Postmortem Care – CE

ALERT

Don appropriate PPE based on indications for isolation precautions.

Turning a recently deceased body to the side sometimes causes the flow of exhaled air. This is a normal event and not a sign of life.

OVERVIEW

Postmortem care, which can be provided in the home and in health care facilities, involves caring for a deceased patient's body with sensitivity and in a manner that is consistent with the patient's religious or cultural beliefs. As society becomes more culturally diverse, health care team members should be familiar with the ethics of death and dying, and sensitive to the patient and family members' cultural practices.[3] Maintaining the integrity of rituals and mourning practices gives families a sense of some familiarity and control in the face of death. Individual variations exist within cultural and religious groups (Box 1). Assumptions that all individuals from the same ethnic group handle death in the same manner should be avoided. The family's unique needs must be considered when performing postmortem care.

Box 1 Religious and Cultural Considerations in Care of the Body Near and After Death

Buddhism—People prefer a quiet place for death. Incense may be used. When the person has died, cover the body with a cotton sheet. Leave the deceased's mouth and eyes open. Others should not touch the body. Maintain strict silence after death. Autopsy and organ donation are permitted.

Christianity—Christian denominations have varying practices at time of death. Bible texts may be read near or at the time of death. Protestants receive the sacraments of Holy Communion or sometimes baptism. Roman Catholics often request sacraments of Penance, Anointing of the Sick, and Holy Communion at the end of life. Many Christian groups offer prayers and anointing and view death as "going home" to Jesus. There are no prescribed rituals for body preparation, and in most cases, autopsy and organ donation are usually permissible.

Hinduism—People prefer to die at home or in a quiet setting. Because of a belief in reincarnation, efforts are made to resolve relationships before death. The head of a person nearing death should face the east with a lamp placed near the head. If the dying person is unable to chant his mantra, a family member can chant it into the right ear. Passages from Bhagavad Gita are recited. Family members prefer to wash the body after death and are present to chant, pray, and use incense. Hindus prefer cremation of the body.

Islam—A Muslim reader recites verses from the Qur'an when the person is near death. Family members prepare the body, and non-Muslims should not touch it. The person's eyes should be closed after death and the arms and legs straightened. Autopsy or organ donation is generally not permissible, except as required by law.

Judaism—Deathbed confessional, blessings, and readings from the Torah are traditional in Orthodox Judaism. A family member remains with the body until burial, which takes place within 24 hours, not on the Sabbath. A family member closes the deceased's eyes on death. Synagogue burial societies may prepare the body, which is wrapped in white linen. Organ donation prohibitions may exist in Orthodox Judaism, but not for all Jews. Autopsies may be considered if organs are not removed.

(From Perry, A.G., Potter, P.A., Ostendorf, W.R. [2018]. *Clinical nursing skills & techniques* [9th ed.]. St. Louis: Elsevier.)

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After death, the body undergoes many physical changes, including loss of skin elasticity and change in body temperature (algor mortis), purple discoloration of the skin (livor mortis), and a stiffening of the body (rigor mortis). Postmortem care should be provided as soon as possible to prevent tissue damage or disfigurement. To prevent livor mortis of the face, the head of the bed should be elevated and a clean pillow placed under the head immediately after death before beginning other activities. The health care team member should provide a peaceful presentation of the patient for individuals who desire an opportunity to grieve and view the patient.

Two legal considerations arise at the time of death. First, the 1986 Omnibus Budget Reconciliation Act (OBRA) requires that a patient's survivors be made aware of the option of organ and tissue donation. In the case of vital organ donation (e.g., heart, lungs, liver, pancreas, kidneys), a patient must remain on life support until the organs are surgically removed. The organ procurement process includes helping to identify potential organ donors, providing care for the donor's body, and caring for the family throughout the donation process. Many family members need help understanding what "brain death," the irreversible absence of all brain function including the brain stem, means for a person who has died. Patients appear to still be alive because life support keeps the deceased's organs functioning until they can be retrieved. Tissues such as eyes, bone, and skin are retrieved from deceased patients not on life support. Because of the sensitive nature of making requests for organ donation, professionals educated in organ procurement assume that responsibility in most cases. They inform family members of their options for donation, provide information about costs (there is no cost to the family), and inform them that donation does not delay funeral arrangements.

