

Last Offices Checklist Hospital

The member of staff carrying out the procedure should complete this checklist. Once completed it should be signed by a registered nurse.

Patient: **NHS Number:**

Ward:

		Signature
1	All catheters, venflons etc spigoted, and wounds covered with occlusive dressings. Do not remove ET tubes.	
2	"Place identification bracelets on the patient's wrist & opposite ankle, containing the correct first and last name, date of birth, hospital number, NHS number (where available) and district number. This information should be checked against the patient's notes. NB. Two nurses should check the identity of the patient is correct on the wristbands and correctly completed on the death notice	
3	Any jewellery being left on the deceased, e.g. rings, recorded on the death notification form. Clear description should be used i.e. white metal ring with red stone not silver ring with sapphire	
4	Any property removed entered into the wards 'Patient Property Book 2', and taken to general office by hand. If out of hours, the night safe must be used. 2 people must check property	
5	Deceased placed in a shroud. • If a relative has an explicit request for an alternative please indicate - Yes / No (This request and subsequent discussion must be recorded in the patient's notes; a signature in this section is then to acknowledge that this has been done. Discussion must include the information that any clothing may have to be cut off in the mortuary and discarded).	
6	Death notification book, top copy attached to shroud on the deceased's chest (if body bag required attach to chest on outside of body bag).	
7	Deceased wrapped in disposable sheet and placed on blue transfer sheet.	
8	Deceased requires a body bag? Yes / No (please indicate).	
9	All nursing records and charts filed correctly in the medical notes and a 'deceased' sticker placed on the front of the case note file.	
10	Care after death form completed	

Signature of registered nurse : **Print Name**.....

Signature of second person signing..... **Print Name**.....

Date:.....