

# Reminder: Pain assessment and reassessment

- ❑ Pain rating must be documented prior to the administration of PRN pain medication.
  - Pain rating levels are reassessed within 1 hour after PRN pain administration by any route.
  - To help caregivers complete this documentation within 1 hour of administration, the pain reassessment reminder task will fire 30 minutes after administration.
  - Utilize critical thinking skills to determine reassessment timing based on the route of administration. Example: PO medication reassessment completed 30 minutes after administration. IV medication reassessment completed 15 minutes after administration. **No reassessment should be completed 1 minute after administration.**
- ❑ The pain/treatment plan is evaluated on an on-going basis and is revised to facilitate achievement of pain goals.

Medications	02/01/2024 14:39 EST	02/01/2024 14:10 EST	02/01/2024 14:09 EST
PRN morphine 1 mg, Inj, IV Push, Q3HR, PRN, pain scale 4-6, 02/01/24 14:08:00 EST	PRN Pain Response	1 mg Last given: 02/01/24 14:09 EST	
morphine			1 mg IV Push Fore
Pain Assessment Pain Rating			7 Auth (Verified)
POSS Sedation			0 Auth (Verified)
Informed of Med purpose			Patient/family/key

**Fires 30 minutes after administration**

02/01/2024 14:39 EST

Intervention Info:  
**morphine**  
 Performed by Train, Nursing-RN 1 on 02/01/24 14:09:00 EST  
**morphine, 1mg**  
 IV Push, Forearm Left, pain scale 4-6

**Pain - Post Assessment**

**Patient Stated Medication Effectiveness**  
☒ Yes  
☐ No  
☐ Other

**Temperature (F)**  **Temperature (C)**   
**Temperature Method**  
☐ Tympanic ☐ Rectal  
☐ Oral ☐ Skin Sensor  
☐ Axillary ☐ Temporal Scanner  
☐ Core

**Blood Pressure**  /  **Mean Arterial Pressure**  **Heart Rate**

**Medication administered for pain?**  
☒ Yes  
☐ No

**Pain Scale Used**  
☒ 0-10  
☐ CPOT (Critical Care Pain Obs Tool)  
☐ Non-Verbal Pain Indicators (CNPI)  
☐ Wong Baker Faces Scales  
☐ FLACC  
☐ NIPS

**Pain Rating**  
☐ 0  
☐ 1  
☒ 2  
☐ 3  
☐ 4  
☐ 5  
☐ 6  
☐ 7  
☐ 8  
☐ 9  
☐ 10

☒ CNPI Score Completed  
☐ NIPS Score Completed  
☐ N-PASS Score Completed  
☐ CPOT Score Completed

**Goal for Pain Management**  
☐ No pain-0  
☐ Mild pain-1  
☒ Mild pain-2  
☐ Mild pain-3  
☐ Moderate pain-4  
☐ Moderate pain-5  
☐ Moderate pain-6  
☐ Severe pain-7  
☐ Severe pain-8  
☐ Severe pain-9  
☐ Severe/worst possible-10



Pain Assessment and Management, 1PC.ADM.0002

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Not intended for external distribution.

Updated: 1/30/26

**HCA Healthcare**  
**Center for Clinical  
 Advancement  
 NC Division**

# Controlled Substance Policy Reminders

- ❑ ONLY pull medications for one patient at a time
- ❑ Medication must be administered, returned, or wasted immediately (within 30 minutes of removal from Pyxis).
- ❑ Any controlled substance packaged in a larger amount than the dose being administered should be wasted and documented immediately (within 30 minutes from time of removal).
  - ❑ Waste is physically witnessed and documented by 2 authorized individuals
  - ❑ Both individuals must witness the waste. NEVER document a waste that you did not witness!
- ❑ Book bags, briefcases, duffel bags, purses or any other type of personal bag are to be left in lockers and not brought into a patient care area. If essential personal items are brought into a patient care area they must be always kept in a clear bag in plain view.

Refer to policy: COG.MM.001 Controlled Substance Monitoring



Updated: 1.16.26


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Advancement  
NC Division**






# Critical Labs

**Critical Lab Results:** Labs that fall significantly outside the normal range and may indicate a life-threatening situation.

- ❑ Critical results require prompt notification to responsible caregiver
  - ❑ **Lab to Caregiver:** within 10 minutes (inpatient), within 30 minutes (outpatient) of result. ABG results are called immediately to appropriate caregiver.
- ❑ Caregiver receives result and performs read-back of critical value result to testing department
- ❑ Notify LIP/AP of critical value notification within required timeframe
  - ❑ **Caregiver to Provider:** notification within one hour of receipt
- ❑ Document LIP/AP notification in the medical record including name of provider notified and time of notification, as well as any orders received.

 **Notifications Periop**

- Notify Other Disciplines
- Notify Provider
- Critical Value Notification
- ✓ Fall Documentation
- Hand Off of Care
- Medication Notification
- Patient Off Unit

	07/17/2024 09:22 EDT
 <b>Critical Value Notification</b>	
 Critical Lab Results Reported	
 Critical ABG Results Reported	
 Critical TELE/EKG Results Re...	