The donation request process sometimes involves notifying the local donor registry to determine whether a patient qualifies for organ donation. The conversation should be facilitated by providing a private place and by helping to identify the family member or surrogate to be involved in the request. Explanations of the procedure should be reinforced and the family should be notified about how the deceased's body will be cared for. Above all, the family's cultural and religious practices concerning organ and tissue donation must be honored and their final decision supported. Many donor families report that donating organs helped them in their grief and that they felt positive about the experience.

First-person consent does not require the family's permission to procure certain organs, provided the patient documented the donation decision (e.g., donor card, driver's license). The legislation and registry responsibility vary by state. To date, most states have implemented donor registries and passed legislation recognizing first-person consent for organ donation.[1] The Donate Life Registry allows individuals to register for organ donation and is a supplement to existing state registries.[2] An advance directive or living will may also be used to indicate donor status. In these situations, the family may receive information about the recipient of the donated organ, if requested.

The second common procedure of legal and medical significance performed after death is an autopsy, or postmortem examination. An autopsy, the surgical dissection of a body after death, helps determine the exact cause and circumstances of death, discover the pathway of a disease, or provide data for research purposes. An autopsy is not performed in every death. Individual state laws determine when autopsies are required, but they are usually performed in circumstances of unusual death, such as violent trauma, or unattended, unexpected death in the home. Some states have legislation that requires an autopsy if death occurs shortly after admission to a health care facility. Autopsies normally do not

delay burial or change the appearance of the deceased, but there may be a cost to families. The patient's legal representative and the practitioner or designated requester must sign a consent form. If appropriate, an explanation regarding the value that autopsies have for advancing medical knowledge may be necessary.

EDUCATION

- Explain the procedure and the reason for postmortem care to the family, as appropriate.
- Provide education as needed to protect the family and others from infectious diseases from the patient. In many cases, this includes patients who were on respiratory or contact precautions. Explain to the family that minimal contact, limited to close family members, is necessary to prevent transmission of disease.
- Encourage questions and answer them as they arise.

ASSESSMENT AND PREPARATION

Assessment

1. Perform hand hygiene and don PPE as indicated for needed isolation precautions.
2. Verify the correct patient using two identifiers.
3. Introduce yourself to the family.
4. Ask the practitioner or other designated team member to establish the time of death and determine if the practitioner has requested an autopsy.
5. Determine if family members or significant others are present and if they have been informed of the death.
6. Identify the patient's surrogate (next of kin or durable power of attorney).
7. Determine if the patient has first-person consent, is listed in the Donate Life Registry, or if his or her surrogate has been asked about organ and tissue donation. If so, ensure that the donation request form has been signed and notify the organ procurement team per the organization's practice.
8. Give family members and friends a private place to gather. Allow them time to ask questions and to grieve.
9. Ask family members if they have requests for the preparation or viewing of the body (such as position of the body, special clothing, and shaving). Determine if they wish to be present or assist with care of the body.
10. Contact a spiritual care provider consistent with the family's cultural beliefs or enlist a team member to stay with family members who are not helping prepare the body.
11. Consult the practitioner's orders for special care directives or specimens to be collected.

Preparation

1. Provide privacy for the patient's body, if possible. If the patient has a roommate, explain the situation to the roommate and move him or her to a temporary location.

PROCEDURE

1. Perform hand hygiene and don gloves, gown, mask, and eye protection.
2. Verify the correct patient using two identifiers.
3. Explain the procedure to the family and ensure that they agree to treatment.
4. Help family members notify others of the death. Per the organization's practice, notify the morgue or mortuary chosen by the family to transfer the patient's body. Discuss plans for postmortem care.

