

***GUIDELINES FOR EXTENDED CARE  
FACILITIES AND HOSPICE AGENCIES ON  
REPORTABLE DEATHS TO THE CORONER***

***DEVELOPED BY:***



***OFFICE OF THE CORONER ROSS COUNTY, OHIO  
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ON CALL INVESTIGATOR 740/253-4519  
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**Justification:** Determining what deaths need to be reported to the coroner immediately, prior to disturbing and or releasing the body to the funeral home, can be confusing since most deaths that occur within a nursing home and/or under hospice care are natural deaths due to the disease/s that the individual is being treated for. These deaths do not fall under the jurisdiction of the coroner and do not need to be immediately reported to the coroner prior to releasing the body to the funeral home chosen by the family. That's why we developed these guidelines to assist the nursing staff in determining when to contact the coroner immediately and when is it ok to fax a report of death form.

**Role of the Coroner:** The primary role of the coroner is to determine the Cause and Manner of Death.

The Cause is a medical finding, sometimes determined by comparing the death presentation to the known history. However, it may take an autopsy and/or toxicology to determine the cause of death.

The Manner of Death (Natural, Accident, Homicide, Suicide, Undetermined) is an investigative finding. To determine the manner of death involves a complete investigation and is much harder or nearly impossible if the death scene is compromised or unavailable.

### **WHEN MUST THE CORONER BE CONTACTED PRIOR TO DISTURBING OR RELEASING THE BODY TO THE FUNERAL HOME:**

**Reportable Deaths to the Coroner:** Ohio Revised Code 313.12 Notice to coroner of violent, suspicious, unusual or sudden death.

- (A) When any person dies as a result of criminal or other violent means, by casualty, by suicide, or in any suspicious or unusual manner, when any person, including a child under two years of age, dies suddenly when in apparent good health, or when any person with a developmental disability dies regardless of the circumstances.

### **SPECIAL CIRCUMSTANCES**

**DELAYED DEATHS:** an unusual type of case, but very common in the nursing home and hospice setting, where the immediate cause of death may actually be from natural disease; however, an injury may have occurred days, weeks, months, or even years before death and is responsible for initiating the sequence of medical conditions or events leading to death. This would be considered a Coroner's case and is therefore reportable. The most common examples of this type of cases are: 1) past traffic accidents with debilitating injury and long-term care in a nursing home and 2) hip fractures of the elderly where there is a downward course of

condition after the injury. The standard is a death that occurs, following an injury such as a hip fracture, before the patient returns to their pre-injury baseline.

**CHOKING/ASPHYXIATION:** by gagging on foreign substance, including food in airway.

**THERAPEUTIC DEATHS: (These may be delayed deaths from complications from the below procedures that occurred in the discharging hospital)**

**Any death that occurs soon after any of the below procedures:**

**Anesthetic** – Deaths due to or contributed to by anesthesia or complications arising there from.

**Surgical** – Deaths due to or contributed to by surgical procedure or complications arising there from.

**Medication** – Deaths due to administration of a drug, serum, vaccine or any other substance for diagnostic, therapeutic or immunological purpose.

**Blood transfusions** – Deaths following the administration of blood or blood components.

**WHEN IN DOUBT OR HAVE QUESTIONS:** if you are not sure that's enough reason to contact the coroner investigator on **call 740/2534519**. We would rather be contacted unnecessarily that not be called when we should have been.

## **RESPONSIBILITIES AFTER A DEATH**

**Natural Deaths-** if a death is consistent with a natural death with no history of injury, MRDD, nothing unusual or suspicious circumstances or any other special circumstances as listed above then follow your agency policy on releasing the body to the funeral home. As far as notifying the coroner on these typical natural deaths, please complete and fax or email the Nursing Facility or Hospice Pronouncement of Death Form to the Ross County Coroner. (Copies of forms included with these guidelines)

Fax# 740/775-0887 email [rosscountycoroner@rosscountyohio.gov](mailto:rosscountycoroner@rosscountyohio.gov)

**Reportable Deaths-** any deaths, even though the immediate cause may appear natural, but if there is a history of a past injury such as a hip fracture, traumatic brain injury, spinal injury; or any MRDD patient; or any other reportable deaths as described above. In these deaths the nurse must call the coroner investigator on call at 740/253-4519 before disturbing the body any way and before contacting the funeral home.

