

UAB Hospital: Death Note Changes – October 2014

* Visit Information <Hide Structure> <Use Free Text>	
* Clinical Summary of Events >>	Events Prior to Patient's Death:=== * Date/Time of Death: === * Cause: * A. Immediate cause (Final disease or condition resulting in death): OTHER / Approximate Interval Between Onset and Death: === min(s) / === hour(s) / === day(s) / === week(s) / === month(s) / === year(s) / unknown / B. Underlying cause (Due to or as a consequence of): OTHER / Approximate Interval Between Onset and Death: === min(s) / === hour(s) / === day(s) / === week(s) / === month(s) / === year(s) / unknown / * Manner/Autopsy: Homicide / Suicide / Undetermined circumstances / Pending Investigation / Natural Cause / * Accident: How injury occurred: === / Date of injury ... / Hour of injury ... / Injury location: === Physician Pronouncing Death: PROVIDER / OTHER Attending Physician of Record: PROVIDER / OTHER
Events Related to Death	Events of Code:=== / Relationship Was a Code Called: Yes / No Coroner Notified: Yes / No / NA Family Notified: Yes / No Autopsy Requested: Yes / No Death Certificate Completed: Yes / No
Resuscitation	Full Code Full Support+: Do Not Intubate / No Chest Compressions/Cardioversion / Do Not Resuscitate Comfort Care+: Do Not Resuscitate / Do Not Resuscitate/Withdraw
Discharge Information <<	Discharge Attending: PROVIDER / OTHER Discharge Service at the Time of Death: Adv Hrt Fail/Hrt Tx - 62 / Anesth-13 / Burns-40 / Cardio-20 / CV Surg-41 / Derm-1 / Dialysis / Endocrine-50 / ENT-2 / Fam Prac-19 / Gen Prev Med / Geo Med-97 / Geri Med-93 / GI Surg-32 / GI-25 / Gyn Onc-38 / GYN-3 / Hand Surgery Micro / Hosp-60 / IDX Default / IM 2-65 / IM-5 / Immunology / Inf Dis-22 / Mary Lewis-42 / NBN-Ped-18 / NBN-Sick-48 / NBN-Well-8 / Neph-26 / Hand Surgery Nonmicro / HenvOnc-21 / Hep-71 / Nephrology Transplant Consult / Neurology-6 / Neurosurg-7 / Nutrition-29 / OB-9 / Oph-10 / Oral Surg-36 / Ortho-11 / Pain Service / Palliative C / Path-55 / Ped Card - 85 / Ped Endocrine / Ped GI / Ped ID / Ped Neurology / Ped Neurosurg / Ped Ortho / Ped Surg-57 / Plastic Surg-34 / Psych Transpl / Psych-14 / Pulm-24 / Rad Onc-27 / Rad-17 / Rehab-4 / Res 3W-84 / Rheum-23 / SICU Crit Care / Surg Onc-31 / Thoracic Surg-53 / Tins Harr 2-45 / Tins Harr 4-49 / Tins Harr 5-59 / Trans BM-78 / Trans Liver-76 / Trans Lung-75 / Trans Renal-52 / Trauma-39 / UED-54 / Uro-16 / Vasc Surg-15 / OTHER

Instructions:

- Death Note must be completed by **Residents** for every deceased patient at the time of death
- The Death Note must be completed thoroughly as it is used by HIM to create the Electronic Death Certificate
- Critical items to complete correctly:
 - **Clinical Summary of Events:**
 - **Date/Time of Death** – the date and time of patient's death
 - **Cause of death**
 - Immediate cause of death – provide a **specific** immediate cause of death
 - Do not include physiologic descriptions such as *brain death, asystole, cardiac arrest, respiratory failure, hypoxemia*. Please include a description of the disease process believed to be the primary cause; for example *myocardial infarction, septic shock, pneumonia, pulmonary embolism*; that lead to the physiologic perturbation ultimately resulting in death
 - Secondary causes: Include relevant disease processes (and suspected time line).
 - Relevant underlying disease
 - **Manner/Autopsy** – provide how the patient died
 - **Physician Pronouncing the Death** – provide the name of the physician that pronounced the patient dead
 - **Attending Physician of Record** – provide the name of the attending physician on the patient record responsible for certifying the death certificate
 - **Events Related to Death** – Indicate whether:
 - a code was called
 - the coroner was notified
 - the family was notified
 - there was an autopsy request
 - the death certificate was complete
 - **Resuscitation** – Indicate the type of support and/or resuscitation
 - **Discharge Information**
 - **Discharge Attending** – provide the **full name** of the discharge attending
 - **Discharge service at the time of death** – provide the **name of the discharge service** the patient was discharged from at the time of death

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Example of Death Note

(access through IMPACT “Death Note” template)

Events prior to patient’s death:

Called to bedside at 1400 for unresponsive and pulseless patient. Confirmed DNR status. No respirations. Absent heart sounds and breath sounds. No pulses palpable in carotid and femoral arteries. Pupils fixed and dilated. Patient pronounced dead at 1400.

Date/Time of death: 1/1/14, 1400

Cause:

Immediate: Adult respiratory distress syndrome (ARDS), days
 Septic shock, days
 Pneumonia (days)
 Lung cancer (months)
Underlying cause: diabetes (years), coronary artery disease (years), congestive heart failure years)

Manner/Autopsy: Natural Cause

Physician Pronouncing Death: ICU Resident (enter specific name)

Attending Physician of Record: ICU Attending (enter specific name)

Events related to death:

Was code called: no
Coroner notified: no
Family notified: yes
Autopsy requested: yes
Death certificate completed: no

Resuscitation: comfort care DNR