
**NEVADA COUNTY
SHERIFF'S OFFICE**



CORONER'S DIRECTIVE

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Effective Date ~~05/30/99~~
2/6/18

SUBJECT **HOSPITAL DEATHS**

POLICY To set the standard procedures for the handling of in-hospital deaths

PURPOSE To provide the deputy coroner with general guidelines in the handling of reportable deaths within the hospital setting

CODE REFERENCE Government Code §27491.2

CASE LAW

DEFINITIONS

PROCEDURE

A. Reporting

Hospital deaths coming under the jurisdiction of the coroner are typically reported by a physician or nursing supervisor. All hospital medical staff personnel should be aware of the types of cases that are reportable to the coroner. All personnel should have knowledge of the jurisdiction of the coroner and understand his or her duties and responsibilities.

B. Normal Response Areas

Typically, these deaths occur in intensive care, the emergency department, or in surgery. Under no circumstances is a body to be moved from the place of death without the authorization of the coroner (Government Code §27491.2). In all cases, tubes attached or inserted into the body will be left in place; they may be tied off for the purpose of transportation, but must be left undisturbed.

C. Procedure

1. In the case of deaths in the operating room (OR), the deputy coroner shall go to the place of death as soon as possible to conduct the preliminary on-scene investigation.

2. The most valuable record in the OR is the anesthesiology record maintained by every anesthesiologist and retained in the records of the operative procedure. The deputy should interview the surgeons, anesthesiologist, and the attending physician as applicable to determine the circumstances of death, and should obtain medical records for the pathologist and coroner's file.
3. Important questions to be answered include, but are not limited to, the following:
 - a. Start time and end time of procedure;
 - b. Pre-operative/post-operative diagnoses;
 - c. Usual risk involved with type of procedure (minimal, moderate, high);
 - d. Anesthesia type, dosages, and times;
 - e. Pre-existing conditions, pre-surgical risk factors, and medical history;
 - f. Blood/fluid volumes infused and exerted;
 - g. Prior surgeries and past complications;
 - h. Known allergies to medications.
4. Ask questions about any of the history or procedures of which you are not knowledgeable. The investigation of surgical death is among the most technical and potentially litigious type of medicolegal investigation undertaken by a deputy coroner. Be especially alert to reluctance on the part of physicians/surgeons and anesthesiologists involved ; they may have their medical malpractice insurance expenses in mind.
5. Family members often react to the surgery death with anger and condemnation, and want the deputy coroner to be their advocate in proving medical malpractice. It is best to remember that the coroner is charged to act on behalf of the deceased without regard to the desires of the family or physician on the determination of cause of modality of death.
6. Many deaths in the hospital involve trauma cases covered under separate Coroner's Directives; however, the basic procedures still apply as to movement of the body, review of records, tubes and lines attached, and interview of physicians, nurses, and attendants.
7. Many hospital deaths involve persons who were not under a doctor's care prior to admission, were in the hospital less than 24 hours, or patients who were comatose throughout their period of hospitalization. Hospital deaths are to be evaluated on a case-by-case basis with a thorough review of records and interviews of attending physician(s) to enable the investigator to make a decision as to whether or not the physician will be allowed to initiate a death

certificate.

8. If the family of the deceased has requested a certain mortuary in the event of death, hospital personnel should make this preference known to the investigating deputy, or he or she should make inquiry as to mortuary preference. In any case that falls under the jurisdiction of the coroner, no person shall make any arrangements for or order the removal of the body without the express consent of the coroner.