Medical apparatus such as: endotracheal tubes, airways, monitor pads, CVP-IV lines, pacemakers, drain tubes, catheters or similar equipment must be retained in their original positions on the body. All intravenous fluids and substances (including blood) being given to the patient at the time of or just prior to death must, likewise, accompany the body unless otherwise advised.

**Note:** On the mandated reportable deaths that are delayed deaths doesn't mean the investigator will be coming to the scene to complete an investigation. On most of these deaths only medical records and history of the injury will be necessary to determine the Cause and Manner of Death. However, the body must not be disturbed until the coroner's investigator is called **740/253-4519** and determines what will be necessary.

**EMS-** if EMS is called and EMS makes the pronouncement of death, then its EMS's responsibility to contact the coroner. If the death is a hospice patient at home and/or is deemed suspicious, EMS will contact law enforcement as per policy.

**WHEN IN DOUBT CALL FIRST 740/253-4519.**



## HOSPICE DEATH REPORT FORM

Decedent's Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Race \_\_\_\_\_

Sex \_\_\_\_\_ Martial Status \_\_\_\_\_ S.S.# \_\_\_\_\_

Address \_\_\_\_\_

Date Entered Hospice Program \_\_\_\_\_ Terminal Diagnosis \_\_\_\_\_

Date of Death \_\_\_\_\_ Time Pronounced \_\_\_\_\_ Approximate Time of Death \_\_\_\_\_

Hospice Nurse Present At Time of Death? Y or N Time Arrived At Scene \_\_\_\_\_

Attending Physician \_\_\_\_\_ Date and Time of Notified \_\_\_\_\_

Presentation Prior To Death (c/o Dyspnea, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*Any Sign of/or Recent Hx of Trauma \_\_\_\_\_ Describe \_\_\_\_\_

Medications \_\_\_\_\_

Controlled Medications Accounted For and Destroyed? \_\_\_\_\_

Names of All Persons Present at Time of Death (including children) \_\_\_\_\_

\_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Funeral Home Released To \_\_\_\_\_

Hospice Nurse \_\_\_\_\_ Title \_\_\_\_\_

*Please fax to the Coroner's Office @ 740/775-0887 ASAP....\*If anything appears suspicious or if trauma related, recent or past, or if MRDD patient, call our Answering Service @ 740/253-4519 ask for investigator on call for release of the body.*



**NURSING FACILITY PRONOUNCEMENT OF DEATH FORM**

NAME \_\_\_\_\_ D.OB. \_\_\_\_\_ SEX \_\_\_\_\_ RACE \_\_\_\_\_

S.S.# \_\_\_\_\_ M.S. \_\_\_\_\_ DATE ADMITED TO NH \_\_\_\_\_

MEDICAL HX \_\_\_\_\_

\*HISTORY OF PAST INJURY \_\_\_\_\_ DESCRIBE \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

\_\_\_\_\_ TIME MEDS LAST GIVEN \_\_\_\_\_

ATTENDING PHYSICIAN \_\_\_\_\_ DATE LAST SEEN BY PHYSICIAN \_\_\_\_\_

CODE STATUS \_\_\_\_\_ REQUESTED BY \_\_\_\_\_

DATE PRONOUNCED \_\_\_\_\_ TIME PRONOUNCED \_\_\_\_\_ BY \_\_\_\_\_

DEATH WITNESSED \_\_\_\_\_ ESTIMATED TIME OF DEATH \_\_\_\_\_

EMS CALLED \_\_\_\_\_ RESUSCITATION ATTEMPT \_\_\_\_\_ DESCRIBE \_\_\_\_\_

ANY TRAUMA/INJURY \_\_\_\_\_ DESCRIBE: \_\_\_\_\_

SIGNS/SYMPTOMS PRIOR TO DEATH, DESCRIBE \_\_\_\_\_

TIME LAST CONTACT \_\_\_\_\_ BY \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

FUNERAL HOME RELEASED TO \_\_\_\_\_

NURSE \_\_\_\_\_ TITLE \_\_\_\_\_

*Note: This form must be faxed to the Ross County Coroner @ 775-0887 ASAP. \*If any of the following conditions apply, you must immediately contact the Investigator on call @ 253-4519 ...any death result of trauma or any patient that was admitted to your facility due to past injury, any death following an invasive procedure, admitted less than 24hrs prior to death, and any suspicious or unexpected death; and any death regardless of circumstances involving a MRDD patient.*