Please find the results of our evidence search relevant to the document listed below.

We have searched for guidance, care pathways, evidence-based reviews, published research and patient information leaflets. Please note that this search only includes documents published during the search period.

Library and Knowledge Services offers this service to authors and reviewers of patient information leaflets in an advisory capacity only. It is not responsible for determining the relevance of the included documents or for deciding whether information contained in them should be included in the patient information leaflet.

**Literature search results**

<table>
<thead>
<tr>
<th>Document title:</th>
<th>Last offices and also last offices for coroner's donations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author/Reviewer:</td>
<td>Linda Curtis</td>
</tr>
<tr>
<td>Search completion date:</td>
<td>13/09/13</td>
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<tr>
<td>Search completed by:</td>
<td>Jan Badcock</td>
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<tr>
<td>Search covers period:</td>
<td>all</td>
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</tbody>
</table>

**Resources searched**

*Database search terms*: "last offices", "last rights", "organ donation" "non-beating heart donation", coroner.

*Google search string*: ("last offices" OR "last rights" AND "organ donation" AND "non-beating heart donation" OR "coroner's death")
Guidelines

NICE
Quality standard for end of life care for adults
National Institute For Health And Clinical Excellence
Quality Standards Issued: August 2011

Quality statement 12: Care after death – care of the body
Quality statement 13: Care after death – verification and certification
Quality statement 14: Care after death – bereavement support
Quality statement 15: Workforce – training
Quality statement 16: Workforce planning

Overview
This quality standard covers all settings and services in which care is provided by health and social care staff to all adults approaching the end of life. This includes adults who die suddenly or after a very brief illness. The quality standard does not cover condition-specific management and care, clinical management of specific physical symptoms or emergency planning and mass casualty incidents.

It sets out markers of high-quality care for adults aged 18 years and older with advanced, progressive, incurable conditions; adults who may die within 12 months; and those with life-threatening acute conditions. It also covers support for the families and carers of people in these groups.

RCN
Guidance for staff responsible for care after death (last offices)
RCN The Royal College of Pathologists, National Nurse Consultant Group (Palliative Care) and National End of Life Programme 2011
Page 4 has an algorithm on last office and organ donation.

See attached

Confirmation of death for registered nurses This information was updated May 2012.

RCN
A nurse cannot legally certify death - this is one of the few activities required by law to be carried out by a registered medical practitioner. In the event of death, a registered nurse may confirm or verify death has occurred, providing there is an explicit local protocol in place to allow such an action, which includes guidance on when other authorities, e.g. the police or the coroner, should be informed prior to removal of the body.

A Code Of Practice For The Diagnosis And Confirmation Of Death
Academy of Medical Royal Colleges 2008
Organs for Transplants
A report from the Organ Donation Taskforce
Arrangements for an operating theatre for organ January 2008 removal must be made, and a surgical team from the transplant unit must be arranged to travel to the donor hospital. The physiological and haemodynamic (vital signs) condition of the donor may call for intervention. Finally, the DTC attends the organ removal procedure, continuing to ensure that all necessary arrangements for organ allocation and transplantation are in place, and ultimately carries out the last offices and ensures that any specific requests of the donor family are met.

Standards Of Practice For Donor Transplant Co-Ordinators
UK Transplant Co-ordinators Advisory Group Published: February 2004

Review date: Spring 2006
4.2 ensure the family is given the opportunity to participate in the last offices if appropriate.
4.3 undertake the last offices in accordance with local policy as the final act of caring, respecting the family's wishes. This should be undertaken with local staff who also have a duty of care.

See attached

United Kingdom Hospital Policy for Organ and Tissue Donation
UK Transplant Published: Spring 2003 Review date: Summer 2006

15 Theatre staff
15.1 The theatre team are required to be informed at an early stage of a potential donor retrieval. This is to allow for forward planning to aid the donor retrieval process. Following an organ retrieval operation the donor transplant co-ordinator and the theatre team usually perform the last offices as the final act of caring.