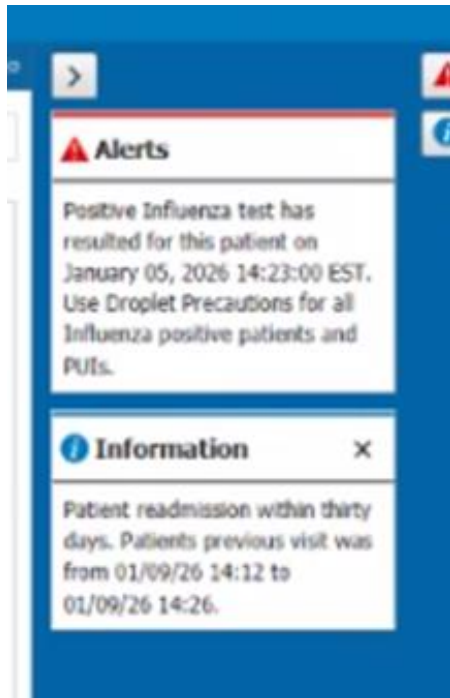
**Policies:** 1NPSG.ADM.0007 Critical Results Reporting and  
1LAB.AD.0511.00 Critical Tests & Critical Value Reporting



## Clinical Updates

### New Smart Zone Alerts for Positive Flu and Measles

- To promote patient and caregiver safety, a new Smart Zone alert will fire when a patient has a positive Flu or a Positive Measles result.



### Critical Tests & Critical Value Reporting, 1LAB.AD.0511.00 Policy Update: Go-Live 2/2/26

- Effective **February 2**, the critical low threshold for Hemoglobin is changing to **<7.0 g/dl** from 6.0 g/dl.
- The new critical low threshold for Hemoglobin will be **< 7.0 g/dl**.

## Reminder- Plastic Bedside Commode Buckets

- Please remember that the plastic commode buckets are single patient use, even when a liner is used.
- Do not reuse these buckets between patients. All body fluids should be removed, and these should be disposed of in the regular trash.

## Pharmacy Update: Medication Product Changes

Go-Live 2/3/26

- The following medications will have product presentation changes.
  - Argatroban: Vial-2-Bag Adapter
  - Ketamine: Vial-2-Bag Adapter
  - Cefazolin: Mini-Bag Plus
  - Diltiazem: Mini-Bag Plus
  - Tranexamic acid: Premixed Bag

Current Product	New Product
Diltiazem 100 mg/100 mL AddVantage Bag (no longer manufactured)	Diltiazem 50 mg/10 mL vial + 50 mL NS minibag plus bag. New concentration: 50 mg/60 mL
Ketamine 200 mg/100 mL (compounded) Ketamine 500 mg/250 mL (compounded)	Ketamine 500 mg vial + 250 mL NS using V2B adapter
Cefazolin 3g/15 mL compounded syringe	Cefazolin 3g vial + 100 mL NS minibag plus
Argatroban 250 mg/250 mL compounded	Argatroban 250 mg/252.5 mL NS using V2B adapter

## Mission Hospital: Regional Transport Services (RTS) Pick-Up Times for Discharged Patients

- **Scheduling:** Case Management schedules all RTS pickup times for home or outside facility discharges. The CM Checklist will be completed prior to scheduling transport.
- **Communication:** Nursing is responsible for notifying the patient and family of the scheduled time.
- **Patient Prep:** \* Begin packing the patient 2 hours prior to pickup.
- Ensure the patient is fully ready to depart by the scheduled time.
- **Meds to Beds:** Requests must be completed and delivered before the RTS pickup.
  - Allow a 2-hour window for pharmacy delivery.
- **Facility Transfers:** Always include all physical prescriptions in the discharge packet for skilled nursing facilities.

## Updated order comments for the following plans: Go-Live 2/2/26

- Sedation, Analgesia and Delirium Management for Critically Ill Patients Plan (System)
- FSER Pain, Agitation, and Delirium Management for Critically Ill Patients Plan
- Order comments are changing to be more specific with initial rates to all the drips that are reflective in Baxter pump libraries.

