LAST OFFICES

Practice-based seminar for pre-registration students

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Definition of Last Offices

“Last Offices is the care given to a deceased patient which is focused on fulfilling religious and cultural beliefs as well as health and safety and legal requirements.”

Aims of Last Offices

- To ensure that the patient is treated with respect after death and their dignity is maintained

- That the patient and relatives’ religious and cultural beliefs are respected and observed

- That the Health and Safety of staff, other patients and the deceased patient’s relatives should be protected.

Cook, H (1995) *When Someone Dies*  
Central Manchester Healthcare NHS Trust
Who? Where? When?

- Who? - ward nursing staff
- Where? - on the ward / department if possible in a sideroom for privacy
- When? - after the death has been verified and if possible within 2 hours of death

Note the paragraph in the Trust Guidelines:

“Sufficient time needs to be given for relatives and for staff to acknowledge the uniqueness and significance of the event”
How to do it

- There are Trust Guidelines and a Checklist, covering the Last Offices procedure.
- All those involved in delivering Last Offices sign checklist.
- Equipment for Last Offices boxes (known as mortuary boxes) has been standardised within the Trust.
- Checklist goes to the mortuary with the body.
- Guidelines and Checklist are on End of Life Care webpage (Intranet home page – Featured Sites – End of Life Care)
Documentation

- Ward nursing staff will organise this
- Several people to inform
- Strict guidelines about completing the documentation
- The actual procedure of Last Offices
  Guidelines, Equipment, Documentation
- The notification routine might be different on Night Duty but the actual Last Offices procedure is unchanged
The procedure

- Perform the procedure of Last Offices according to the Trust Last Offices Policy, a copy of which is kept on each ward, and in some departments. It can also be found of the End of Life Care webpage

- Main areas to consider are privacy and dignity, health and safety, patient identification
Dignity, Respect, Sensitivity

- Treat the deceased with the dignity and respect you would have done when alive, particularly when moving / handling them.
- Is any specific information needed from the family i.e. religious practices?
- Be aware of your own attitude, behaviour, words.
- Be aware that issues and incidents around death and dying impact the grieving process.
Privacy and Dignity.

- Mouth and eyes closed
- Packing to minimise risk of leakage of body fluids - nose and mouth
- Incontinence pad and pants
- All bodies to be dressed in shroud, night clothes or clothing
- Dentures in mouth (or in dry, clean, labelled denture pot and sent with body)
Health and Safety (i)

- All medical equipment (i.e. anything that enters the body) should be left in the body e.g. Venflons, subcutaneous needles, central lines, wound drains, nasogastric tubes, PEG tubes, endo-tracheal tubes, tracheostomy tubes, urinary catheters etc.

and - sealed off with bung or spigot

- taped securely to body
Health and Safety (ii)

- Cut endotracheal tube just inside the mouth before packing the mouth
- Mechanical aids can be removed
  - i.e. ECG electrodes, defibrillation pads
- Be aware of use of body bags
  (see Last Offices guidelines and
   Section B, Item 11 of Infection Control Manual – Handling the deceased patients)
Patient identification

- FIRST NAME first, in CAPITAL letters
- LAST NAME second, in CAPITAL letters
- Hospital Number.
- Date of Birth - (in figures. i.e. 11.11.40)
- Ward on which patient died
- Legible and accurate
Cultural and religious issues

- "Requirements for People of Different Faiths" document produced by the Chaplaincy department of the Trust and kept on ward; it’s also available on Trust internet End of Life Care webpage
- Remember that these requirements will vary amongst individuals within any specific group
- Do not remove religious emblems and jewellery from the body
- Don’t presume you know their needs, ask the family
Family needs (i)

- How and where they are told about the death
- Privacy and sensitivity
- Don’t use jargon
- Offer hospital Chaplain or other appropriate religious leader (as stated in the Guidelines)
- Specific details should be given by medical / qualified nursing staff
Family needs (ii)

- They may want to help with the procedure.
- They will need informing of what they need to do next, about picking up the death certificate etc.
- Allow them as much time as they want to sit with the deceased, *but remember that not all relatives will be comfortable seeing the body*.
- Give them time to themselves in privacy and quiet. Offer a hot drink.
Other patients

- They should be informed sensitively of the death and given the opportunity to talk about the deceased if they want to (remember patient confidentiality though)
- A well-managed and peaceful death will reassure other patients but the opposite could cause anxiety and distress
Staff and colleagues

- They may need support and/or information, particularly the less experienced staff.
- Just because you are coping well with a patient’s death and the last offices procedure, doesn’t mean that it’s wrong or weak for others to need more support than you do.
General points

- Remember that the deceased is your patient, and you are responsible for them and their relatives and friends, until they leave your ward.
- If you don’t know something, or don’t understand something about the procedure, please ASK or LOOK IT UP, rather than just struggle on, otherwise you’ll never find out.
- Remember the impact your attitude and behaviour can have on the family’s grieving process.