Donor Family Care Policy

2.4 It is the responsibility of the DTC, in collaboration with the referral unit/theatre staff, to ensure that last offices are carried out according to the wishes of the family and in accordance with the hospital policy.

Evidence-based reviews

Evaluation of ‘Guidance for staff responsible for care after death (last offices)’ publication
Thoreya Swage Susan Hodgetts Lois Bentley
National Nurse Consultant Group (Palliative Care) March 2013 Liverpool Care Pathway

See attached

The Royal Marsden Hospital Manual of Clinical Nursing Procedures
Last offices

To be sent
Published research and Journal articles

**Personal care at the end of life and after death**
8 May, 2012
New guidance was published earlier this year to provide nurses with clear, practical advice on caring for patients before, during and after death. This article describes how the guidance was compiled and highlights key points for nurses.

**After death 2: exploring the procedures for laying out and preparing the body for viewing**
This second in a two part unit on last offices examines the procedures to follow when preparing the body of a deceased patient for transfer to the mortuary, and issues to consider when relatives view the body. Part 1 explored relatives’ grief reactions and the importance of providing culturally sensitive care.
Last offices must be performed with dignity and respect. Nurses are uniquely placed to have awareness of the wishes of patients and their grieving families.

**After death 1: caring for bereaved relatives and being aware of cultural differences**
12 July, 2010
The aftercare of deceased patients and performing last offices are important aspects of nurses’ role. Regularly auditing care provision can identify whether standards are being met and highlight areas in need of development.
This article outlines the background to an audit that was prompted by concerns linked to procedures for last offices. The response to initial audit findings and consequent actions taken to raise awareness and improve services are also discussed.

**Last offices care and working to improve services for newly bereaved relatives**
Nursing Times; 105: 23, early online publication
An audit was conducted on the way last offices were performed and recommendations to improve nursing practice in after-death care.
The aftercare of deceased patients and performing last offices are important aspects of nurses’ role. Regularly auditing care provision can identify whether standards are being met and highlight areas in need of development.

This article outlines the background to an audit that was prompted by concerns linked to procedures for last offices. The response to initial audit findings and consequent actions taken to raise awareness and improve services are also discussed.
UK guidance for non-heart-beating donation
S. Ridley*, S. Bonner, K. Bray, S. Falvey, J. Mackay and A. Manara and the Intensive Care Society’s Working Group on Organ and Tissue Donation
This guidance offers consensus opinion on the optimum management of non-heart-beating organ donation in adult critical care units. The guidance is not meant to dictate practice but rather to offer suggestions as to what might be considered reasonable practice. The following sections mainly relate to the medical aspects of non-heart-beating organ donation. Fuller guidance on other aspects of organ and tissue donation is available on the Society’s website (www.ics.ac.uk). There are a number of parallel areas of work, such as the law on consent, the definition of death and revision of the original Code of Practice describing brainstem testing, which means that many aspects of organ donation are changing rapidly. This guidance is designed to help critical care practitioners while these issues are resolved.

Also See Database Search Below

Work elsewhere

LINCOLNSHIRE PARTNERSHIP NHS TRUSTPALLIATIVE PRACTICE POLICY
Caring for the dying and deceased patient’
Author: Neil Greenfield, General Manager Ratifying Body: Clinical Governance Sub Committee Approving Body: Trust Board Approval Date: 23.02.01 Issue Date: 01.04.01 Review Date: November 2002
See attached

Practice based seminar for preregistration students
LAST OFFICES
Central Manchester University
Powerpoint presentation for student nurses.

Procedure Following The Death Of An Adult Patient (Last Offices)
Nottingham University Hospital NHS Trust/Nottinghamshire County Teaching PCT
Clinical Guidelines
Re-Issue Date: March 2009 Version: NUH (1) Review Date: March 2012

Last Offices Royal United Hospital Bath
This policy covers all the procedures and equipment needed, but also has an excellent summary of all religious cultural aspects.

