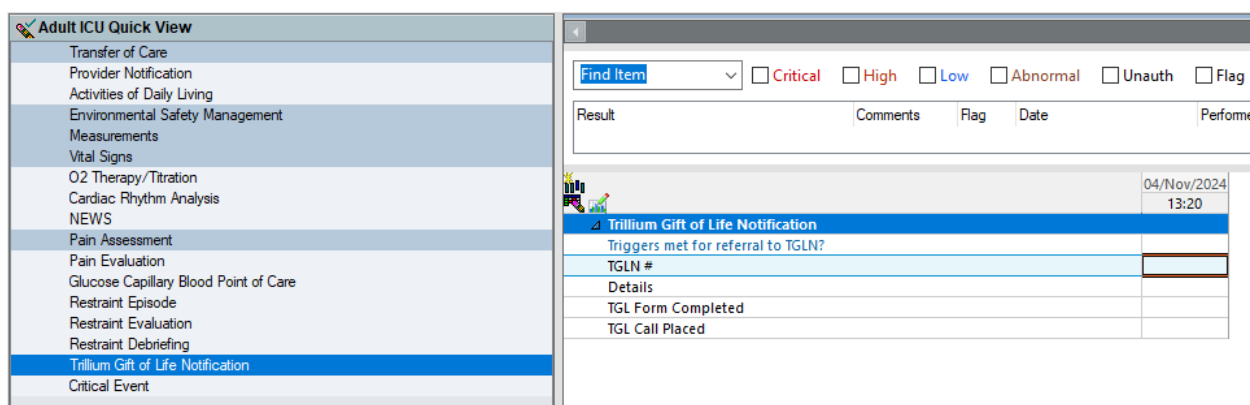



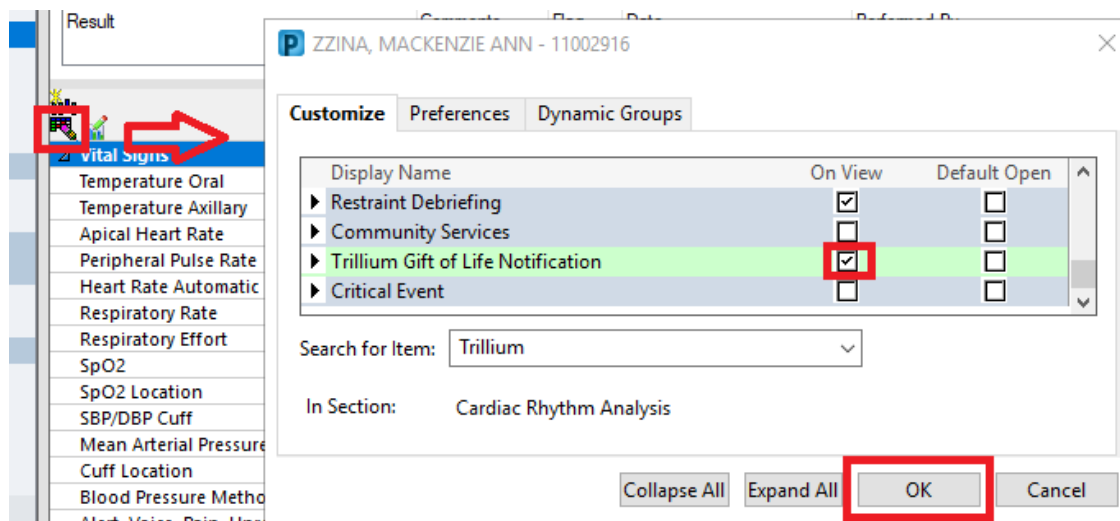
### INPATIENT DEATH DOCUMENTATION

The initial steps following a patient death is to contact Trillium Gift of Life Network (TGLN). The paper form will remain available to supplement calls when obtaining the TGLN number.

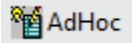
Once a TGLN number is obtained, it can then be documented in the **Trillium Gift of Life Notification** section of **Interactive View and I&O**. For Adults, this band is location in the **Adult ICU Quick View/Adult Quick View band**. For pediatric nurses the band is location in the **Pediatric Systems Assessment band**.

