



Care after death

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Learning objectives

- ▶ **By the end of this session you should:**
- ▶ **Understand what care after death is**
- ▶ **Have an awareness of professional boundaries**
- ▶ **Have an awareness of some cultural, religious and spiritual aspects of care after death**
- ▶ **Be able to provide holistic care after death**
- ▶ **Care for yourself as a practitioner**

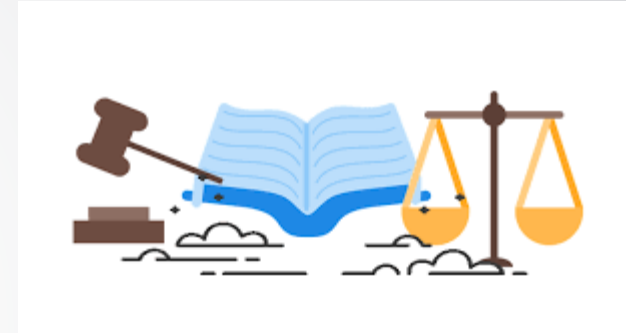


What is care after death?

- ▶ Also referred to as last offices (Latin *Officium* meaning service or duty)
- ▶ 'Laying out' refers to the nursing care undertaken
- ▶ Considers any legal, cultural, spiritual & religious issues prior to any nursing care
- ▶ Washing, grooming and dressing the patient
- ▶ Prevent leakage of bodily fluids
- ▶ Ensuring identification is present & correct

Legal responsibilities

- ▶ Is it an expected death?
- ▶ Is it a sudden death?
- ▶ Is it a suspicious death?
- ▶ Has the death been verified?
- ▶ Is the patient an organ donor?
- ▶ Is the patient being repatriated?
- ▶ Has the patient's GP been informed? (if expected death)





Professional responsibilities

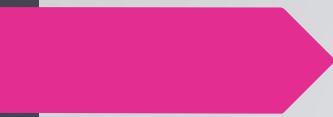
- ▶ Has the NOK been informed?
- ▶ Adhere to professional code at all times
- ▶ Risk assess for potential infection and health and safety risks
- ▶ Inform the patient's GP



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*You matter because you are,
and you matter to the last
moment of your life*

Dame Cicely Saunders

Born 22nd June 1918





***Does the patient no longer matter once they
have died?***

No!

- ▶ Care after death is one of the most important things we can do as healthcare professionals
- ▶ Final act of care we can give our patients
- ▶ The patient is still treated with the dignity and respect they were provided with whilst they were alive
- ▶ The way in which patients are cared for will contribute to loved ones' perception of a "good death"





Communication

- ▶ Express condolences
- ▶ Use clear, appropriate language
- ▶ Avoid euphemisms
- ▶ The grief is raw, give space and support
- ▶ Give choices where possible and appropriate
- ▶ Communicate with the patient



Care after death in the community setting: considerations

- ▶ Are you a lone worker?
- ▶ Has the death been verified?
- ▶ Is there the appropriate equipment in the home?
- ▶ Do the family wish for you to be present?
- ▶ Have the family chosen a funeral director?
- ▶ Who else is in the home?

- ▶ <https://www.childbereavementuk.org/childrens-understanding-of-death-at-different-ages>

Cultural, religious and spiritual needs





Care after death: one size fits all?

Remember that the patient was a person who has had a life with family, friends and a purpose- sensitivity is required

