

# Tips for Nurses: After-Death Choices



**What it is:** Planning and managing what happens after the death of an older person.

**Why it matters:** The person may have expressed their wishes in an advance care directive (ACD). Some decisions may also need to be taken by members of the family. Planning can help with a healthy grieving process and nurses can refer to the person's ACD in support of this.

**What I need to know:** Before a body can be moved the death must be verified. Once the death has been verified, a funeral company can take the body into their care. Consider any cultural practices that may be important to the person and their family.

There may be requirements for reporting a death to the coroner. Relevant legal requirements are not the same across Australia. It is important to know what is required in your state/territory.

All relevant people need to be advised about the death and consulted as to actions following the death.

Income support may be available to spouses or carers through the Bereavement Allowance, Bereavement Payment or Pension Bonus Bereavement payment. See Department of Human Services.

Some people may decide to donate their body or brain to medical science or research. Written consent is needed from the person before their death. This may appear in the person's ACD. If not, the family may need to decide and provide written consent.

A body donation may be refused if:

- the person had a certain infectious illness
- it is not feasible or possible to transport the body within 24 hours
- the donation facility is full
- the person was very thin and weak.

It is important that the doctor is aware of a person's intention to be a donor. Contact the university, research or pathology service without delay regarding body or brain donation.

## Actions

**Include** in the care plan details of actions that care staff will need to take at time of death including contact details for donor organisations (if relevant).

**The RN** needs to ensure that all relevant people (including GPs, home/community nurses and services) have been consulted and all special needs at the time of death have been attended to.

**The body** of the client or resident needs to be verified as dead by an authorised person, and a certificate signed to officially confirm the death.

**You can use** the Residential Aged Care End of Life Care Pathway (RAC EoLCP) for residents to guide care delivery.

**Be aware** of possible needs including religious and cultural practices following death, and time needed for the family to be with the deceased.

**It is important** that any medicines are disposed of safely, often returned to a pharmacy.

**Family** members may:

- need time to accept the death
- need time to travel to the site of death
- want to sit with the deceased person
- want to respect certain traditions
- need help to cancel any health appointments or arrangements.

**It is important** to have a plan in place, because if an authorised person is not available to verify a death, then the police need to be called and the coroner involved.

**Name:** \_\_\_\_\_

## My reflections:

Does my organisation have a clear policy on procedures following the death of a client or resident?

Does my organisation have post-death rituals or memorial practices?

How can I recognise if a death of a client or resident has significantly affected a member(s) of my team?

## My notes:

See related palliAGED Practice  
Tip Sheets:  
Advance Care Planning  
End-of-Life Care Pathways  
Grief and Loss among Older  
People, Families and Residents

For references and the latest version of all the Tip Sheets visit  
**[www.palliaged.com.au/Practice-Centre/For-Nurses](http://www.palliaged.com.au/Practice-Centre/For-Nurses)**

CareSearch is funded by the Australian Government Department of Health and Aged Care