

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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