Rationale: Following a death, grieving persons have difficulty focusing on details and may need guidance. Being informed increases their sense of control.

5. If organs or tissue are being donated, follow the organization's practice for care of the body.
6. Identify and tag the patient's body, leaving the identification on the body per the organization's practice.
7. Assess the general condition of the body and note the presence of dressings, tubes, and medical equipment.

a. Do not remove indwelling devices when an autopsy is to be performed. Follow the organization's practice and family's cultural preferences (Box 1) regarding body preparation.
b. Disconnect and cap IV lines.

Rationale: Removing IV catheters allows fluids to leak out. Mortuary personnel remove lines after embalming. Removal of tubes and lines is contraindicated if an autopsy is planned.

8. Remove indwelling devices (e.g., urinary catheter, endotracheal tube), if appropriate per the organization's practice and circumstances.
9. If the patient has dentures that are not in his or her mouth, place them there. If the dentures do not stay securely in the mouth, place them in a labeled denture cup and ensure that they are transported with the patient's body to the mortuary.

Rationale: Dentures give the face a more natural appearance. Jaw muscles relax after death, making it difficult to keep dentures in place. Mortuary personnel remove dentures to clean and seal the mouth.

10. If culturally appropriate, use a rolled-up towel under the chin to close the patient's mouth.

Rationale: Positioning the mouth in a closed position may be less disturbing to family members.

11. Place a small pillow under the patient's head or position it according to cultural preferences.
12. Follow the organization's practice regarding securing the hands and feet. Use only circular gauze bandaging on the body. Position the hands in an elevated position on the abdomen.

Rationale: Some organizations require securing appendages to prevent tissue damage when the patient's body is moved. Accumulation of fluid called hypostasis, is a normal post-mortem process caused by gravity.[4] The condition is minimized if the affected body part is elevated.

13. If culturally appropriate, close the patient's eyes by gently pulling the eyelids over the eyes.

Rationale: For some, closed eyes convey a more peaceful and natural appearance, but some cultures prefer that the eyes remain open.

14. Shave male facial hair, unless doing so is prohibited by cultural practices or the patient wore a beard.

Rationale: The goals are to present the patient in his normal appearance and to honor cultural or religious preferences.

15. Wash soiled body parts. If family members are assisting with washing the body and providing postmortem care, instruct them to don gowns and gloves for protection from body fluids.

Rationale: Some cultural practices require that family members cleanse the patient's body.

16. Remove soiled dressings and replace them with clean dressings, using paper tape or circular gauze bandaging.

Rationale: Paper tape minimizes skin damage when tape is removed.

17. Place an absorbent pad under the patient's buttocks.

Rationale: Relaxation of the sphincter muscles at the time of death causes the release of urine and feces.

18. Place a clean gown on the patient's body.
19. Brush and comb the patient's hair. Remove any clips, hairpins, or rubber bands.

Rationale: Hard objects damage and discolor the face and scalp.

20. Identify which of the patient's belongings are to stay with his or her body and which are to be given to the family.
21. If the patient's family requests a viewing, prepare the patient's body and room in a culturally sensitive manner per the organization's practice.

a. Place a clean sheet over the patient's body up to the chin with the arms outside the covers, if desirable.

Rationale: The patient's body is covered to prevent exposure of body parts.

b. Remove unneeded medical equipment from the room.

Rationale: Removing medical equipment provides a more peaceful, natural setting.

c. Provide soft lighting and chairs for the family.
d. Put a chair at the bedside for a family member who may collapse.
e. Provide tissues and water for the family.

22. Allow the family time alone with the patient's body.

a. Encourage the family to say good-bye with religious rituals and in their culturally accepted manner.

> Rationale: Compassionate care provides family members with a meaningful experience during the early phase of grief.

b. Do not rush the grieving process.
c. Do not force family members to view the patient.
d. Remain accessible to address needs and answer questions.