Medications		
Continuous Sedation		
<input checked="" type="checkbox"/>	Diprivan (Propofol) Drip 1000 mg/100 mL	100 mL, Routine, Max rate: 65 mcg/kg/min, Titrate by: see comments
<input type="checkbox"/>	Dexmedetomidine (Precedex) Drip 400 mcg/100 mL premix	Concentration 10 mcg/mL: Following adequate pain control, if RASS remains greater than goal OR immediate sedation is required for ac
Intermittent Sedation		
<input type="checkbox"/>	midazolam (Versed)	Diprivan (Propofol) Drip 1000 mg/100 mL Details: 100 mL, Routine, Max rate: 65 mcg/kg/min, Titrate by: see comments
Intermittent Analgesia		
<input checked="" type="checkbox"/>	fentaNVL	Order Comment: Concentration 10 mg/mL: Following adequate pain control, if RASS remains greater than goal OR immediate sedation is required for acute agitation posing a threat to patient safety, administer a bolus of 0.3 mg/kg IV over 1 min and begin infusion at 10 mcg/kg/min. If RASS goal not met in 3 mins, rebolus with 0.3 mg/kg IV over 1 min. Thereafter, nurse may bolus 0.3 mg/kg every 10 minutes PRN to achieve sedation goal.
<input type="checkbox"/>	HYDROMorphone (Dilaudid)	uled meds. Contact provider if patient
Non Categorized		
<input checked="" type="checkbox"/>	SubPhase Initiator (Pain, Agitation and Delirium Mana...	Increase infusion by 10 mcg/kg/min if patient requires 2 or more boluses in 1 hour.  ALWAYS WEAN SEDATIVE BEFORE ANALGESIC. If RASS is at or below goal decrease infusion by 10 mcg/kg/min q 1 hr.  For sedation holiday, see treatment algorithm.

## Transition to Digital Blood Bank Documentation for the Operating Room- Effective Date: 2/2/26

- A transition to digital-only transfusion records is now in effect.
- Clinical workflows remain unchanged.
- Discontinuation of Paper Records: Standard transfusion records will no longer be delivered with blood units to the OR. All transfusion data is now integrated within the Electronic Health Record (EHR).
- Transfusion information is accessible through iView and the Blood Bank Summary Tab (see screenshots below).
- Exceptions for Paper Documentation During the initial implementation phase, paper copies will be issued only under the following circumstances:
  - Emergency Releases (e.g., MTP or Stat protocols).
  - Exceptional Instances identified by the Blood Bank during system stabilization.

The top screenshot displays the 'Blood Bank Summary' interface for patient ZTEST, MAHEC GENERAL SURGERY. It includes a 'Blood Bank Transfusion' overview with fields for Blood Group, Antibodies, Antigens, Specimen Availability, and Transfusion Requirements. Below this is the 'Blood Bank Products' section, which is currently empty. The bottom screenshot shows the 'Flowsheet' interface, where the 'Transfusion Flowsheet' is selected from a dropdown menu. The 'Procedure Selection' section is visible, showing a list of procedures.



# 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 &amp; Medical Examiner.</p> <p><b>DECEDENT INFORMATION</b></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><b>ORGAN DONATION &amp; PROCUREMENT</b></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><b>VENTILATED PATIENT</b></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><b>POST-MORTEM</b></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/Carotid Death</p> <p>Body released by Lifeshare for transfer to Funeral Home? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><b>MEDICAL EXAMINER (ME)</b></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"> <li>Violence or trauma, including burns or drowning</li> <li>Poisoning or overdose</li> <li>Injuries and accidents, including slip, trip or fall</li> <li>Suicide or homicide</li> <li>Occurring suddenly when the deceased had been in apparent good health or</li> <li>When unattended by a physician</li> <li>Occurring in a jail, prison, correctional institution or in police custody</li> <li>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</li> <li>Occurring under any suspicious, unusual or unusual circumstance</li> </ul>		<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><b>MEDICAL EXAMINER (ME) (continued)</b></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><b>FUNERAL HOME</b></p> <p>***MOMR, MPAU, L&amp;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><b>DISPOSITION OF DECEDENT BELONGINGS</b></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><b>DISPOSITION OF DECEDENT BELONGINGS (continued)</b></p> <table border="1"> <thead> <tr> <th>ITEM</th> <th>DESCRIPTION</th> </tr> </thead> <tbody> <tr> <td>Denture</td> <td>Upper &amp; Lower</td> </tr> <tr> <td>Missing Aids</td> <td>Hearing Aids</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><b>VERIFICATION SIGNATURES</b></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>*Hearing Unit Supervisor or House supervisor</p> <p><b>NOTIFICATION LIST</b></p> <p>Decedent Case Line: 828-213-0976</p> <p>Mission Dispatch: 828-213-4133 Option 5</p> <p>Lifeshare of the Carolinas: 800-912-4443</p> <p>Medical Examiner On-Call: See "AMON/Physician Call Schedules" for on-call ME number</p> <p><b>DOCUMENTATION ROUTING</b></p> <p>Patient's Nurse/Decedent Care Representative will provide a copy of "Handling and Transportation of Bodies" &amp; 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><b>AUTHORIZATION FOR RELEASE OF BODY</b></p> <p>To be completed by Decedent Care Representative.</p> <p>***MOMR, MPAU, L&amp;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", &amp; 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	DESCRIPTION	Denture	Upper & Lower	Missing Aids	Hearing Aids
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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
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	

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

**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

DO NOT WRITE IN MARGIN

MSJ-00001-231-1122



N0000-108

 **MISSION**  
HOSPITAL  
MH Mission Hospital, LLLP  
Asheville, NC 28801

**Decedent Care  
Form**

Page 1 of 3

**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

**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

MSJ-00001-231-1122



N0000-108



**Decedent Care  
Form**

Page 2 of 3

**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**