Action In The Event Of An Expected Or Unexpected Death (Incorporating Last Offices) Policy & Procedure
Suffolk Mental Health Partnership
Organ Donation after Cardiac Death (DCD) in Emergency Department (ED)
Salford Royal Foundation Trust
Salford Royal Hospital Trust
The SN-OD will be present when active management is withdrawn and will transfer the deceased to theatre with SRFT staff post asystole, remaining with the deceased throughout retrieval and last offices…

- The SN-OD remains with the deceased throughout the retrieval.
- SN-OD present to perform last offices
- Family are offered the opportunity to view their relative after theatre.

SN-OD ensures that privacy and dignity is met at all times and performs last offices with theatre staff

- SN-OD contacts the family post theatre to pass on information regarding organ retrieval and continues with family follow up in the form of telephone conversations, letters and home visits
- SN-OD gathers information regarding which organs were able to be retrieved and where the organs were transplanted. This information is shared with family as per Donor Family Care Policy (www.NHSBT.com)
- SN-OD writes to staff regarding which organs were retrieved and transplanted
- Staff debriefing as required to be facilitated by SN-OD
- Staff in all department play a very important role in the process of organ and tissue donation and this should be acknowledged
- Often staff may need time to talk about the experience of being involved in organ donation and need support and feedback regarding the outcome.

Death of a Patient Operational Policy for staff to follow in the event of a patient death Doncaster and Bassetlaw Hospitals NHS Foundation Trust

Last Offices Competency
Wirral University Teaching Trust
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Search History

1. CINAHL; "last offices".ti,ab; 28 results.
2. CINAHL; DEATH, SUDDEN/; 1156 results.
3. CINAHL; 1 AND 2; 2 results.
4. CINAHL; ORGAN TRANSPLANTATION/; 1893 results.
5. CINAHL; 2 AND 4; 2 results.
6. EMBASE; "last offices".ti,ab; 25 results.
7. EMBASE; SUDDEN DEATH/; 35658 results.
8. EMBASE; ORGAN TRANSPLANTATION/; 23634 results.
9. EMBASE; 7 AND 8; 22 results.
10. EMBASE; 6 AND 9; 0 results.
1. When last offices are more than just a white sheet.

Citation: British Journal of Nursing, 24 September 2009, vol./is. 18/17(1028-1028), 09660461
Author(s): Nyatanga B; de Vocht H
Language: English
Abstract: The recently published End of Life Care Strategy in the UK encourages people to talk openly about death and dying (Department of Health, 2008). The idea should not only be applicable to palliative care settings, but to other healthcare environments and the public sector. It is through talking that attitudes may shift and dismantle the taboo around death. There are numerous areas to consider, but for this commentary, one fascinating area of death is the meaning and impact of last offices.

Publication Type: journal article
Source: CINAHL
Full Text: Available from EBSCOhost in British Journal of Nursing

2. Caring for patients after death.

Citation: Nursing Standard, 27 August 2008, vol./is. 22/51(48-56), 00296570
Author(s): Pattison N
Language: English
Abstract: Caring for a patient who has died is the final act that a nurse will carry out for a patient. Traditionally steeped in ritual, and often referred to as last offices, this act can achieve closure for the nurse and the family. Awareness of families’ needs and subsequent support is essential. This article discusses some of the practical considerations and reactions to death that nurses can encounter. Pertinent information that families might need to know about the death of their loved one and care provision for different groups of patients are described. This article should be read in conjunction with a clinical skills article published in Nursing Standard that outlined the practical processes of care for patients who have died (Pattison 2008).

Publication Type: journal article
Source: CINAHL
Full Text: Available from EBSCOhost in Nursing Standard

3. Care of patients who have died... art & science clinical skills: 41.

Citation: Nursing Standard, 19 March 2008, vol./is. 22/28(42-48), 00296570
Author(s): Pattison N
Language: English
Abstract: This article outlines the steps involved in preparing the patient after death--known as last offices. It addresses legal and non-legal issues, religious considerations, hygiene care and aftercare for the family.

