Care after Death: At a glance

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This article will:

- Explore care after death as a fundamental aspect of nursing care
- Give rationale to the importance of care after death as a nursing skill
- It aims to support your understanding of the cultural considerations, legal implications, health and safety, and preparation of providing care after death
- Expose the reader to the equipment and most contemporary guidelines when providing care after death to adult patients
- Provide a 'how to' guide on care after death
- Use contemporary evidence-based practice to underpin care after death practice

Care after Death

Providing personal care to the deceased patient, formerly called *'last offices'* after the religious and military origins of nursing (Delacour 1991), has been referred to as Care after Death for the past 7 years (Wilson, 2015). Last offices involved the physical care of the body in preparation for transfer to the mortuary or funeral directors, whereas the term Care after Death encompasses the holistic care of not just the deceased patient, but also their family, significant

others and health care professionals (Wilson, 2015). The Nursing and Midwifery Council (2018a) support the holistic approach to caring for deceased patients, stipulating that duty of care should include care of the deceased and bereaved whilst respecting cultural requirements and protocols. The family and carers of the person who has died should feel that the body has been cared for in a dignified and culturally sensitive manner (National Institute for Clinical Excellence (NICE) 2011). Caring for a dying patient is an integral part of nursing care and Quested and Rudge (2003) pointed out that performing last offices is the final duty of care for the patient. Although the procedure can conjure up a myriad of feelings in nurses such as fear and anxiety (Henock et al 2017; Croxen et al 2018), it can also have a positive effect with nurses seeing the procedure as a privilege.

Cultural Considerations:

When carrying out the procedure nurses need to be aware of the religious and cultural observations and preferences of the patient and family. Wherever possible, nurses should have discussed any religious spiritual or cultural preferences with the patient and family prior to death or be aware of any advance statements where the patient may have made their wishes and preferences clear (Samanta and Samanta, 2010; Wilson, 2015; Gold Standards Framework, 2018). Nurses should ensure that they adopt a sensitive, caring and compassionate approach, ensuring that the family and significant others have time to be with the patient, assist in performing the personal care and can carry out any cultural, religious or spiritual rituals. This article does not address the religious or cultural considerations; therefore, it is advisable that local trust policies are referred to ensure that religious needs are met, and if in doubt, nurses should liaise with representatives from the patients' faith or family members.

Legal Implications:

It is important to ascertain whether the deceased patient requires a coroner's referral or not (see Figure 1), to comply with the correct personal care, and enable preparation of the family to the possibility of a post mortem (Gov.uk 2019). Incidents, which may lead to a coroner's referral, are highlighted in Fig.1. Personal care on the deceased patient cannot commence until the death has been verified. If the death is unexpected, a doctor usually conducts verification of the death. If the death is expected, then depending on local trust policy, a registered nurse who has received additional training may be able to certify or verify the death (Dougherty & Lister, 2015; Royal College of Nursing (RCN), 2018; Wilson et al, 2019).

Organ & Tissue Donation:

The patient's preferences in relation to organ and tissue donation should be recorded, ideally before death has occurred. Further advice and information regarding consent should be sought form the NHS Blood & Transplant (NHSBT) Specialist Nurses, who are based in acute hospital trusts, or by contacting NHSBT directly (Wilson, 2015).

Health and Safety:

The Health & Safety Executive (HSE) (2018) stipulate that health and safety guidelines should be taken into consideration to prevent any risk to the family, staff, mortuary staff or funeral directors. Personal Protective Equipment (PPE) such as aprons and gloves should always be worn, and local infection control and moving and handling guidelines should be adhered to.

Preparation:

It is imperative that all appropriate equipment is gathered (Fig 2), and the environment is prepared to create a safe working environment. The dignity and privacy of the patient should be respected, curtains / blinds should be drawn, and doors shut. If the deceased patient is in a bay, the other patients will need to be informed as a courtesy and to offer appropriate support. Ideally, two people should carry out the procedure (Fig 3), in part this to ensure the health and safety of the staff in relation to the moving and handling requirements of the deceased patient. If the patient is on a pressure-relieving mattress, this may be left on whilst performing personal care, in order to comply with moving and handling protocols (Dougherty and Lister, 2015).

