Policy On Autopsy

The attending physician will initiate the request for an autopsy. The authorization to perform an autopsy must have the written informed consent (this must be obtained by the attending physician) of the nearest surviving relative or legal guardian. The physician or an RN will obtain permits. These will be signed and witnessed. If an authorization is received by telephone, two witnesses will sign the consent form.

- If death occurs under unusual circumstances, the Medical Examiner should be notified.
- Only the Chief Medical Examiner or the State's Attorney may legally order an autopsy without family permission.

College Of American Pathologists Indications For Autopsy

1. Deaths in which autopsy may help to explain unknown and unanticipated medical complications to the attending physician.
2. All deaths in which the cause of death is not known with certainty on clinical grounds.
3. Deaths in which autopsy may help to allay concerns of the family and/or the public regarding the death, and to provide reassurance to them regarding it.
4. Unexpected or unexplained deaths occurring during or following any dental, medical, or surgical diagnostic procedures or therapies.
5. Deaths of patients who have participated in clinical trials (protocols) approved by institutional review boards.
6. Unexpected or unexplained deaths which are apparently natural and not subject to a forensic medical jurisdiction.
7. Natural deaths, which are subject to, but waived by, a forensic medical jurisdiction such as:
   (a) Persons dead on arrival at hospitals
   (b) Deaths occurring in hospitals within 24 hours of admission
   (c) Deaths in which the patient sustained or apparently sustained an injury while hospitalized.
8. Deaths resulting from high-risk infectious and contagious diseases.
9. All obstetric deaths.
10. All neonatal and pediatric deaths.
11. Deaths at any age in which it is believed that autopsy would disclose a known or suspected illness that also may have a bearing on survivors or recipients of transplant organs.
12. Deaths known or suspected to have resulted from environmental or occupational hazards.

Autopsy Permission Forms

Copies of Porter Hospital Autopsy Permission forms can be obtained from any of the clinical floors or Emergency Department

Forms:
- Permission for Autopsy - Form #A2
- Permission for Autopsy (Post-Mortem) - Form #A3
- Report of Death to Pathologist - Form #A4
- Obstetrical Department Fetal Death Checklist - Form #AOB
- Hospital Disposition of Fetus - Form #AOB2

Instructions In Case Of Autopsy

Instructions to Physicians

A. Include a final note in the chart documenting the death and providing clinical circumstances surrounding the death.

B. BEFORE approaching family members to ask for permission, ascertain whether or not the death must be investigated by a Medical Examiner.

1. Vermont State law requires that the following deaths be reported to the Medical Examiner: deaths "...from violence, suddenly when in apparent good health, when unattended by a physician, by casualty, by suicide, as a result of injury, when in jail or prison or mental institution, in an unusual, unnatural or suspicious manner, in circumstances involving a hazard to public health, welfare and safety..."

2. In short, if the death of the patient is in any way related, even remotely, to an accident, injury, homicide or suicide, or if the cause of death is undetermined, contact the Assistant Medical Examiner on call (pager number 250-3549)

3. It is also common practice to report certain other cases to the Medical Examiner: deaths during surgery or other diagnostic or therapeutic procedures, or before recovering from anesthesia; deaths in suspicious or unknown circumstances, in which trauma may have played a role; and all emergency room deaths.

4. Any trauma patient whose family wishes to donate kidneys or other organs should be reported to the Regional Medical Examiners before death and donation, to obtain legal clearance from the Chief Medical Examiner and from the State's Attorney.

5. What to tell a family about Medical Examiner case: Reporting a case to the medical examiner does not mean that an autopsy will automatically be performed. In fact, most hospital cases reported to the medical examiner are not autopsied by the office of the Medical Examiner but are released back to the hospital after jurisdiction is waived. Therefore, in most cases reportable to the Medical Examiner, it is advisable to inform the patient's family that there will probably be a Medical Examiner's investigation, which may include an autopsy. However, if an autopsy is not performed by the Medical Examiner, the hospital should obtain permission for a hospital autopsy.

6. Consultation with the Chief Medical Examiner by the Regional Medical Examiner if it is unclear whether the patient is a medical examiner's case. A telephone consultation takes only a few minutes and can assure that the case is handled smoothly. (Telephone 863-7320).

7. Information to have available when reporting a case to the Regional Medical Examiner:
   - FULL NAME OF PATIENT
   - ADDRESS OF PATIENT
   - SEX, AGE AND DATE OF BIRTH
   - MARITAL STATUS AND OCCUPATION
   - A CLINICAL HISTORY INCLUDING
   - DATE AND TIME OF INJURY AND DATE AND TIME OF DEATH
   - RELEVANT THERAPY AND PROCEDURES
   - NAME OF FAMILY PHYSICIAN
   - NAME OF AMBULANCE SQUAD AND/OR POLICE INVESTIGATING UNIT.
C. The Hospital Autopsy
   Definition: Any patient who has been admitted to and treated in the emergency room or hospital.

   1. The autopsy procedure is not normally performed at Porter Medical Center. Rather, the body of the deceased is transported to Fletcher Allen Health Care morgue where a member of the Department of Pathology performs the procedure. A provisional gross diagnosis will be sent to the attending physician and medical records within 24 hours after the completion of the autopsy. A final report will follow in 2-4 weeks. If an autopsy is requested on a person who has expired outside of the hospital or emergency room, or is DOA, it is considered a private autopsy and is not served by the hospital autopsy service. Contact pathologist to arrange for private service.