Publication Type: journal article
Source: CINAHL
Full Text: Available from EBSCOhost in Nursing Standard

4. Aspects of caring for dying patients which cause anxiety to first year student nurses.

Citation: International Journal of Palliative Nursing, 01 August 2005, vol./is. 11/8(423-430), 13576321
Author(s): Cooper J; Barnett M
Language: English
Abstract: AIM: To examine what aspects of caring for dying patients cause anxiety in student nurses during their first year of training. DESIGN: Qualitative descriptive study. SETTING: A university in the UK delivering preregistration nurse education. METHOD: A purposive sample of 38 student nurses who had just completed their first year of their programme consented to participate in the study. Data triangulation was employed, with data collected from students' reflective diaries and two focus group meetings. FINDINGS: Eight themes emerged relating to students' anxiety about caring for dying patients: coping with the physical suffering of patients; what to do or say; the severing of the relationship with the patient; the type of death; cardiopulmonary resuscitation; last offices; coping mechanisms; and interventions that would improve the student experience. CONCLUSION: Findings from the study suggest that it is aspects of the caring role, rather than personal fear of death, that form the source of much of students' anxiety.

Publication Type: journal article
Source: CINAHL
Full Text: Available from EBSCOhost in International Journal of Palliative Nursing

5. Nursing care of dead bodies: a discursive analysis of last offices.

Citation: Journal of Advanced Nursing, 15 March 2003, vol./is. 41/6(553-560), 03092402
Author(s): Quested B; Rudge T
Language: English
Abstract: BACKGROUND: Nurses care for patients before they are born, after they have died and during the lifetime in between. This paper explores nursing care of the patient after they have died including the actions by nurses in preparation of the body, the covering with a shroud, and the transfer to the mortuary. AIMS: The analysis of a procedure manual excerpt Last Offices, which directs care of the dead patient aims to explore nursing care practices in regard to dead patients, as well as the impact of the health care institution and society at large on these care practices. METHOD: An acute care teaching hospital located in a major Australian city was approached and permission was granted to access their procedure and policy manuals. The Last Offices excerpt of the procedure manual was discursively analysed. FINDINGS: It is the contention of this paper that, through their care, nurses enact the transition between life and death, and from person to corpse. Furthermore, nurses mediate the move from embodied person to becoming dead, and in so doing traverse the cultural, ontological and epistemological breaks that death entails.

Publication Type: journal article
Source: CINAHL
Full Text: Available from EBSCOhost in Journal of Advanced Nursing

6. Respecting a patient's care needs after death.

Citation: Nursing Times, 24 September 2002, vol./is. 98/39(36-37), 09547762
Author(s): Sewell P
Language: English
Abstract: The delivery of care to patients who have died is a nursing intervention that most nurses will have to perform at some time. This article aims not only to provide the rationale behind the care given to patients during last offices, but also to explore the professional, legal and ethical considerations that must be addressed within the provision of holistic care.

Publication Type: journal article
Source: CINAHL

7. Last offices following the death of a resident.

Citation: Nursing & Residential Care, 01 December 2001, vol./is. 3/12(568-573), 14659301

**Citation:** Nursing Inquiry, 01 December 2001, vol./is. 8/4(264-272), 13207881

**Author(s):** Quested B; Rudge T

**Language:** English

**Abstract:** The procedure manual as a document represents the practice of nursing care. Analysis of such manuals allows us to explore discourses of nursing and the ways in which they frame nursing practice. A critical analysis of a hospital procedure manual using discourse analysis was undertaken. A specific excerpt concerning 'Last offices' is used as an example of the institutionalisation of organisational values and beliefs as these influence nursing care. 'Last offices' directs nursing practices related to the death of a patient, and the laying out as preparation for the funeral director or coroner. The analysis shows that procedure manuals reproduce hegemonic ideologies of nursing. The analysis also shows how nursing practices are constituted by intersecting forces of differing locations such as the hospital as an organisation, the healthcare system and the wider society within which these function.

