

DECEDENT CARE FORM

PRINT LEGIBLY

All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death.
See phone notification list on page 3 for contacting Decedent Care, LifeShare, Mission Dispatch & Medical Examiner

DECEDENT INFORMATION

Decedent Name: Doe, John Date: 06-25-2025 Time of Death: 1600 MRN# 01-02-03-04
Nursing Unit: A 3 West Room# A 3 3 8 Provider caring for patient at time of death: John Smith, MD

ORGAN DONATION & PROCUREMENT

LifeShare Carolinas (LifeShare) must be notified within 1-hour for: any ventilated patient with a life-threatening injury or illness, a GCS of 5 or less (regardless of sedation or paralytics), if death is imminent, if Brain Death testing is being considered/initiated, OR withdrawal of ventilator support is being considered.

VENTILATED PATIENT

Date Notified: _____ Time Notified: _____ Representative's Name: _____ Case ID # _____
Organ donation candidate? ☐ YES ☐ NO Reason if no: _____

LifeShare must be notified within 1-hour post-mortem.

POST-MORTEM

Date Notified: 0 6 / 2 5 / 2 0 2 5 Time Notified: 1 6 0 5 Representative's Name: S u s a n Case ID # 2 0 2 5 - 1 2 3 4 5 6

Tissue donation candidate? ☐ YES ☐ NO Reason if no: List Reason If Answer Is No

Eye donation candidate? ☐ YES ☐ NO Reason if no: List Reason If Answer Is No

Organ donation candidate? ☐ YES ☐ NO Reason if no: List Reason If Answer Is No

If YES, select donation pathway: ☐ After Brain Death ☐ After Circulatory/Cardiac Death

Body released by LifeShare for transfer to Funeral Home? ☐ YES ☐ NO

MEDICAL EXAMINER (ME)

If death meets any of the following criteria: Medical Examiner must be notified PRIOR to releasing the body from the unit.
Medical Examiner must be notified of deaths due to the following causes and conditions, even though the patient may have survived for weeks, months or longer following injury.

Medical Examiner Case Criteria:

- Violence or trauma; including burns or drowning
- Poisoning or overdose
- Injuries and accidents; including slip, trip or fall
- Suicide or homicide
- Occurring suddenly when the deceased had been in apparent good health or
- When unattended by a physician
- Occurring in a jail, prison, correctional institution or in police custody
- Occurring in State facilities operated in accordance with Part 5 of Article 4 of Chapter 122C of the General Statutes; occurring pursuant to Article 19 of Chapter 15 of the General Statutes
- Occurring under any suspicious, unusual or unnatural circumstance

MSJ-00001-231-1122



N0000-108



**Decedent Care
Form**

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**PATIENT CHART
LABEL REQUIRED**

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Decedent Name: Doe, John

Date: 06/25/2025

MRN: 01-02-03-04

MEDICAL EXAMINER (ME) (continued)

If you are uncertain the death meets criteria, contact the ME for guidance.

Meets criteria for ME case? ☐ YES ☐ NO

If yes, nurse must notify ME. Time notified: 1600

ME name: Sue Smith

If yes, did ME release body? ☐ YES ☐ NO

Autopsy requested by relative? ☐ YES ☐ NO

If yes, is consent form signed? ☐ YES ☐ NO

FUNERAL HOME

****MOMB, MFMU, L&D, Peds, PICU, NICU: Follow department procedures for release of body to funeral home or parent****
All other units: Attempt to obtain information below, but DO NOT notify funeral home for transport.

Funeral Home chosen? ☐ YES ☐ NO

**Funeral Home notified? ☐ YES ☐ NO

Name of Funeral Home: Groce Funeral Home

Family member contact information: ☐ UNKNOWN

Name: Linda Doe Relationship: Wife

Phone: 828-123-4567 Address: 82 Wood Drive, Asheville, NC 28888

DISPOSITION OF DECEDENT BELONGINGS

List all patient belongings at time of death and their disposition (Use separate sheet if necessary).
Examples include: clothing, shoes, purse, wallet, glasses, hearing aids, and all other valuables.
Note: Some belongings may be released to family members, while others remain with the body.

