

Newcastle upon Tyne Hospitals NHS Foundation Trust Deceased Patient Record Form

Fridge No:

Mortuary use only

SECTION 1: Ward staff/Undertaker to complete: (Circle as appropriate)

Place addressograph label here

Deceased Details

Date & Time of Death:

Hospital.....Ward:

Religion/faith/belief:

ID bracelet on deceased wrist checked by (to be completed by hospital ward staff only):

Print name: Signature:

Witnessed by:

Print name: Signature:

Property: (circle as appropriate)

Jewellery YES/NO (if yes please indicate)

Clothing: Hospital Gown/Pyjamas/Shroud/OTHER

Other items YES/NO (if yes please indicate)

Funeral Director Company: (community deaths only)

Name of undertakers:

SECTION 2: Porters to complete upon receipt of patient into mortuary:

Porters who have brought the deceased patient to the mortuary:

Name: Signature:

Name: Signature:

Date & Time:

SECTION 3: Mortuary staff to complete upon receipt of patient: (Circle as appropriate)

Deceased Patient ID and Property Check: DM

Deceased ID bracelet checked and matches that detailed in section 1: YES / NO

Property on the patient matches that detailed in Section 1: YES / NO (if no see amendments in section 1)

Deceased Height: Weight:kg.....cm

Deceased patient appearance:

	Admission (Green) +7 days	7 Days (Amber) +14 days	21 Days (Red) +7 days	28 days (Freezer) Breached!
Ok				
Early stages of deterioration				
Mild stages of deterioration				
Severe stages of deterioration				

All information is correct & checked by: APEX Code:

Signature: Date & Time: