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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**.

X Adult ICU Quick View	
Transfer of Care	
Provider Notification	Find Item V Critical High Low Abnormal Unauth Flag
Activities of Daily Living	
Environmental Safety Management	Result Comments Flag Date Perform
Measurements	
Vital Signs	
O2 Therapy/Titration	Ma 04/Nov/2024
Cardiac Rhythm Analysis	13:20
NEWS	⊿ Trillium Gift of Life Notification
Pain Assessment	Triggers met for referral to TGLN?
Pain Evaluation	TGLN #
Glucose Capillary Blood Point of Care	Details
Restraint Episode	TGL Form Completed
Restraint Evaluation	TGL Call Placed
Restraint Debriefing	
Trillium Gift of Life Notification	
Critical Event	

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.

Result	Commente Data	D	- J. D.
	ZZINA, MACKENZIE ANN - 11002916		
	Customize Preferences Dynamic Groups		
2 vital Signs			
Temperature Oral	Display Name	On View	Default Open
Temperature Axillary	Restraint Debriefing	$\overline{\mathbf{\nabla}}$	
Apical Heart Rate	Community Services		
Peripheral Pulse Rate	Trillium Gift of Life Notification		
Heart Rate Automatic	Critical Event		
Respiratory Rate			
Respiratory Effort	Search for Item: Trillium	~	
SpO2	Search for item.	Ť	
SpO2 Location			
SBP/DBP Cuff	In Section: Cardiac Rhythm Analysis		
Mean Arterial Pressure			
Cuff Location			
Blood Pressure Metho	Collapse All E	xpand All C)K Cancel
Alert Voice Pain Unres	nnnswe		

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

v. 2 /Jan 2025

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Once the TGLN documentation is completed document the death record by clicking on the AdHoc

MadHoc button on the top tool bar. Navigate to Admission/Transfer/Discharge folder and select Death Record then select chart to launch the PowerForm.

P Ad Hoc Charting - ZZINA, MA	CKENZIE ANN			>	<
 Admission/Transfer/Discharge Assessments Interventions/Care Inpatient BSO/GAP Outpatient Paediatrics All Items 	Admission History Adult Admission History Paediatric Admission History Paediatric Contact Information Beacility Transfer Goals of Care Discussion Infectious Disease Risk Screenin Infectious Disease Risk Screenin Nursing Discharge Summary P.I.E.C.E.S Shared Care Plan Pre Procedure Checklist Pre Procedure Checklist END0 P() Perprocedure Checklist END0	g n	nsive		I C I V I T
	<				>
	Ch	art	(Close	

The Death Record power form will open as seen below.

Death Record - Z	ZINA, MACKENZIE ANN			- 🗆 X
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*Performed on: 04/	'Nov/2024 🔶 🗸 15:14 🔶 EST		By: NHS Te	st03, Nurse - Critical Care
Notification	Notification of Dea	th		^
Coroner				
Infectious Disease	Pronounced By	Date/Time of Death	Name of Attending Physician	Date/Time Attend
Autopsy		××/×××/×××		**/***/****
Disposition	Notified of Death Attending physician Consulting physician Coroner Family member Nursing home Trillium Gift of Life must be called or equal to 36 weeks corrected of Physician Instructions No extopsy required Reference	Death Certificate Status Completed To be completed Trillium Gift of Life Number for all patients 79 and younger. Fogestational age. Critical Care and El	Date/Time Trillium Notified	that are greater
	Helease body to morgue Idi Release body to funeral home Autopsy required Name of Person Notified <	Date/Time Person Notified	Relationship to Deceased	In Program
Coroner Infectious Disease Autopsy Disposition		Date/Time of Death	Name of Attending Physician	Date/Time Attend







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 \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)



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

Ordering Physician	×
*Physician name	
l	9
*Order Date/Time 04/Nov/2024	► EST
*Communication type	
Phone with Read Back (Cosign) Verbal with Read Back (Cosign) Written Clinical Intervention Initiate Plan Downtime Back Entry Medical Directive IPAC Isolation Order	
ОК	Cancel







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

Orders for Signature					
🔊 😨 🖳 🕅 Order Name	Status Start	Details			
⊿ SC 4AA; SC4A99; D Fin:22-0033	58 Admit: 2024-Jul-16 07:00				
⊿ Interprofessional Consults					
🔲 👘 Ӿ Consult to Spiritu	ial C Order 2024-Nov-0	15:25 04/Nov/2024 15:25 EST			
■ Details for Consult to Sp	piritual Care				
📸 Details 📴 Order Comment	s 🕼 Diagnoses				
+ 1 lh. ♥ ≥					
*Requested Start Date/Time: 04	/Nov/2024 v 1525	EST EST	Priority:	~	
*Reason for Consult:		·	Special instructions:		
Order for future visit:	Yes 🔿 No				
Be	reavement	^			
Cr	risis Care				
Cu	ultural Needs				
De	ecision-making				
Et	hical Concerns/Issues				
Ex	istential Exploration/Meaning Ma	king			
Fa	mily/Friend Support				
Gr	rief Counseling				
N	ew Diagnosis				
Pa	Illiative Care/End-of-Life Support				
Re	ligious Needs, Practices or Rites				
Sa	cramental	*			
1 Missing Required Details Dx Tabl	le Orders For Cosignature	Orders For Nurse Review			Sign

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

Launcher	📝 Point Of Care Result Entry	🖀 Scheduling Appointment Boo	c ⊴ Capacity Management	Result Copy 🚦
				L.



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 bir Female	What is your current sex?: Female	Pronouns:			ŕ
Birth Date (DD-MMM-YYYY): 25/Sep/2024	Age: 2D	Medical Record Number: 11054072	FIN: 22-005189				
Encounter Type: Inpatient V Inpatient Admit Time: 09:13	Service: Newborn	Registration Date: 25/Sep/2024 🔹 👻	Registration Time:	Inpatient Admit Date: 25/Sep/2024 👘 👻			
Facility: SCS Attending Provider: MacKenzie, Katelyn Jillian, BHS(Building: SCS	Inpatient/Ambulatory Unit: SC 4DNB	Room: SCNBL16	Bed:			-
- Discharge Information	*Discharge Time:	*Discharge Disposition:	Discharge Personnel ID: NHSOBRN03			2	-
Collection Notes:							-

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