Given to Family: (List all belongings in detail)

ITEM	DESCRIPTION
Wallet	Brown Leather
Ring	Gold band with blue stone
Phone	Blue Case
Watch	Gold with black band

Received by (print): Linda Doe

Received by (signature): Signature - required

Witnessed by (print): RN's Name

Witnessed by (signature): Signature - required

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**Decedent Care
Form**

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**PATIENT CHART
LABEL REQUIRED**

DECEDENT CARE FORM

PRINT LEGIBLY

All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death.

Decedent Name: Doe, John

Date: 06-25-2025

MRN: 01-02-03-04

DISPOSITION OF DECEDENT BELONGINGS (continued)

Transferred with body:

ITEM	DESCRIPTION
Dentures	Upper & lowers
Hearing Aids	Right Ear

Received by (print): FH Rep's name

Received by (signature): Signature of Rep.

Witnessed by (print): DCStaff Member

Witnessed by (signature): Signature of Rep.

VERIFICATION SIGNATURES

By signing below, I verify that post-mortem process documentation has been reviewed.

Signature of RN completing this document: Required

Date: 06/25/2025

Time: 1609

*Independent Verification signature: Required

Date: 06/25/25

Time: 1610

*Nursing Unit Supervisor or House supervisor

NOTIFICATION LIST

Decedent Care Line: 828-213-0976

(Notify for all in hospital deaths, 24 hours per day)

Mission Dispatch: 828-213-4133 Option 5

(Notify for transport of body to Morgue)

LifeShare of the Carolinas: 800-932-4483

(Notify for all in hospital deaths within 1-hour post-mortem)

Medical Examiner On-Call:

(Notify for deaths meeting ME case criteria)

See "AMION/Physician Call Schedules" for on-call ME number

DOCUMENTATION ROUTING

Patient's Nurse/Decedent Care Representative will provide a copy of "Handling and Transportation of Bodies" & this "Decedent Care Form" to LifeShare, Medical Examiner or Funeral Home as required for ongoing disposition of body.

Completed signed originals of these documents must be forwarded to Health Information Management (HIM) to be added to decedent's medical record.

AUTHORIZATION FOR RELEASE OF BODY

To be completed by Decedent Care Representative.

MOMB, MFMU, L&D, Peds, PICU, NICU: Follow department procedures for release of body to funeral home or parent

Body of decedent, decedent belongings (if any), a copy of "Handling and Transportation of Bodies", & this "Decedent Care Form" are released to funeral home listed on page 2.

Funeral Home representative (or parent) signature: Completed by Funeral Home

Date: 06/25/2025

Time: 1700

Decedent Care** representative signature: Completed by Decedent Care Staff

Date: 06/25/2025

Time: 1700

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**Decedent Care
Form**

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**PATIENT CHART
LABEL REQUIRED**

Mission Hospital-Decedent Care Form Completion

The Decedent Care Form must be completed entirely as part of the Death Packet Completion.

- ☐ The Death Packet Consists of two forms: Decedent Care Form-3 pages (Mission Hospital) and the Handling and Transportation of Bodies Form.
- ☐ Follow instructions for each section carefully and fill out the forms completely.
- ☐ Decedent Care Form: **All sections** except "Authorization for Release of Body" **must be completed by patient's nurse at time of death.**