**Publication Type:** journal article

**Source:** CINAHL

**Full Text:** Available from EBSCOhost in Nursing Inquiry


**Citation:** Nursing Standard, 06 December 2000, vol./is. 15/12(0-), 00296570

**Language:** English

**Publication Type:** journal article

**Source:** CINAHL


**Citation:** Progress in Transplantation, 01 June 2009, vol./is. 19/2(188-191), 15269248

**Author(s):** Neidich A; Mahanty HD; Bramstedt KA

**Language:** English

**Abstract:** A clinical case is used to explore the ethical complexities of solid organ donation and transplantation within the Hmong community in the United States. Although many cultures can present various ethical issues, the challenges of the Hmong belief system are unique and distinctly complex. Ways for the medical team to integrate with the Hmong value system to attempt to create an environment of transcultural respect and appreciation are described.

**Publication Type:** journal article

**Source:** CINAHL

**Full Text:** Available from EBSCOhost in Progress in Transplantation

11. Organ donation in the accident and emergency department: a study of relatives' views.
Evidence Services | library.nhs.uk

Citation: Journal of Accident & Emergency Medicine, 01 January 1997, vol./is. 14/1(24-25), 13510622

Author(s): Wellesley, A; Glucksman, E; Crouch, R

Language: English

Abstract: To determine whether recently bereaved people would object to being asked about organ donation immediately after the death of their relative. A telephone interview of 78 recently bereaved relatives of people who had died in an inner city accident and emergency (A&E) department; 68 (87%) agreed to participate in the study and were sent a questionnaire. Outcome measures were views on being asked about organ donation in the A&E department immediately after the death of a relative and knowledge of the possibility for organ donation in A&E after a sudden death. 37 questionnaires were returned: 27 (72.9%) of those who responded would not have minded being asked, five would have minded, and five did not know or did not fill in the questionnaire; 29 were aware that organs could be donated following a death in A&E. Only six people had discussed organ donation before the bereavement. Only two of the people who died and seven of their relatives carried a donor card. Sixteen had heard about the NHS donor register. Most those responding would not have minded being asked about organ donation following a sudden death. More education is needed in two main areas: (1) to raise public awareness about the shortage of donor organs; (2) to improve the medical and nursing confidence in discussing these difficult issues sensitively but more openly and frequently.

Publication Type: journal article

Source: CINAHL

Full Text: Available from National Library of Medicine in Journal of Accident and Emergency Medicine

12. Nurses to lead on last offices

Citation: Nursing times, April 2011, vol./is. 107/13(2-3), 0954-7762 (2011 Apr 5-11)

Author(s): Clews G.

Language: English

Publication Type: Journal: Note

Source: EMBASE

13. After death 2: Exploring the procedures for laying out and preparing the body for viewing

Citation: Nursing times, July 2010, vol./is. 106/28(22-24), 0954-7762 (2010 Jul 20-26)

Author(s): Hills M.; Albarran J.W.

Language: English

Abstract: This second in a two part unit on last offices examines the procedures when preparing the body of a deceased patient for transfer to the mortuary, and issues to consider when relatives view the body. Part 1 explored relatives’ grief reactions and the importance of providing culturally sensitive care.

Publication Type: Journal: Article

Source: EMBASE

14. After death 1: caring for bereaved relatives and being aware of cultural differences

Citation: Nursing times, July 2010, vol./is. 106/27(19-20), 0954-7762 (2010 Jul 13-19)

Author(s): Hills M.; Albarran J.W.

Language: English
Abstract: This first in a two part unit on bereavement and last offices discusses relatives' grief reactions and caring for deceased patients, taking into account spiritual and cultural differences.

