

**Offender Death**

**Subjective Data:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_

**Description of Emergency:** \_\_\_\_\_

**Time of Notification:** \_\_\_\_\_ **Notified By:** \_\_\_\_\_

**Time of Arrival:** \_\_\_\_\_ **Arrived By:** \_\_\_\_\_

**History of medical problems:** \_\_\_\_\_

**Current medication(s):** \_\_\_\_\_

**Objective Data: Recognized clinical signs used when documenting death**

- Absent of carotid pulse
- Absent of heart sounds
- Absent of respiratory movement and breaths sounds
- Post mortem changes on skin:
  - Waxy appearance
  - Mottling
- Mortis
  - Pallor mortis, paleness which happens in the 15–120 minutes after death
  - Livor mortis, a settling of the blood in the lower (dependent) portion of the body
  - Algor mortis, the reduction in body temperature following death. This is generally a steady decline until matching ambient temperature
  - Rigor mortis, the limbs of the corpse become stiff (Latin *rigor*) and difficult to move or manipulate

**Plan:**

**Nursing Intervention:**

- CPR started: Time: \_\_\_\_\_ (if indicated)      CPR terminated: Time: \_\_\_\_\_
- AED applied: Time: \_\_\_\_\_ (if indicated) (Shockable rhythms: Ventricular tachycardia and Ventricular fibrillation)
- Checked for clinical signs of death using a stethoscope and heart monitor
- Checked carotid pulse for over 1 minute and repeated after 3 minutes . Confirmed no carotid pulse.
- Checked for heart sounds for over 1 minute and repeated after 3 minutes. Confirmed no heart sounds.
- Checked for respiratory movement and breaths sounds for over 1 minute and repeated after 3 minutes. Confirmed no respiratory movement or breaths sounds.

**If there is any uncertainty, the situation is likely to become clearer in 15-30 minutes. Go though the checklist again. Do not feel pressurized to declare “life extinct” instantly. Gurgling noises etc may occur immediately after death which may make verification more difficult.**

**Assessment:**

- Cessation of physiological functions related to absent heartbeat, pulse and breathing

**Offender last seen alive:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Medical provider notified:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**CHSA notified:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Facility head notified:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Progress Note:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**QHCP Signature/credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Offender Name  
(Last, First)

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