DECEDENT CARE FORM PRINT LEGIBLY		DECEDENT CARE FORM PRINT LEGIBLY		DECEDENT CARE FORM PRINT LEGIBLY																	
<p>All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death. See phone notification list on page 3 for contacting Decedent Care, Lifeshare, Mission Dispatch & Medical Examiner.</p> <p>DECEDENT INFORMATION</p> <p>Decedent Name: <u>Mr. John</u> Date: <u>06-22-2025</u> Time of Death: <u>1200</u> MREN: <u>01-02-01-04</u></p> <p>Residing Unit: <u>A-1 West</u> Room: <u>2-114</u> Provider caring for patient at time of death: <u>John Smith, MD</u></p> <p>ORGAN DONATION & PROCUREMENT</p> <p>Lifeshare Carolina (Lifeshare) must be notified within 1-hour for: any ventilated patient with a life-threatening injury or illness, a GCS of 5 or less (regardless of sedation or paralysis), if death is imminent, if Brain Death testing is being considered/limited, OR withdrawal of ventilator support is being considered.</p> <p>VENTILATED PATIENT</p> <p>Date Notified: _____ Time Notified: _____ Representative's Name: _____ Case ID #: _____</p> <p>Organ donation candidate? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason if no: _____</p> <p>Lifeshare must be notified within 1-hour post-mortem.</p> <p>POST-MORTEM</p> <p>Date Notified: <u>06-22-2025</u> Time Notified: <u>1400</u> Representative's Name: <u>John Doe</u> Case ID #: <u>0-2-2-1-1334-04</u></p> <p>Tissue donation candidate? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason if no: <u>List Reason if Answer is No</u></p> <p>Eye donation candidate? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason if no: <u>List Reason if Answer is No</u></p> <p>Organ donation candidate? <input type="checkbox"/> YES <input type="checkbox"/> NO Reason if no: <u>List Reason if Answer is No</u></p> <p>If YES, select donation pathway: <input type="checkbox"/> After Brain Death <input type="checkbox"/> After Circulatory/Cardiac Death</p> <p>Body released by Lifeshare for transfer to Funeral Home? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>MEDICAL EXAMINER (ME)</p> <p>If death meets any of the following criteria: Medical Examiner must be notified PRIOR to releasing the body from the unit. Medical Examiner must be notified of death due to the following causes and conditions, even though the patient may have survived for weeks, months or longer following injury.</p> <p>Medical Examiner Case Criteria:</p> <ul style="list-style-type: none"> Violence or trauma, including burns or drowning Poisoning or overdose Injuries and accidents, including slip, trip or fall Suicide or homicide Occurring suddenly when the deceased had been in apparent good health or When unattended by a physician Occurring in a jail, prison, correctional institution or in police custody Occurring in State facilities operated in accordance with Part 1 of Article 4 of Chapter 122C of the General Statutes; occurring pursuant to Article 19 of Chapter 13 of the General Statutes Occurring under any suspicious, unusual or unusual circumstance 		<p>All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death.</p> <p>Decedent Name: <u>Mr. John</u> Date: <u>06-22-2025</u> MREN: <u>01-02-01-04</u></p> <p>MEDICAL EXAMINER (ME) (continued)</p> <p>If you are uncertain the death meets criteria, contact the ME for guidance.</p> <p>Meets criteria for ME case? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, nurse must notify ME: Time notified: <u>1200</u> ME name: <u>Sam Smith</u></p> <p>If yes, did ME release body? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Autopsy requested by relative? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, is consent form signed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>FUNERAL HOME</p> <p>***MOMR, MPAU, L&D, Peds, PICU, NICU: Follow department procedures for release of body to funeral home or parent**</p> <p>All other sites: Attempt to obtain information below, but DO NOT notify funeral home for transport</p> <p>Funeral Home chosen? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Funeral Home contact: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Name of Funeral Home: <u>Green Funeral Home</u></p> <p>Family member contact information: <input type="checkbox"/> UNKNOWN</p> <p>Name: <u>Linda J. Doe</u> Relationship: <u>S/O</u></p> <p>Phone: <u>828-111-4444</u> Address: <u>51 Wood Drive, Asheville, NC 28804</u></p> <p>DISPOSITION OF DECEDENT BELONGINGS</p> <p>List all patient belongings at time of death and their disposition (Use separate sheet if necessary). Examples include: clothing, shoes, pants, wallet, glasses, hearing aids, and all other valuables. Note: Some belongings may be released to family members, while others remain with the body.</p> <table border="1"> <thead> <tr> <th>ITEM</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>Wallet</td> <td>Brown Leather</td> </tr> <tr> <td>Ring</td> <td>Gold band with blue stone</td> </tr> <tr> <td>Phone</td> <td>Blue Case</td> </tr> <tr> <td>Watch</td> <td>Gold with black band</td> </tr> </tbody> </table> <p>Received by (print): <u>Linda Doe</u> Received by (signature): <u>Signature - Required</u></p> <p>Witnessed by (print): <u>John's Name</u> Witnessed by (signature): <u>Signature - Required</u></p>		ITEM	DESCRIPTION	Wallet	Brown Leather	Ring	Gold band with blue stone	Phone	Blue Case	Watch	Gold with black band	<p>All sections except "Authorization for Release of Body" must be completed by patient's nurse at time of death.</p> <p>Decedent Name: <u>Mr. John</u> Date: <u>06-22-2025</u> MREN: <u>01-02-01-04</u></p> <p>DISPOSITION OF DECEDENT BELONGINGS (continued)</p> <table border="1"> <thead> <tr> <th>ITEM</th> <th>DISPOSITION</th> </tr> </thead> <tbody> <tr> <td>Denture</td> <td>Upper & Lower</td> </tr> <tr> <td>Missing Aids</td> <td>Right Ear</td> </tr> </tbody> </table> <p>Received by (print): <u>John's Name</u> Received by (signature): <u>Signature - Required</u></p> <p>Witnessed by (print): <u>DC Staff Member</u> Witnessed by (signature): <u>Signature - Required</u></p> <p>VERIFICATION SIGNATURES</p> <p>By signing below, I verify that post-mortem process documentation has been reviewed.</p> <p>Signature of RN completing this document: <u>Required</u> Date: <u>06/22/2025</u> Time: <u>1400</u></p> <p>Signature of ME completing this document: <u>Required</u> Date: <u>06/22/25</u> Time: <u>1400</u></p> <p>*Signing Unit Supervisor or House supervisor</p> <p>NOTIFICATION LIST</p> <p>Decedent Case Line: 828-213-0976</p> <p>Mission Dispatch: 828-213-4133 Option 5</p> <p>Lifeshare of the Carolinas: 800-932-4443</p> <p>Medical Examiner On-Call: See "AMON/Physician Call Schedules" for on-call ME number</p> <p>DOCUMENTATION ROUTING</p> <p>Patient's Nurse/Decedent Care Representative will provide a copy of "Handling and Transportation of Bodies" & this "Decedent Care Form" to Lifeshare, Medical Examiner or Funeral Home as required for ongoing disposition of body. Completed signed originals of these documents must be forwarded to Health Information Management (HIM) to be added to decedent's medical record.</p> <p>AUTHORIZATION FOR RELEASE OF BODY</p> <p>To be completed by Decedent Care Representative.</p> <p>***MOMR, MPAU, L&D, Peds, PICU, NICU: Follow department procedures for release of body to funeral home or parent**</p> <p>Body of decedent, decedent's belongings (if any), a copy of "Handling and Transportation of Bodies", & this "Decedent Care Form" are released to funeral home listed on page 2.</p> <p>Funeral Home representative (or parent) signature: Completed by Funeral Home Date: <u>06/21/2025</u> Time: <u>1500</u></p> <p>Decedent Care Representative signature: Completed by Decedent Care Staff Date: <u>06/22/2025</u> Time: <u>1500</u></p>		ITEM	DISPOSITION	Denture	Upper & Lower	Missing Aids	Right Ear
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Mission Hospital-Decedent Care Form Completion

