

Checklist for all deceased patients

Please attach completed form to the front of the patient's notes prior to leaving ward

Site.....Ward..... Verified Date of Death.....Time.....

Doctor Verifying to confirm Patient's Identification with: Patient ID wrist band / patients notes / member of staff and or relative

Please print

Patient Name:	
Registration no:	NHS no:
Address:	
Date and time checked:	
Staff/relative ID check with:	
(print name)	

COVID-19 status	SWABS TAKEN : Y/N	Date:
RESULT	POSITIVE/NEGATIVE/AWAITED	

	VERIFYING DOCTOR to sign when completed	MEDICAL EXAMINER to sign when completed
Patient identified using above demographics Print name		
Signature		
Qualification/GMC no:		
Patient confirmed deceased		
Combustible device in situ	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/> NO
If device present – please state type of device – eg Permanent Pace Maker, Sacral Nerve Stimulator etc		
Other comments:		