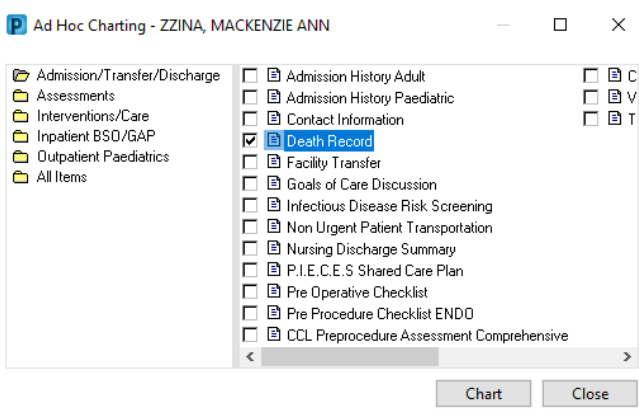


If the Trillium Gift of Life Notification is not visible in the band, you can add it in by clicking the Customize View icon  searching for the dta, and selecting the check mark to add it onto view and click OK. See the image below.

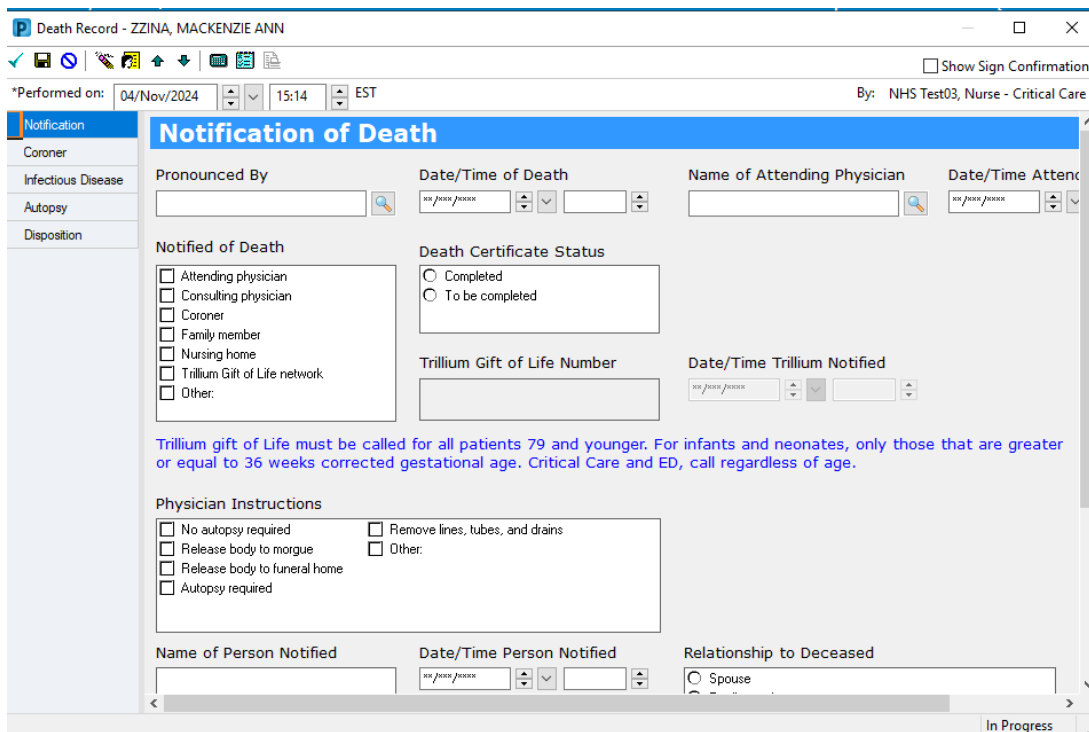


**NOTE:** The TGLN number must **ALSO** be documented within the Death Record


Once the TGLN documentation is completed document the death record by clicking on the AdHoc  button on the top tool bar. Navigate to **Admission/Transfer/Discharge folder** and select **Death Record** then select **chart** to launch the PowerForm.

