

## PRACTICE GUIDELINE

**Effective Date:** July 3, 2019

**Manual Reference:** Deaconess Trauma Services

**TITLE:** AUTOPSY IN THE TRAUMA PATIENT

**PURPOSE:** To provide a guideline to identify the process for obtaining an autopsy for a patient on trauma services.

**GOAL:** Meet or exceed American College of Surgeon's benchmark of 40% autopsy rates.

### DEFINITIONS:

For purposes of this guideline, unexpected death is defined as:

- A death which occurs within the first 24 hours in a trauma patient who
  - has not had CT films obtained
  - has not been to the operating room
- A death which cannot be attributed to the mechanism of injury or to the patient's comorbid conditions (i.e. a death with no known cause)

### GUIDELINES:

- A. Upon the unexpected death of a trauma patient, the Trauma Surgeon shall advise the RN that an autopsy is requested.
- B. Per Hospital Policy and Procedure (P&P) 50-14 S, the RN will notify the Vanderburgh County Coroner (VCC) of the trauma mortality.
- C. If the patient is deemed to be a potential organ donor, the RN will advise VCC of such so that VCC and Indiana Donor Network representative can communicate to coordinate the autopsy and donation process.
- D. If VCC declines taking patient as a coroner's case, the RN shall
  1. advise VCC that the Trauma Surgeon has requested an autopsy
  2. advise Trauma Surgeon that VCC declined to perform routine autopsy
- E. Trauma Surgeon shall then place an Order for autopsy. This can be done as a verbal order to RN.
- F. Consent to perform an autopsy must be obtained from family per Hospital P&P 50-14S
  1. Trauma Surgeon or RN should make every effort to use language similar to the following when discussing trauma autopsy request with family: *In order to help determine the exact cause of death and to contribute to the knowledge related to trauma and other disease processes, we would like your permission to have an autopsy performed.*
  2. If obtained, a Consent for Autopsy form (Attachment A) shall be completed pursuant to P&P 50-14S.

- G. RN shall notify VCC to advise that consent for autopsy has been obtained and VCC should proceed with autopsy.
- H. VCC will then perform autopsy for a pre-determined and agreed upon fee, which will be paid by Deaconess Pathology. Upon completion of autopsy, VCC will release the body to mortuary/funeral home.
- I. RN shall communicate with Trauma Services PI RN that an autopsy was requested.
- J. Trauma Services PI RN will notify Deaconess Pathology that VCC will perform an autopsy per Trauma Surgeon request.
- K. Upon receipt from VCC, Trauma Services will provide copy of autopsy to the Pathology department.

**REFERENCES:**

- Deaconess Hospital Policy and Procedure 50-14 S
- Deaconess Medical Staff General Rules and Regulations
- Resources for Optimal Care of the Injured Patient (2014)

REVIEWED DATE	REVISED DATE
APR 2020	
AUG 2020	
APR 2021	



### CONSENT FOR AUTOPSY

Date: \_\_\_\_\_, 20\_\_\_\_ Time: \_\_\_\_\_  AM  PM

I, \_\_\_\_\_, bearing the relationship of \_\_\_\_\_  
(Name of kin)

to \_\_\_\_\_, who died at \_\_\_\_\_  AM  PM on \_\_\_\_\_  
(Name of deceased) (Time) (Date)

hereby authorize doctor \_\_\_\_\_ or such other physician(s) as he/she may designate, to perform a postmortem examination on the body of the deceased; to the extent hereby noted:  Body and Head,  Body only,  Head only,  Other restrictions, as specified here, \_\_\_\_\_

The remains of the deceased will be examined to help determine the cause of death.

The physician(s) in attendance is further authorized to retain /and or photograph organs, tissues and/or parts as deemed appropriate by the physician for diagnostic, scientific or therapeutic purposes.

It is further understood that due care will be taken to avoid any disfigurement of the body. The results of the examination will be transmitted to the patient's attending physician(s).

†Signed: \_\_\_\_\_  
(Consenter) (Relationship to the deceased)

Address: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Signed: \_\_\_\_\_  
(Consenter) (Relationship to the deceased)

Address: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

\*Witness to Signature or Telephone Conversation: \_\_\_\_\_

Witness to Telephone Conversation: \_\_\_\_\_

\*Change

†One consenter is sufficient

\*Telephone consent requires two witnesses