Common Form Errors

- ❑ Provider Caring for the Patient at the Time of Death:

This section should list *the provider* that received notification of patient's death. The patient's nurse should not be listed in this section.

Provider caring for patient at time of death: John Smith, MD

- ❑ LifeShare Case ID and Reasons given if not a donation candidate.

- These sections are often left blank.

POST-MORTEM			
Date Notified: 06/25/2025	Time Notified: 1605	Representative's Name: Susan	Case ID #: 2025-123456
Tissue donation candidate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Reason if no:	List Reason If Answer Is No
Eye donation candidate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Reason if no:	List Reason If Answer Is No
Organ donation candidate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Reason if no:	List Reason If Answer Is No
If YES, select donation pathway: <input type="checkbox"/> After Brain Death <input type="checkbox"/> After Circulatory/Cardiac Death			
Body released by LifeShare for transfer to Funeral Home? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			

- ❑ "Disposition of Decedent Belongings" is a common section that is forgotten.

- List ALL patient belongings at the time of death and their disposition in detail (Examples: clothing, shoes, purse, wallet, glasses, hearing aids and all other valuables)

Given to Family: (List all belongings in detail)	
ITEM	DESCRIPTION
Wallet	Brown Leather
Ring	Gold band with blue stone
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Received by (print): Linda Doe	
Received by (signature): Signature - required	
Witnessed by (print): RN's Name	
Witnessed by (signature): Signature - required	

- ❑ Use the Decedent Care Form Completion **Example** to ensure the form is accurately completed in it's entirety