Fountains Medical Practice / Nursing Home Protocol in the event of a death

Please collect the following information no later than 24 hours after the death and email it to cmicb-cheshire.fichs@nhs.net

Name of Deceased : **DOB**

Was this death in the hospital? **Y/ N** **Date & Time:**

(If YES and this is a hospital death, no need to fill in the rest of the form and send with the above information filled)

Is this an expected death ? **Y / N**

When was the death verified: Time **Date:**

Person who verified the death: (Full name and (NMC /GMC No)

Please give the name(s) of anyone present at the time of death

Full name of persons present	Designation/ Relationship

If patient was on an End of life care pathway, did they receive any medication from the pathway **Y / N**

Have the coroner and/or Police been notified and or involved? **Y / N**

Was the OOH service involved? **Y / N**

Has the body been removed, and if so which Undertakers are involved?

Will cremation papers be required? **Y / N**

(NB This information may not be immediately available, because family members not immediately present

Next of kin details :

(Inform NOK The death certificate will be sent straight to the Chester Register Office within 48 hours of us receiving this form)