23. After the viewing, remove linens and gown per the organization's practice.
24. Place the patient's body in a shroud provided by the organization.

a. Place an identification label on the outside of the shroud per the organization's practice.
b. Follow the organization's practice for marking a body that poses an infectious risk to others.

> Rationale: The shroud protects against injury to the skin, avoids exposure of the body, and provides a barrier against potentially contaminated body fluids. Labeling ensures proper identification of the body. Marking a body reduces exposure of the morgue and mortuary staff to contamination.

25. Ensure that prompt transportation of the patient's body to the mortuary has been arranged. If a delay is anticipated in the transfer to mortuary care, transport the patient's body to the morgue.
26. Discard supplies, remove personal protective equipment (PPE), and perform hand hygiene.
27. Document the procedure in the patient's record.

MONITORING AND CARE

1. Observe family members', friends', and significant others' responses to the loss and provide support as needed.

EXPECTED OUTCOMES

- Body is free of new skin damage.
- Significant others provided the opportunity to express grief.

UNEXPECTED OUTCOMES

- A family member or significant other is immobilized by grief and has difficulty functioning.
- A grieving person is agitated and threatens to strike out or strikes out against others.
- Lacerations, bruises, or abrasions are noted on the body. Positioning or preparation of the body results in skin injury.

DOCUMENTATION

- Time of death
- Description of any resuscitative measures (if applicable)
- Name of the professional certifying the death
- Any special preparation of the body for autopsy or organ and tissue donation

- Presence or absence of first-person consent, Donate Life Registry, advance directive, or living will
- Name of person who made the request for organ and tissue donation, if applicable
- Name of organ donation agency representative, if contacted
- Name of mortuary
- Names of family members consulted at the time of death and their relationships to the deceased
- Personal articles left on the body (e.g., dentures or glasses), jewelry taped to skin, or tubes and lines left in place
- Appearance and condition of the patient's skin during preparation of the body
- Actions taken to secure valuables and personal belongings and name of individual who received them
- Time body was transported and its destination
- Location of body identification tags
- Unexpected outcomes and related interventions
- Family education

PEDIATRIC CONSIDERATIONS

- Arrange for family members, especially parents, to be with the child throughout the dying process and at the time of death, if they wish.
- Allow family members to hold their child's body after death.
- Make every effort to honor family members' requests per the organization's practice. Family members of deceased newborns may want a memento of their infant (picture, article of clothing, footprint, or lock of hair).

OLDER ADULT CONSIDERATIONS

- Consider that some older adults have small families and small circles of surviving friends. Health care team members may be the only human presence during death.
- Arrange for someone to be with the person when death is imminent.

HOME CARE CONSIDERATIONS

- Consider the type of support family members need at the time of death and assist with arrangements.
- After death in the home setting, follow the organization's practice for body preparation and transfer and for disposal of durable medical equipment (e.g., tubing, needles, and syringes), soiled dressings or linens, and medications.
- Instruct family members regarding safe and proper handling and disposal of medical waste.

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Postmortem Care – CE

Elsevier Skills Levels of Evidence

- Level I - Systematic review of all relevant randomized controlled trials
- Level II - At least one well-designed randomized controlled trial
- Level III - Well-designed controlled trials without randomization
- Level IV - Well-designed case-controlled or cohort studies
- Level V - Descriptive or qualitative studies
- Level VI - Single descriptive or qualitative study
- Level VII - Authority opinion or expert committee reports

Supplies

- PPE (gloves, gown, mask, eye protection)
- Plastic bag for hazardous waste disposal
- Washbasin
- Washcloths
- Warm water
- Bath towel
- Clean gown or disposable gown for body as indicated by the organization's practice
- Shroud kit with name tags
- Syringes for removing urinary catheter
- Scissors
- Small pillow or towel
- Paper tape, gauze dressings
- Paper bag, plastic bag, or other suitable receptacle for patient's belongings, to be returned to family members
- Valuables envelope
- Gauze
- Denture cup, if needed

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Published: February 2020
Revised: April 2020

