

Death Packet Checklist

Physician:

Please complete all checkboxes. If not on this list, you do not need to complete it.

- ☐ Determine if this death qualifies as a Coroner's case. See criteria below:
 1. Traumatic injury or accidental cause of death
 2. Suspected homicide or suicide
 3. Suspected environmental/chemical exposure as cause of death
 4. Exposure to reportable disease as cause of death
 5. Incarcerated or in a mental institution
 6. Unclear definitive cause of death
- ☐ If any of the above are applicable, call the coroner at 323-343-0711 and fill out **Form 18- To Report a Death** starting with "Date of Death" line to end of form
- ☐ On the **Notice of Patient's Death** form, fill out time of death and print name where it says "resident" and sign your name on the following line
- ☐ On the **Information for Certificate of Death** form, fill out date/time of death (top right corner), questions 3 & 4, and sections 21-27
- ☐ On the **CPR Record (Code Sheet)**, verify the accuracy of the overall content and fill out the "Physician Summary" suspected cause of death, time of death, and sign

Nursing:

- ☐ Notify One Legacy and document the time notified and death notification number on the **Information for Certificate of Death** form

Clerk:

- ☐ On **Form 18- To Report a Death**, fill out Name of facility, Address, Phone #, Name of Decedent, Source of ID,
- ☐ On the **Notice of Patient's Death** form, fill out the Name of the hospital
- ☐ On the **Information for Certificate of Death** form, fill out Name of deceased and sections 19A-19E

Social Work:

- ☐ On the **Notice of Patient's Death** form, fill out Name/Address/Phone number of Person present or Person to Notify

The above form is not part of the medical record.