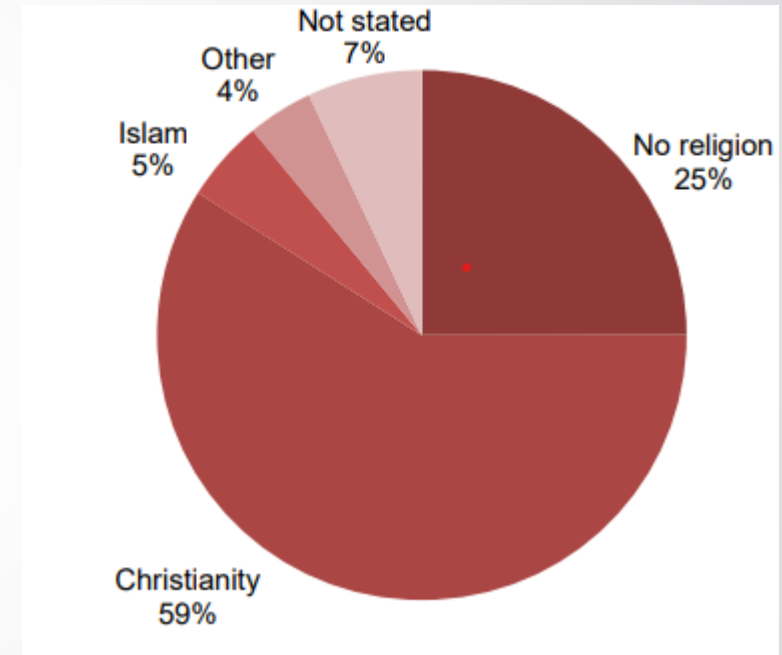
What is appropriate for one individual is not necessarily appropriate for another

People react differently to grief

Different cultures and religions will have different needs

Religious demography

- Christianity
- Islam
- Hinduism
- Sikhism
- Judaism
- Buddhism



Christianity



- ▶ May have support from local church community
- ▶ Prayers at the bedside
- ▶ Needs can differ between denominations
- ▶ Anglicans may wish for anointing or holy communion
- ▶ RC sacrament of the sick
- ▶ Christians do not often object to a post-mortem
- ▶ Burial or cremation

Buddhism



- ▶ A person is not fully dead until several hours after death
- ▶ Allows the being to continue its journey to a happy state.
- ▶ Keep the body as still as possible and avoiding disturbances during transport.
- ▶ Family members may request that the body is not touched during this period and that it is available to them to perform religious rites.
- ▶ Normally cremate the body
- ▶ Funeral traditions can differ
- ▶ Chanting and a photo of the deceased at the funeral
- ▶ Excessive grief avoid as thought to influence rebirth
- ▶ Unlikely to object to post-mortem & organ donation

Hinduism



- ▶ Shortly before death both the sacred tulasi leaf and Ganges water may be administered to the dying person by their family or a priest.
- ▶ Following death, family members may gather where the body is to pay their respects, offer prayers and chant the name of God.
- ▶ It is important at this time that the family is consulted to see if they wish to carry out last rites, as distress can be caused if the body is touched by non-Hindus.
- ▶ Where the family is not available, it is important that professionals close the eyes of the patient and straighten their limbs, ensure that jewellery and religious objects are not removed and that the body is wrapped in a plain sheet without religious emblem.
- ▶ Cremations are normal

Judaism



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- Dying person should not be left alone
- Some families may have certain customs – placing body face up and feet facing the door
- Community members will prepare the patient for burial
- Cremation forbidden in orthodox Judaism
- ‘Watcher’ to sit with the patient who has died
- Quick burial
- Would not request a post-mortem

Islam



- Death is inevitable & and a passage to the eternal afterlife
- Death should not be hastened
- Treat ill health where possible
- Caring for the dying is seen as highly rewarded
- Deceased body faces Mecca
- Gentle handling of the body
- Friends and family
- Minimal input from HCPs
- Ideally same sex as the patient
- Quick burial
- Would not request a post-mortem

Sikhism



- ▶ common practice for friends and family to gather around the patient and recite verses from the Sri Guru Granth Sahib ॐ.
- ▶ No particular rituals
- ▶ meditation and continual recitation of prayers are a priority.
- ▶ Social support is very important
- ▶ HCPs should show sensitivity of large family networks seeking to visit the dying person
- ▶ Time of death repeat the word 'Waheguru', meaning the Wonderful Lord.

- ▶ If the patient dies when family are not present it is important for professionals to contact the family immediately because they may wish to perform recitations and prayers.
- ▶ These prayers are important in accepting that death is an act of God. Cremation is the norm for most Sikhs.

Preparing to provide care

- ▶ 2 members of staff required
- ▶ Family or loved ones may wish to assist
- ▶ If present, explain to family members what you are going to do
- ▶ Consider any religious, spiritual or cultural needs
- ▶ Gather equipment & any documentation required




Care after death (not being referred to coroner)

- Seek consent from NOK/family present
- Put on PPE
- Adjust pressure relieving mattress to static
- Switch off any infusions/pumps
- Lie patient flat (if not already) & straighten limbs/fingers where possible
- Apply light pressure to close the patient's eyes
- Keep one pillow under the patient's head
- Perform mouth care
- Close patient's mouth (a towel can be placed under the jaw to aid closure)



Preparation: equipment

- ▶ Manual handling equipment
- ▶ PPE: fluid resistant surgical face mask, apron or gown, gloves x2 pairs (eye protection if required)
- ▶ Clinical waste bag
- ▶ Spigots, syringes, gauze and tape, sharps bin
- ▶ Disposable wipes, wash bowl, towels
- ▶ Clean linen, incontinence pads
- ▶ Patient's own clothes, make up, perfume, jewellery
- ▶ Any personal effects to be left with the patient

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- Spigot drains, catheters, NG tubes if not being removed
 - Remove peripheral cannulas/S/C lines and secure with tape
 - Discard any medication as per policy
 - Cover open wounds with an absorbent dressing
 - Do not remove any clips or stitches
 - Cover stomas with a clean bag
 - Prevent any leaking
 - Wash & dress the patient if permitted
 - Remove jewellery where possible and document- have a witness/2 signatures
 - Avoid shaving, brush hair
 - Ensure the linen is clean
 - Family and friends may wish to stay with the patient, ensure room is kept cool (but windows closed)



Documentation

- ▶ Clearly identify the patient with a name band on their wrist or ankle (avoid toe tags)
- ▶ As a minimum this needs to identify their name, date of birth, address, ward (if a hospital inpatient) and ideally their NHS number.
- ▶ The person responsible for identification is the person that verifies the death.
- ▶ HCPs should refer to local policies for the identification of deceased patients within their organisation.
- ▶ Death needs to be verified before the patient is transported to the funeral director
- ▶ Families should given guidance on what happens next (work to local policy)

Care after death & referral to coroner

- ▶ Any complaint about the care of the patient
- ▶ *or*
- ▶ the circumstances surrounding the death give rise to suspicion that means the death requires forensic investigation

- ▶ IV cannulas and lines in situ and intravenous infusions should be clamped but intact.
- ▶ Leave any catheter in situ with the bag and contents.
- ▶ Do not wash the body or begin mouth care in case it destroys evidence.
- ▶ Continue using universal infection measures to protect people and the scene from contamination.

Care after death & referral to coroner

- ▶ Referral to investigate the cause of death
- ▶ *but* where there are no suspicious circumstances
- ▶ Leave intravenous cannulas and lines in situ and spigot catheters.
- ▶ Infusions and medicines being administered prior to death via pumps can be taken down and disposed of according to local policy and recorded and documented in nursing and medical documentation.
- ▶ The contents of catheter bags can be discarded according to local policy.

In summary

- ▶ Care after death is one of the most important acts of care
- ▶ We must act within legal and professional boundaries
- ▶ Sensitivity is required
- ▶ Care should be personalised
- ▶ Have support from colleagues





References



- ▶ Lister, S et al(2020) Royal Marsden Manual for clinical and cancer procedures Available at: <https://www.rmmonline.co.uk/static-pages/content-19>
- ▶ Public Health England (2016) *Faith at the end of life A resource for professionals, providers and commissioners working in communities* Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/496231/Faith at end of life - a resource.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/496231/Faith_at_end_of_life_-_a_resource.pdf)