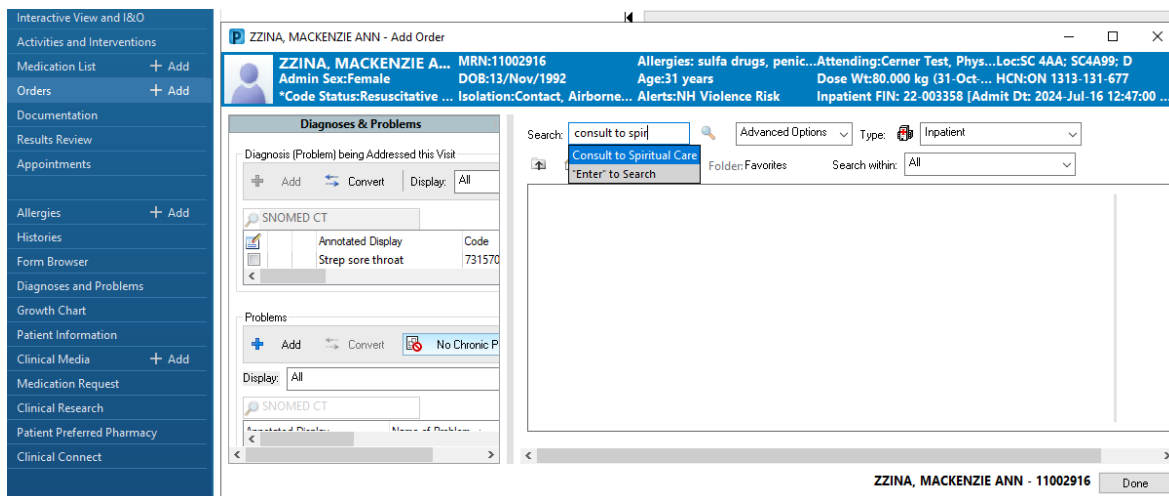


The Death Record power form will open as seen below.



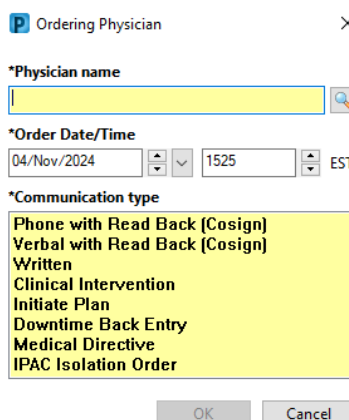
Document in the Death Record Powerform noting the following:

1. If applicable, enter the Trillium Gift of Life number into the defined box (in addition to your iView documentation)
2. If coroner case document **Coroner** section of **Death Record PowerForm**
3. If autopsy requested document in **Autopsy** section of **Death Record PowerForm**
4. Document **Notification of Death** section in the **Death Record Powerform**
5. When charting is complete, press the green checkmark  to sign and save
6. Place **Communication Order** for **Spiritual Needs** and/or **Social Work** as applicable
  - a. From the blue Table of Contents, select **+Add** beside **Orders**
  - b. Search and select applicable order (Consult to Spiritual Care, Consult to Social Work)



The screenshot displays the 'Add Order' interface for patient ZZINA, MACKENZIE ANN. The patient's information includes MRN: 11002916, Admin Sex: Female, DOB: 13/Nov/1992, Age: 31 years, and Allergies: sulfa drugs, penic... Attending: Cerner Test, Phys... Loc: SC 4AA; SC4A99; D. The search bar contains 'consult to spir' and the search results list 'Consult to Spiritual Care'. The patient's medical history shows 'Strep sore throat'.

Search and select **Physician name** and select appropriate communication type. Then press OK.



The screenshot shows the 'Ordering Physician' dialog box. The 'Physician name' field is highlighted in yellow. The 'Order Date/Time' is set to 04/Nov/2024 at 1525 EST. The 'Communication type' dropdown is open, showing options like 'Phone with Read Back (Cosign)', 'Verbal with Read Back (Cosign)', 'Written', 'Clinical Intervention', 'Initiate Plan', 'Downtime Back Entry', 'Medical Directive', and 'IPAC Isolation Order'.

Enter in order details and click **Sign** when complete.

Orders for Signature

Order Name	Status	Start	Details
SC 4AA; SC4A99; D Fin22-003358 Admit: 2024-Jul-16 07:00			
Interprofessional Consults			
Consult to Spiritual Care Order		2024-Nov-04 15:25	04/Nov/2024 15:25 EST

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**Details for Consult to Spiritual Care**

Details | Order Comments | Diagnoses

\*Requested Start Date/Time: 04/Nov/2024 1525 EST

Priority: [Dropdown]

\*Reason for Consult: [Dropdown]

Special instructions: [Text Area]