Fig.1 Coroners Referral

- Cause of death is unknown
- Death was violent or unnatural
- Death was sudden or unexplained.
- Person who died was not visited by a medical practitioner during their final illness
- Person who died was not seen by the medical practitioner who signed the medical certificate within 14 days before death or after they died
- Death occurred during anaesthetic or before the person came out of anaesthetic
- Medical certificate suggests the death may have been caused by an industrial disease or industrial poisoning

(Gov.UK, 2019)

Fig.2 Equipment:

Disposable aprons and gloves

Bowl of warm water

Patient's own toiletries

Towel x2

Patients own razor / disposable razor (if male)

Comb and equipment for nail care

Equipment for mouth care, including care of patients' dentures

Plastic bags for clinical and domestic waste

Container for expressed urine; clean linen

Any documentation required by law or local policy

Shroud or culturally appropriate clothing or patients own clothes if requested by the family

Hospital Setting

Linen skip for soiled linen, identification bands x 2; valuables / property book; bag(s) for patients own property.

If required

Gauze, dressings and tape to cover wounds, IV sites, etc.; caps, spigots for urinary catheters, drains etc. if they are to be left in situ. If cannula is to be left in.

Dougherty & Lister (2015); Green and Green (2006)

Fig 3: The care after death procedure.

1. Lay the patient on their back, with their limbs as straight as possible.
2. Ensure that the patient's eyes are closed. Apply light pressure to the eyes for 30 seconds or use lightly moistened gauze or cotton wool to maintain the position.
3. All drains, cannula, catheters etc., to be removed and disposed of according to local infection control policy, and gauze dressings applied over the entry sites. If there is to be a post mortem, all drains cannula etc. left in situ and local policies adhered to.
4. Cover any wounds with a clean dressing, and stitches and clips left intact
5. The patient's bladder can be drained by applying gentle pressure over the lower abdomen. Occasionally, there may be leakage from orifices. Suction can be used to clear fluids from the oral cavity, and incontinence pads used to contain leakage from the bowel and vagina. Stomas should be covered with a clean bag. Packing of orifices can cause damage and should therefore be avoided. Inform mortuary staff and or funeral directors if excessive leakage.
6. Wash the patient in the same way you would when undertaking a bed bath. Male patients should be shaved, unless they chose to wear a beard or moustache in life, and hair should be brushed or combed into the preferred style of the patient (if known).
7. Dress the patient in a shroud or other clothing as requested by the family or according to cultural tradition.

8. Personal items such as jewellery and other valuables should be removed from the body, (unless the family requests otherwise), and in the presence of another nurse, recorded and stored in accordance with local trust policy. Gather remaining property such as clothing, and place in a clearly labelled bag. If the death has occurred in the home, then it is important to work closely with the family to ensure that their wishes and those of the deceased are followed.

9. Within the hospital environment, ensure that two fully completed identification bands are attached to the patient – one on the wrist, and one on the ankle. Complete all necessary documentation, such as Notification of death cards, and tape to the shroud or clothing. In the community, ensure a toe tag (or equivalent) is attached to the patient and that all necessary documentation is completed ready to accompany the body
10. Following local policy, prepare the body for removal to the mortuary. Usually, this involves wrapping the body in a clean sheet, ensuring that all the limbs are held securely in position and the face and feet are covered. The sheet is usually secured with tape. If required by local policy or for infection – control purposes, place the body in a body bag and ensure that information regarding any known infection disease is clearly documented. Within the community setting, the funeral director removes the body.

(Dougherty and Lister, 2015; NMC, 2015, Green and Green, 2006)

Conclusion

Care after death not only incorporates the personal care of the deceased, but also takes into consideration the cultural, religious and spiritual needs of the patient and family whilst keeping mindful of the legal requirements and adhering to local policies and guidelines. It is therefore imperative, that the nurse carrying out this procedure, is not only equipped with the necessary skills, knowledge and experience, but also performs this duty of care with sensitivity, empathy and compassion, whilst preserving the patient's dignity.

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