D. Filling out the autopsy permit:

   1. Next of kin: Permission must be obtained from the closest competent relative in this order: married or separated spouse, all adult children, parents, all adult siblings, guardian, or any person authorized or under obligation to dispose of the body. If there is no living relative, the executor of the person's estate can permit a postmortem examination. (Note: A separated spouse qualifies as next of kin; a divorced spouse does not qualify.) If you have questions, consult the pathologist on call.

   2. Telephone permits: telephone permission is legal if identification of relationship is certain. Read the permit verbatim to the next-of-kin. The telephone permit must be witnessed and signed by someone listening in on an extension. This person should be introduced to the next of kin prior to obtaining consent.

   3. Witnesses: It is advisable that all autopsy permissions, whether obtained in person or by telephone, should be witnessed by a second person in addition to the person obtaining permission.

   4. Complete versus restricted autopsy:
      a) Complete Autopsy: An unrestricted or complete autopsy includes cranial, abdominal, thoracic and pelvic contents, and may include spinal cord or lower extremities when indicated. It does not include the eyes, face or distal upper extremities. Non-routine examinations should be specified explicitly on the permit (e.g., "Eyes may be removed for examination" or "Includes examination of facial tumor"). Consult with the pathologist (656-3570) if you have questions about wording of permits.
      b) Restricted Autopsy: An unrestricted autopsy is always preferable. If the family wishes to restrict the extent of examination, determine exactly what parts of the body the family does not wish to have examined and state these restrictions as specifically as possible. For example, "No brain examination" is much less restrictive than "Chest and abdomen only". By wording the restriction in this way, one can reduce or eliminate a family's distress concerning the autopsy without unnecessarily limiting the information to be gained from the procedure.

E. Viewing of Bodies of Deceased Patients

   Whenever possible, viewing of bodies of deceased patients is encouraged to take place on the clinical floor where the patient died. The personnel and surroundings there are familiar to the patient's family and the facilities in general are preferable to those in the autopsy service.

F. Fetal Deaths

   1. Spontaneous Abortions or Ectopic Pregnancies - of less than 20 weeks or 400 grams do not have to be reported. Refer to Form AOB "Obstetrical Department Fetal Death Checklist". Complete Section I and III and Form AOB2 "Disposition of Fetal Remains".
   2. Therapeutic or Induced Abortions - of any length or weight are to be reported to State Department of Health on Form DH-PHS-20A-76. The Medical Record Department is responsible for reporting these.
   3. Fetal deaths over 20 weeks gestation or more than 400 grams shall be reported to the State Health Department. The Medical Records Department is responsible for completing this form. (Form DH-PHS-20-73).
   4. Fetal remains less than 20 weeks or less than 400 grams are considered a Surgical Pathology specimen and should be placed in a pathology container, labeled and sent to the lab with a FAHC Pathology requisition. The lab will need to be instructed to add formalin to the specimen upon receipt.
   5. The responsible party will receive a bill from Porter Hospital and FAHC for fees associated with the processing and interpretation of the pathology specimen.

Autopsy - 3 - OCTOBER 2013
Approved by OB/GYN Committee 10/2/2013
G. Fetal Autopsy - Performed only if fetus is over 20 weeks gestation or more than 400 grams (or by special request of M.D. by contacting FAHC autopsy attending on call weekdays through the Office (847-3570) and evenings and weekends through the FAHC Switchboard (847-0000).

1. Disposition of Body - Physician and parents will discuss and decide on the disposition of the body. See Form AOB2. Complete all appropriate sections of form.
2. If autopsy is requested:
   a) Get permission signed by parents or guardian(s) - Form #A3.
   b) Fetus should be placed in a container, labeled and placed in the designated refrigerator in the Birthing Center. It is important that the placenta is kept with the fetus and sent with it to FAHC. Place the placenta in a pathology container, label and fill out a FAHC pathology form. If refrigeration is unavailable, the fetus and placenta should be packed with plastic bags containing wet ice.
   c) Transportation of fetus for Autopsy: The hospital has chosen Sanderson’s Funeral Service for transport to FAHC. The hospital will cover the cost of this service. The Birthing Center will contact Sanderson’s at 388-2311.
   d) Send all required forms with the remains.
   e) Autopsies on stillborns or fetal deaths delivered at Porter Hospital are covered by the hospital pathology contract with FAHC and no charges will be incurred for the autopsy. Charges will be billed for extra services such as genetic testing or clinical lab testing that is required.

Instruction to Nurses

A. Complete your data entries and final notes. Include the time of death and the physician making the pronouncement of death.

B. Arrange for transport of the patient to the FAHC morgue. The family-designated funeral director generally performs this. If he is some distance away, a funeral director designated by the hospital administration will be employed. (Sanderson's Funeral Home - 388-2311.)

C. Make photocopies of the following pages from the patient's medical records. These copies must be sent with the body via the funeral director, to the FAHC morgue.
   1. Face sheet
   2. Permission for autopsy form
   3. History
   4. Physical Examination
   5. Discharge summary sheet (if available)
   6. All observation and Progress sheets
   7. Front side (graph side) of all Graphic Chart and Medication record sheets
   8. Operative report (if any)
   9. Lab and Radiology reports

D. Remove all valuables and give to the family or funeral director. Do not remove catheters or tubes. They may be tied off or clamped to prevent leakage.

E. Infectious cases: Be certain that all infectious cases are properly labeled before transport to the morgue.

F. Make sure the patient is clearly identified by bracelet.