Publication Type: Journal: Article
Source: EMBASE

15. National guidance on last offices would prevent family distress

Citation: Nursing times, July 2010, vol./is. 106/27(8), 0954-7762 (2010 Jul 13-19)
Author(s): Wilson J.; Thompson-Hill J.; Chaplin D.
Language: English
Publication Type: Journal: Editorial
Source: EMBASE

16. Carrying out last offices. Part 2--preparation of the body

Citation: Nursing times, September 2008, vol./is. 104/38(24-25), 0954-7762 (2008 Sep 23-29)
Author(s): Higgins D.
Language: English
Publication Type: Journal: Article
Source: EMBASE

17. Carrying out last offices. Part 1--Preparing for the procedure

Citation: Nursing times, September 2008, vol./is. 104/37(20-21), 0954-7762 (2008 Sep 16-22)
Author(s): Higgins D.
Language: English
Publication Type: Journal: Article
Source: EMBASE

18. Care of patients who have died

Citation: Nursing standard (Royal College of Nursing (Great Britain) : 1987), March 2008, vol./is. 22/28(42-48), 0029-6570 (2008 Mar 19-25)
Author(s): Pattison N.
Language: English
Abstract: This article outlines the steps involved in preparing the patient after death--known as last offices. It addresses legal and non-legal issues, religious considerations, hygiene care and aftercare for the family.
Publication Type: Journal: Review
Source: EMBASE
Full Text: Available from EBSCOhost in Nursing Standard

19. Sudden traumatic death: Caring for the bereaved

Citation: Trauma, April 2007, vol./is. 9/2(103-109), 1460-4086 (April 2007)
Author(s): Scott T.
Language: English
Abstract: Supporting relatives following sudden and traumatic death is one of the most daunting aspects of emergency care. Relatives are devastated by the suddenness of the event, a situation often compounded by the mutilation of the body of their loved one. Managing
the practical aspects of death pronouncement, explaining the cause of death, performing last offices, and representing the body to relatives can be emotionally draining for even the most experienced emergency practitioner who is required to remain composed whilst supporting grieving relatives through their tragedy. This article considers how emergency personnel may effectively offer emotional presence and support at a time when the sheer magnitude of the event annihilates the possibility of any sense of order. The juxtaposition of communication with caring and the impact of caring on healing should not be underestimated. This concept will be discussed in relation to how relatives are cared for in the emergency department. 2007 Sage Publications.

20. The different levels of learning about dying and death: An evaluation of a personal, professional and interprofessional learning journey

Citation: Medical Teacher, July 2007, vol./is. 29/6(e151-e159), 0142-159X;1466-187X (July 2007)

Author(s): McIlwaine L.; Scarlett V.; Venters A.; Ker J.S.

Language: English

Abstract: Background: Although dying and death are common in practice, medical and social work students receive limited teaching on this topic. In addition, they have minimal experience of each others' role in the process, yet respecting the roles of other professionals in this delicate area is paramount to the delivery of high standards of care. In an attempt to address this, a pilot interprofessional 3 hour dying and death workshop was developed for senior social work and medical students using a constructivist approach to explore their own personal, uniprofessional and interprofessional roles in the dying and death process.

Methods: An expert group of health care professionals designed the workshop through an iterative process. The participants evaluated the workshop in relation to the levels of their learning journey at two time points using a combination of Likert scales and free text.

Results: An afternoon workshop was created comprising a trigger exercise to ascertain the students' own feelings, simulation of the practical aspects relating to a patient's death (confirmation of death, death certification and last offices), and discussion about the grief process, followed by case studies to consolidate their learning and highlight the interprofessional aspect. Eleven final year social work students and 14 medical students in their fourth year took part. Participants felt they gained most from the interprofessional aspect of their learning journey and suggested other topics for interprofessional learning. All students would recommend the workshop to their colleagues.

Conclusions: This undergraduate interprofessional pilot dying and death workshop was well received and enabled learning on three levels - personal, professional and interprofessional. It promoted a greater understanding of the role of each student's own profession and appreciation of the role of other professionals in the dying and death process.