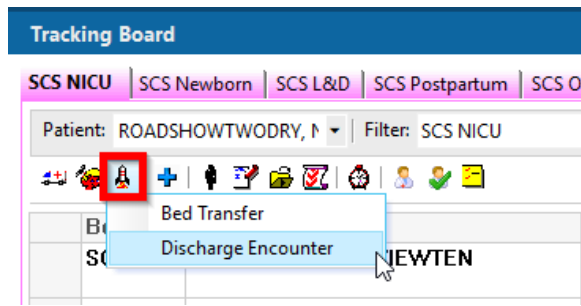
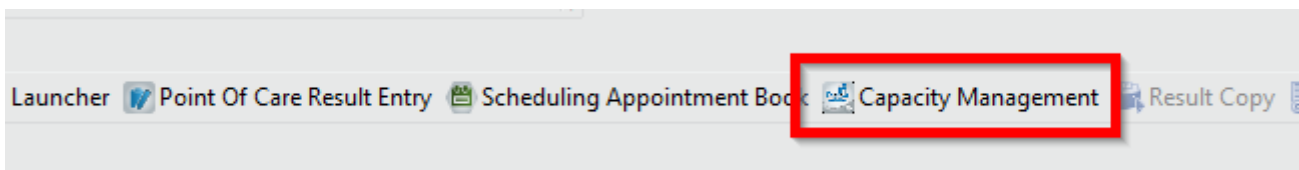
Order for future visit:  Yes  No

- Bereavement
- Crisis Care
- Cultural Needs
- Decision-making
- Ethical Concerns/Issues
- Existential Exploration/Meaning Making
- Family/Friend Support
- Grief Counseling
- New Diagnosis
- Palliative Care/End-of-Life Support
- Religious Needs, Practices or Rites
- Sacramental

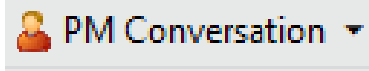
1 Missing Required Details | Dx Table | Orders For Cosignature | Orders For Nurse Review

**Sign**

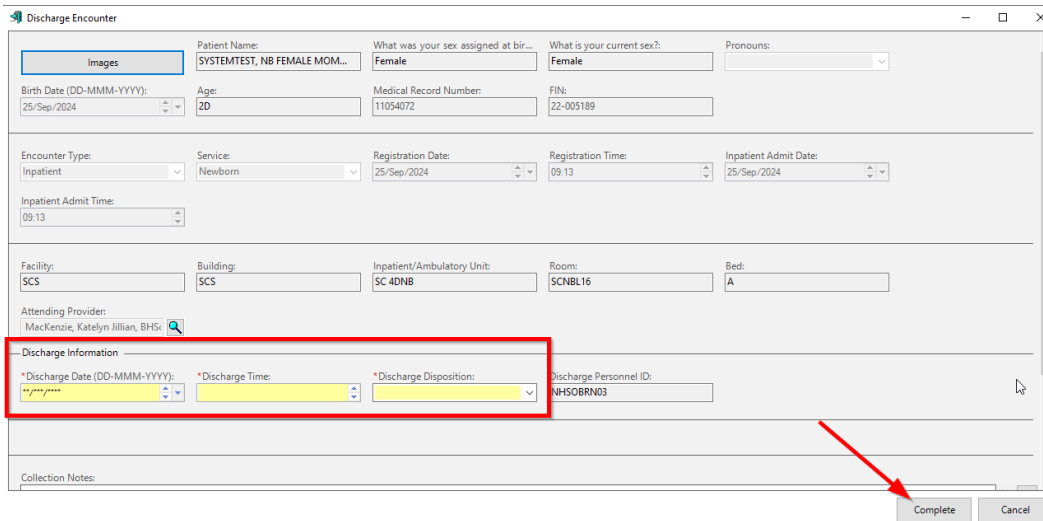
Utilize **Capacity Management** for patient transport request if the patient is going to the morgue.



Discharge patient with PM conversation **Discharge Encounter**



Fill in required discharge information then press **Complete**



**Discharge Encounter**

Images | Patient Name: SYSTEMTEST, NB FEMALE MOM... | What was your sex assigned at birth?: Female | What is your current sex?: Female | Pronouns: [dropdown]

Birth Date (DD-MMM-YYYY): 25/Sep/2024 | Age: 2D | Medical Record Number: 11054072 | FIN: 23-005189

Encounter Type: Inpatient | Service: Newborn | Registration Date: 25/Sep/2024 | Registration Time: 09:13 | Inpatient Admit Date: 25/Sep/2024

Inpatient Admit Time: 09:13

Facility: SCS | Building: SCS | Inpatient/Ambulatory Unit: SC 4DNB | Room: SCNBL16 | Bed: A

Attending Provider: MacKenzie, Katelyn Jillian, BHSi

**Discharge Information**

\* Discharge Date (DD-MMM-YYYY): [dropdown] | \* Discharge Time: [dropdown] | \* Discharge Disposition: [dropdown] | Discharge Personnel ID: NHSOBRN03

Collection Notes: [text area]

[Complete] [Cancel]

All applicable documentation to be hand delivered to ED registration upon discharge (NO pneumatic tube system delivery)