


<p style="text-align: center;">THE UNIVERSITY OF KANSAS HOSPITAL 3901 Rainbow Boulevard Kansas City, Kansas 66160 EXPIRED PATIENT SUMMARY CHECKLIST (This form to be initiated when imminent death is recognized)</p>	<p>Do not write in this box</p>  <p>D T O O O 6</p>	<p>PATIENT LABEL</p>
---	--	----------------------

***ALL INFORMATION IS ESSENTIAL**

NOTIFY

Call 8-6466 for **FIRST INHOUSE NOTIFICATION** _____ (date) _____ (time)

Imminent (Brain) Death - initial call to Midwest Transplant Center (MTN) Call Center (1-800-366-6791) notified _____ (date) _____ (time)

---OR--- (MTN called back with Cardiac Time of Death at _____ (date) _____ (time))

Cardiac Death (required for all deaths) - MTN Call Center (1-800-366-6791) notified _____ (date) _____ (time)

MTN referral number#: _____ Donation Eligibility: Organ Y N Tissue Y N Eye Y N

Donor Registry Status: In Registry Not in Registry Bridge Builder: _____

Probable Cause of Death _____

Notified family member (name) _____ at _____ (date) _____ (time)

Notified Funeral Home of death (NOT a release to transport body, only a notification of death.) Family Undecided

Name of Funeral Home: _____

Address and phone #: _____

Name of contact: _____ Date and time funeral home contacted: _____

DEMOGRAPHIC INFORMATION

(See back of form for legal Next of Kin list)

Unit: _____ Primary Service: _____ Sex: _____ DOB: _____ Age: _____ Race: _____

Time of death: _____ Date of death: _____

Pronouncement of death made by _____ First Name _____ Last Name _____ Credential _____ Pager: _____

Physician to sign Death Certificate: _____ First Name _____ Last Name _____ Credential _____ Pager: _____

Next of Kin Name: _____ Relationship: _____ Time Notified: _____

Primary Phone #: _____ Cell Phone #: _____ Secondary Phone #: _____

---OR---

Durable Power of Attorney: _____ Time Notified: _____

Address: _____ Phone #: _____ Cell #: _____

CORONER'S CASE

YES - if ANY Trauma, burn, falls, etc. (see back of yellow copy to determine) NO

County: _____ Contact Person: _____

Phone #: _____ Date and Time contacted: _____

HOSPITAL AUTOPSY

Verify the patient's family has been offered hospital autopsy.
 Consented _____ Declined _____ Undecided _____
 (Autopsy permit MUST be signed by the closest next of kin – See back of form for legal NOK list)

RELEASE BODY TO THE UNIVERSITY OF KANSAS HOSPITAL MORGUE

Call 8-6466 for **SECOND INHOUSE NOTIFICATION**. REPORT STATUS OF DONATION, AUTOPSY, OR CORONER'S CASE _____ (date) _____ (time)

ID bracelet and/or toe tag on patient Toe tag attached to outside of zipper bag

Infectious Disease notification on outside of bag, if applicable

Disposition of Personal Effects, check all that apply:

Where are the patient's belongings: Hospital Safe (Admitting Office) Materials Management

ATTACH VALUABLES FORM AND / OR PATIENT BELONGINGS TRACKING FORM to this Checklist (Yellow sheet)

Sent with body to morgue

Family, name of person receiving personal effects: _____ Relationship: _____

Description of belongings: _____

ALL BODIES MUST BE RELEASED FROM THE HOSPITAL MORGUE.

PAPERWORK TO MORGUE

<input type="checkbox"/> Authorization for Release to Funeral Home	<input type="checkbox"/> Autopsy Permit, if applicable
<input type="checkbox"/> Record of Admission	<input type="checkbox"/> Autopsy Consultation, if applicable
<input type="checkbox"/> Valuables and/ or Patient Belongings Form	<input type="checkbox"/> MTN Form (consent for donation), if applicable
<input type="checkbox"/> Infant Form, if applicable	<input type="checkbox"/> Certificate for Bequeathing body, if applicable
<input type="checkbox"/> Chart, if autopsy to be performed	<input type="checkbox"/> Coroner's notification, if applicable

RN-Print Name: _____ Signature: _____ Date: _____

Faxed completed Expired Patient Checklist to MTN at 913-236-9071 on Date: _____ Time: _____ Initials: _____

Coroner's (Medical Examiner's) Case

1. The patient's death is to be considered a coroner's case if patient's hospitalization originated from at least one of these circumstances (even if subsequent death in hospital results directly from a complication such as sepsis, PE, etc.)
 - ACCIDENTAL TRAUMA (falls, burns, MVA's, etc.)
 - VIOLENCE/UNLAWFUL (beatings, gun shot wounds, stabbings, etc)
 - SUSPICIOUS CAUSE (possible overdoses? Poisonings? Possible foul play? Child abuse? Domestic abuse? Elder abuse? etc.)
 - SUDDEN UNEPEXPECTED/UNEXPLAINED (patient "found down", etc.)
 - WORK RELATED
 - SUICIDE ATTEMPT (per K.S.A. 22a-231)
2. If the patient meets any of the above criteria - Notify Wyandotte County Coroner (Alan Hancock, M.D.) via Kansas City, KS police dispatch 913-596-3000.
 - Pager: 913-599-8356
 - Home: 913-721-2452
 - Home fax: 913-721-3312
 - Provide basic information, including location of originating event.
 - Follow guidance of WY CO Coroner, which may include also notifying coroner of county where event occurred.
 - Notify additional coroner if indicated.
 - Kansas and Missouri Coroner listings are in the END OF LIFE RESOURCE HANDBOOK.**
 - Coroner's office is to arrange transport of body for coroner's autopsy.
3. Complete Coroner Notification Form located in packet in End Of Life handbook. Send appropriate paperwork copies to Morgue with body.

LEGAL NEXT OF KIN

65-1734 Chapter 65.--PUBLIC HEALTH

Article 17.--REGULATION OF EMBALMERS AND FUNERAL DIRECTORS; FUNERAL ESTABLISHMENTS

65-1734. Order of priority of persons authorized to dispose of decedents' remains; immunity of funeral directors, funeral establishments and crematories. The following persons, in order of priority stated, may order any lawful manner of final disposition of a decedent's remains including burial, cremation, entombment or anatomical donation:

1. **Agent of the Decedent** - "Agent" means an individual:
 - (A) authorized to make health-care decisions on the principal's behalf by a power of attorney for health care; or
 - (B) expressly authorized to make an anatomical gift on the principal's behalf by any other record signed by the principal.
2. **Spouse**
3. **Adult Child** - "Adult" means an individual who is at least 18 years of age.
4. **Parent** - "Parent" means a parent whose parental rights have not been terminated.
5. **Adult Sibling**
6. **Adult Grandchild**
7. **Grandparent**
8. **Guardian** - "Guardian" means a person appointed by a court to make decisions regarding the support, care, education, health, or welfare of an individual. The term does not include a guardian ad litem.
9. **Person who Exhibits Special Care of the Decedent**
"Person" means an individual, corporation, business trust, estate, trust, partnership, limited liability company, association, joint venture, public corporation, government or governmental subdivision, agency, or instrumentality, or any other legal or commercial entity.
10. **Person Authorized to Dispose of Decedent's Body.**