

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 two hospital ward staff only):

Print name: Signature:

Print name: Signature:

Property: (circle as appropriate)

Jewellery YES/NO (if yes please indicate)

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Clothing: Hospital Gown/Pyjamas/Shroud/OTHER

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Other items YES/NO (if yes please indicate)

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.....

Funeral Director Company: (community deaths only)

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)**

Pacemaker / Defib insitu: YES / NO Defib switched off: Date.....

Pacemaker / Defib removed: Date..... APT.....

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

Deceased Patient Appearance: Record any noticeable appearance of the deceased.

Deceased Patient Condition Checks: Condition checks start from day of death (not the date they come to mortuary)

Refer to appendix 1,2,3 for information on different stages of changes	DOD (Blue magnet)	7 Days (Green magnet)	14 Days (Amber Magnet)	21 Days (Red Magnet)	28 days (Freezer) (White Magnet)
Minimum stages of deterioration	Date: APEX:	Date: APEX:	Date: APEX:	Date: APEX:	Date: APEX:
Early stages of deterioration	Date: APEX:	Date: APEX:	Date: APEX:	Date: APEX:	Date: APEX:
Mild stages of deterioration	Date: APEX:	Date: APEX:	Date: APEX:	Date: APEX:	Date: APEX:
Moderate stages of deterioration	Date: APEX:	Date: APEX:	Date: APEX:	Date: APEX:	Date: APEX:
Severe stages of deterioration	Date: APEX:	Date: APEX:	Date: APEX:	Date: APEX:	Date: APEX:

All information is correct & checked by: APEX Code:

Signature: Date & Time: