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FACILITY:	HSHS St. Vincent Hospital HSHS St. Mary's Hospital HSHS St. Nicholas Hospital HSHS St. Clare Hospital	MANUAL: Nursing
TITLE:	Autopsy	ORIGINATING DEPARTMENT: Pathology
SUPERSEDES:	SVGB 200-16-001, MS0-23 SMGB CL-4037 SNS HA-24, HA-25, 7211-0004 SCO NRSV9987	POLICY NUMBER: GN-128

I. POLICY:

Autopsies requested by HSHS providers are performed at St. Vincent Hospital by HSHS pathologists provided there is a signed consent form from the appropriate person authorized by state law and the circumstances do not qualify as a medical examiner case.

II. PURPOSE:

- To provide providers with suggested guidelines for requesting an autopsy
- To provide guidelines for compliance regarding medical examiner's cases
- To provide guidelines for which circumstances of death are reportable to the medical examiner or coroner offices
- To provide guidelines for obtaining consent
- To provide guidelines to prepare the body for autopsy and disposition to the morgue

III. GUIDELINES/PROCEDURES:

- A. An autopsy may be requested for any inpatient death at the discretion of the provider and with written consent from the appropriate family member (with signoff of the Brown County Medical examiner, if applicable – see below).
- B. **PATHOLOGY DEPT. SHOULD BE CALLED AS SOON AS AN AUTOPSY IS ORDERED.** If a provider is unsure whether an autopsy would be valuable, they should call and discuss it with the pathologist.
- C. Guidelines for choosing an autopsy:
 1. For cause of death in unexpected, unexplained, or unusual death (e.g., suspected drug reaction, sudden cardiac death, young patients, etc.)
 2. Deaths within 48 hours of surgical or invasive procedures (reportable to Coroner/Medical Examiner)
- D. Autopsy consent:
 1. Persons giving consent for an autopsy must:
 - a. Read the autopsy consent form, or
 - b. Have the autopsy consent form read to them.
 2. If anyone requests an explanation of some of the terminology used in the consent form, the following explanations may be used to answer some of the questions:

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- a. Diagnostic purpose – body organs, tissues or parts may be removed, retained or used to determine the nature of the disease by microscope examination, chemical analysis, culture, etc.
 - b. Organ Transplants – body organs, tissues, or parts may be removed, retained, or used in the treatment of other patients; examples: eyes, middle ear bones, etc.
 - c. Organs – "among other organs" may include lungs, liver, etc.
 - d. Tissues – "among other tissues" may include skin, blood, bone, muscle, nerves glands, etc.
 - e. Parts – "among other parts" may include part of organs, body fluids, etc.
3. Autopsies are performed on weekdays between 0800 and 1600 (and on weekends as deemed necessary by the pathologist on call based on circumstances and information regarding the death). When death occurs during the evening or at night, the autopsy is done the following day. The body should be transferred to the morgue at St. Vincent Hospital for storage and autopsy. If possible, an attempt will be made to notify the ordering physician of the date and time of the postmortem examination and the ordering provider is encouraged to attend. The ordering physician receives a preliminary report in 48 hours (excluding weekends) and final report when completed, usually within 30-60 days.
 4. When a physician requests an autopsy performed on a registered inpatient that has died, provided permission has been granted by the person assuming custody of the body for burial, the autopsy is done without charge. Home Health and Hospice patients are not considered registered inpatients.
 5. When an autopsy is ordered by civil authorities, charges are paid by the authorities.
 6. If a family member requests an autopsy and there is no order on the chart, the family consults with the attending physician. If the attending physician has no medical interest in the autopsy and civil authorities are not involved, the family needs to contact a pathologist and the family is charged of the autopsy. Every autopsy varies in charges that include morgue room use, pathologist fee, tissue charges, multiple cultures, drug work and other laboratory tests.
 7. If there are any questions about autopsy protocol, contact the pathologist by calling the Pathology Departments at the individual hospitals or contact the nursing supervisor at other times.
 8. Consent should not be solicited on medical examiner cases.

E. Restrictions on Autopsy:

1. Family may refuse to consent to an autopsy, (a non-medical examiner/coroner case), and they also have the right to limit the scope of the autopsy by imposing certain restrictions or conditions. If these restrictions are not followed, the autopsy is deemed to be unauthorized. There is always an implied restriction that the examination will be conducted in a manner that does not constitute disrespect for the body. Furthermore, it is also implicit that when the person gives consent to a complete autopsy, the organs not needed for diagnosis will be returned to the body for burial. If the removal or examination of an organ might affect the appearance of the body at an open casket funeral, special consent should be obtained.
2. Autopsy Consent Form to be used is found in EPIC.
 - a. Autopsy Consent – used in the general hospital
 - b. Medical Examiner's Autopsy Request Form – used only by the medical examiner's office
3. Signing and witnessing autopsy consent forms:
 - a. Whichever one of the following assumes custody of the body for purposes of burial is the one who signs the autopsy consent form (per Wis. Stats. §157.05).
 - i. Father
 - ii. Mother
 - iii. Husband
 - iv. Wife
 - v. Child
 - vi. Guardian
 - vii. Next of kin

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- viii. Domestic Partner (under Ch. 770)
 - b. In the absence of any of the aforementioned, the following should be used to obtain consent:
 - i. Friend
 - ii. Person charged by law with the responsibility for burial. If two or more persons assume custody of the body, the consent of one of them shall be deemed sufficient.
 - c. If the deceased is a minor, consent is obtained by all the parties who have legal custody of the minor as requested by the performing pathologist.
 - d. Telephone permits are to be utilized only when relatives are not able to come to the hospital; follow order of consent as in (3)(a) above.
 - i. The autopsy form is read to the designated person as specified above.
 - ii. Telephone permits are witnessed by two RNs who then sign the permit.
 - iii. Telephone permits are confirmed within 24 hours by the signee either by sending a fax/telegram or personally signing a consent form. The confirmation is placed on the chart.
 - e. Two copies of the autopsy permit are needed:
 - i. The original goes to HIM
 - ii. The copy goes to the Laboratory office as soon as possible
- F. Medical Examiner or Coroner Notification – Wis. Stats. §979.01 (1) and (4)
1. All physicians, authorities of the hospitals, sanatoriums, public and private institutions, convalescent homes, authorities of any institution of a like nature, and other persons having knowledge of the death of any person who has died under any of the following circumstances shall immediately report such death to the sheriff, police chief, medical examiner, or coroner of the county wherein such death took place.
 2. A sheriff or police chief shall, immediately upon notification of a death under sub. (1), notify the coroner or the medical examiner and the coroner or medical examiner of the county where the death took place if the crime, injury or event occurred in another county, and immediately report all of the following to the coroner or medical examiner of that county:
 - a. All deaths in which there are unexplained, unusual or suspicious circumstances
 - b. All homicides
 - c. All suicides
 - d. All deaths following an abortion
 - e. All deaths due to poisoning, whether homicidal, suicidal or accidental
 - f. All deaths following accidents, whether the injury is or is not the primary cause of death
 - g. When there was no physician or accredited practitioner of a bona fide religious denomination relying upon prayer or spiritual means for healing in attendance within 30 days preceding death
 - h. When a physician refuses to sign the death certificate
 - i. When, after reasonable efforts, a physician cannot be obtained to sign the medical certification as required under s. 69.18(2)(b) or (c) within six days after the pronouncement of death or sooner under circumstances which the coroner or medical examiner determines to be emergency
 - j. Emergency Department (EC) deaths including DOAs and pronouncements in the field
 - k. Operative deaths where the patient dies as the result of an intraoperative “misadventure” (i.e. inadvertent incision with scalpel) or when a patient expires during elective surgery and has an ASA (a subjective assessment) rating of 1 or 2
 - l. All pediatric deaths, 16 years and under, that do not have a documented terminal illness. Includes all live-born fetuses and any stillborns where there may be circumstances for abuse, i.e., alcohol, drug abuse, or physical trauma to mother prior to delivery. Extreme prematurity by itself or multiple anomalies do not constitute reportable cases. (Also refer to *Infant Death-Stillborn Infant*, WI-007.)
 - m. Deaths involving firearms or other mortal weapons, accidental or otherwise
 - n. Death due to physical restraints or psychotropic drugs
 - o. Death of anyone in police custody
 - p. Deaths where a total body donation is being made
 3. There is no time limit on medical examiner’s cases.
 4. If the body is to be examined by the medical examiner, it must stay in the place of death until released by a deputy medical examiner. If death occurs in surgery, the body may be removed to another room to await arrival of the deputy.

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5. "Coroner's case" is indicated on the patient Profile
6. If the medical examiner orders an autopsy, the medical examiner usually contacts the family. Families may not refuse if autopsy is ordered by the medical examiner and do not sign a consent in these circumstances
7. Medical examiner/coroner may require the body to be locked up for a criminal case. The Safety and Security Officer puts the body behind the gate in the cooler of the morgue and secures the lock.

G. Preparation of the Body

1. Refer to *Expired Patient* policy, GN-043, for instructions for body preparation.
2. If the patient expires prior to completion of intracavity or interstitial implant treatments, the implants are removed at once by the appropriate radiation personnel.
 - a. Contact the appropriate Radiation Therapy physician.
 - b. Contact the Radiation Safety Officer.
3. Transport the body to St. Vincent Hospital morgue.
4. Obtain a cart from the morgue if needed and transfer the body onto a morgue cart and place in the cooler.
5. Two people may accompany the body to the morgue. If necessary, Safety and Security could accompany nursing personnel.
6. Infection Control Procedures:
 - a. When autopsies are requested on patients with a communicable disease, the physician requesting the autopsy must contact the pathologist regarding the extent of the autopsy. The requesting physician and the pathologist will determine the potential risks, potential rewards, and limitations to the procedure. In some cases, such as exam limited to needle biopsies of one organ, the biopsies may be performed in the patient's room.
 - b. Adhere to standard precautions when caring for the body.
 - c. When indicated, note necessary precautions/isolation on the Record of Death to alert the mortician.
 - d. Verbal communication from the RN to the mortician concerning blood-borne infections (i.e. hepatitis, HIV, etc), or airborne disease is permissible by state statute and is required.
 - e. HSHS EWD pathologist will not perform autopsies on Creutzfeldt Jacob Disease (CJD) or possible CJD cases. If CJD is suspected (or other prior-related infectious diseases), contact the Pathology Department for possible arrangement of transport of the decedent to another facility (e.g., the University of Wisconsin-Madison or Milwaukee College of Medicine) for autopsy or research purposes.

H. Removal of the Body from the Morgue

If an autopsy has been performed, Pathology should notify Safety and Security and give approval to release the body to the funeral home and contact the funeral home to alert them that the autopsy is finished. Refer to *Expired Patient* policy, GN-043.

IV. RELATED POLICIES:

- *Infant Death - Stillborn Infant*, WI-007
- *Expired Patient*, GN-043
- *Respiratory Care - Ventilator Withdrawal*, SV 509-19-024, SM CL-3197 (new number will be (RC-023)
- *Organ Procurement*, GN-020

V. REFERENCES:

Wisconsin State Statutes