\\_001](#).

An autopsy may be performed by a paediatric pathologist only with the approval of the coroner.

**\*This Hospital Resource does not include SUDI. For the management of SUDI, refer to PD2008\_070**

**CONFIRMATION OF DEATH & REPORTABLE DEATHS:  
FLOW SHEET (2)**



**KEY POINTS TO CONSIDER WHEN COMPLETING DEATH CERTIFICATE**

- The Senior Medical Officer (SMO) is responsible for the accurate completion of the death certificate.
- Cause of death is not 'cardiopulmonary arrest'. This is a process not a cause of death.
- Line (a) is the direct cause of death. There must always be an entry in line (a). The senior doctor responsible must be consulted with regard to documenting the underlying cause of death.
- Lines (b)-(e) are underlying causes that have contributed to death.
- If (a) is not a consequence of other conditions then (b) – (e) can be left blank.
- Do not forget to complete the 'Duration' column on the right hand side of the form.
- Complete 'Part 2 Other Significant Conditions'.

For further information and guidance on how to complete a Cause of Death Certificate please refer to 'Information Paper. Cause of Death Certification' 2004 [1205. 0. 55. 001] produced by the Australian Bureau of Statistics (ABS).

**PATHWAY 1 CHECKLIST: NON-CORONER'S CASE WITHOUT A  
HOSPITAL AUTOPSY**

PD2012\_036 Death – Extinction of Life and the Certification of Death – Assessment

**Decisions regarding non-coroner's case and no hospital autopsy  
Discussed with senior doctor in charge of the patient's care**

Print senior doctor's name: \_\_\_\_\_

**Locally required mortuary documentation  
Completed, signed and placed in medical record**

(original accompanies patient's body to the morgue, copy remains in medical record)

**Identifiication (ID) labels are correctly on child's body**

**Medical Certificate of Cause of Death (MCCD)**

(Perinatal OR normal death certificate)

Completed, signed and placed in medical record

**Cremation Certificate**

Completed, signed and placed in medical record

**Medical record documentation**

Completed, signed and sent to Clinical Governance Unit

**All forms put into envelope and placed in medical record**

**PATHWAY 2 CHECKLIST: NON-CORONER'S CASE WITH HOSPITAL  
AUTOPSY**

PD2012\_036 Death – Extinction of Life and the Certification of Death – Assessment, PD2013\_051 Non-Coronial Post Mortems, PD 2013\_001 Deceased Organ and Tissue Donation-Consent and Other Procedural Requirements, PD2005\_341 Human Tissue-Use/Retention Including Organ Donation, Post-Mortem Examination and Coronial Matters GL2014\_008 Organ Donation After Circulatory Death: NSW Guidelines.

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <p><b>Decisions regarding non-coroner's case with hospital autopsy</b><br/>Discussed with senior doctor in charge of the patient's care<br/>Print senior doctor's name: _____</p>   |
| <input type="checkbox"/> | <p>Discussed with histopathologist (prior to obtaining consent)<br/><i>(to allow informed discussion with the parents about the extent and details of the post-mortem examination, e.g., retention of tissue or organs)</i></p>   |
| <input type="checkbox"/> | <p><b>Consent for hospital autopsy</b><br/>Information for Parents about Hospital Autopsy brochure - given to parents/next-of-kin<br/>Consent form completed and enclosed (parents / next-of-kin signed, witness signed, designated officer signed)<br/>Copy of consent form given to parents / next-of-kin (legal requirement)</p> |
| <input type="checkbox"/> | <p><b>Locally required mortuary documentation</b><br/>Completed, signed and placed in medical record<br/><i>(original accompanies the patient's body to the morgue, copy remains in medical record)</i></p>   |
| <input type="checkbox"/> | <p><b>Identification (ID) labels are correctly on child's body</b></p>  |
| <input type="checkbox"/> | <p><b>Medical Certificate of Cause of Death (MCCD)</b><br/>(Perinatal OR normal death certificate)<br/>Completed, signed and placed in medical record</p>   |
| <input type="checkbox"/> | <p><b>Cremation Certificate</b><br/>Completed, signed and placed in medical record</p>  |
| <input type="checkbox"/> | <p><b>Medical record documentation</b><br/>Completed, signed and sent to Clinical Governance Unit</p>   |
| <input type="checkbox"/> | <p><b>All forms put into envelope and placed in medical record</b></p>  |

**PATHWAY 3 CHECKLIST: REPORTABLE DEATHS - CORONER'S CASE**

PD2012\_036 Death – Extinction of Life and the Certification of Death – Assessment, PD 2010\_054 Coroner's Cases and the Coroners Act 2009),  
PD2013\_051 Non-Coronial Post Mortems,  
PD 2013\_001 Deceased Organ and Tissue Donation-Consent and Other Procedural Requirements,  
GL2014\_008 Organ Donation After Circulatory Death: NSW Guidelines,  
PD 2010\_054 Coroner's Cases and the Coroners Act 2009,  
PD2005\_341 Human Tissue-Use/Retention including Organ Donation, Post-Mortem Examination & Coronial Matters,  
IB2010\_058 NSW Health Information Bulletin Coronial Checklist & Coroners Act 2009 No 41  
Coroners Amendment Act 2012 No 24

**DO NOT DISTURB THE BODY**

**A death certificate is not issued if the death is reportable to the coroner.**

DO NOT remove any IV lines, drains, dressings or tubes. DO NOT clean any part of the body,

DO NOT perform hand or foot prints.

- Decisions regarding coroner's case**  
Discussed with senior doctor in charge of the patient's care  
Print senior doctor's name: \_\_\_\_\_
- Local police notified**
- Relevant information provided to parents / next-of-kin**  
(including NSW Coroner's Court: A guide to services brochure)
- Locally required mortuary documentation**  
Completed, signed and placed in medical record  
*(original accompanies the patient's body to the morgue, copy remains in medical record)*
- Identification (ID) labels are correctly on child's body**
- Report of Death of a Patient to the Coroner (Form A)**  
Completed, signed and given to police. Copy placed in medical record
- Report of death associated with anaesthesia/sedation**  
Completed, signed and given to police. Copy placed in medical record.
- Medical record documentation**  
Completed, signed and sent to Clinical Governance Unit
- All forms put into envelope and placed in medical record**