



වයඹ පළාත් සෞඛ්‍ය සේවා දෙපාර්තමේන්තුව  
வடமேல் மாகாண சுகாதார சேவைகள் திணைக்களம்  
Provincial Department of Health Services - North Western



නැ.පෙ84, සෞඛ්‍යසංකීර්ණය,  
මගවුපාර,  
කුරුණෑගල.60000.

தபாற்பெட்டி84, சுகாதாரவளாகம்  
நீர்கொழும்புனிதிருநாகல் 60000

P.O. Box 84, Health Complex,  
Negambo Road,  
Kurunegala. 60000 Sri Lanka

www.healthdept.nw.gov.lk  
info@healthdept.nw.gov.lk

මගේ අංකය  
எனது இல:  
My No

මගේ අංකය  
உமது இல.:  
Your No

දිනය  
திகதி:  
Date

2023. 12.30

**Internal Circulars No :- NWP/PDHS/07-02/06/2023**

Through the Regional Director of Health Services -Kurunegala / Puttalam  
All Medical Superintendents, All Divisional Medical Officers, All Medical Officers In -  
Charge

**Instructions on Management of Death**

To fulfill healthcare and legal responsibilities effectively, it is essential to address and streamline procedures related to deaths. This internal circular is designed to clarify the various aspects of handling different scenarios, including cases where patients are discovered deceased upon arrival at the hospital, deaths occurring within the wards, the necessity of inquests, the role of law enforcement and magistrates in cases of sudden deaths, conducting post-mortem examinations, and maintaining essential records for the deceased.

Therefore, you are hereby instructed to follow the below-mentioned protocols and guidelines in all matters related to the management and documentation of deaths within your institution;

**1. When patients are found dead upon arrival at the hospital, Death on admission,**

- a. The MO OPD or MO A&E should confirm the death and note vital observations concerning the deceased's condition, which includes.
  - i. Eyeball tension
  - ii. Body temperature (whether it feels cold or warm in the trunk)
  - iii. Rigor mortis
  - iv. Hypostasis.
- b. The 'Death on admission protocol' in green format should be thoroughly completed. (Format No. NWP/PDHS/QM/03/48)
- c. Ensure the accurate recording of the name and address of the individuals accompanying the deceased, verifying their national identity cards or valid identity cards used in Sri Lanka.
- d. In cases where individuals claim to be from the 'Sri Lanka Police,' verify and record their Name, Service Number, Identity Card Number (NIC No), and Police Station.
- e. Register the occurrence in the OPD Death Register.



:(+94) 037 22 23479 · (+94) 037 7393390



(+94) 037 73 93391

- f. Promptly inform the Head of the Institute and the Hospital Police post, without waiting 2 hours for formal documentation, through the completed "*Death on admission protocol*".

**2. Dead bodies brought to the hospital by the police on orders of Magistrates or Inquirers into sudden deaths.**

- a. These are already confirmed dead cases of judicial interest, and they are directly referred to the Consultant JMO with a written order from judicial authorities.
- b. These cases should not be examined by the MO (OPD) or MO (A&E), and they should not be registered as deaths on admission or OPD deaths.
- c. The dead bodies should be promptly placed in the mortuary refrigerator to ensure the maximum preservation of evidence.
- d. It's crucial that doctors or other staff members refrain from touching the bodies or opening the packaging, as doing so may lead to the loss or tampering of valuable evidence.
- e. No hospital officer or employee is authorized to make entries, notes, minutes, or place official stamps on the court orders, as these documents are of a judicial nature and are addressed to the Consultant JMO.

**3. Deaths occurring in the wards.**

- a. When a patient dies in the ward, the Medical Officer/Intern medical Officer on duty must examine and confirm the death as usual.
- b. The date and time of Confirmation of Death must be recorded in the Bed Head Ticket (BHT).
- c. The respective Consultant should be promptly informed, and their opinion/advice on the Cause of Death must be sought, clearly documenting it in the BHT.
- d. It should be determined whether the deceased can be released with a "Declaration of Cause of Death" (wrongfully but popularly known as "DC" or Death Certificate) or if an inquest should be requested. **Guidance from section 4, "Instances where/when an inquest has to be ordered," should be referred to.** If the case concerned comes under any of those listed therein, an inquest should be requested.
- e. If an inquest is required, the pink form (*Format No. NWP/PDHS/QM/04/49*) titled "*Request for an Inquest*" should be accurately completed. Authorization from the Head of the Institute should be obtained, and it should be promptly sent to the hospital police post.
- f. Deaths occurring within 24 hours of admission do not automatically necessitate an inquest. If the diagnosis has been confirmed through clinical examination and ancillary investigations, and the death aligns with the expected course of the same diagnosis at this specific moment, an experienced clinician may issue a Declaration of Cause of Death. **This process should involve coordination with the Head of the Institute (HOI), and upon declaration of COD, the HOI can proceed with the release of the deceased body.**

- g. **There is no mandatory legal requirement to keep a dead body in the ward for two hours, as in the current arbitrary practice.** The prompt transfer of the deceased to the morgue is ethically and clinically appropriate, ensuring the bed is prepared for the next patient in accordance with the Infection Control manual issued by the Ministry of Health.
- h. Furthermore, it is deemed highly unethical to leave a patient unattended if there is a possibility of resuscitation, especially if the patient is in a state of suspended animation. Once a patient is confirmed dead, ethical considerations come into play, and it is advised to promptly transfer the deceased body to the morgue. Keeping a deceased body among living patients can cause potential mental agony to the living; therefore, swift transfer to the appropriate facility is recommended. Additionally, the procedures for preparing the bed for the next patient should align with the guidelines outlined in the Ministry of Health's Infection Control Manual.

#### **4. Instances where/ when an inquest must be ordered.**

- a. Apparent suicide
- b. Death by accident –road /machinery –occupational /domestic
- c. Death by animal attacks /following animal bites including suspected rabies.
- d. Unknown or uncertain cause of death
- e. Violent /Unnatural deaths /Deaths following injury.
- f. Deaths due to neglect /lack of care & and nutrition
- g. Death by Poisoning /drug mishaps
- h. Death following childbirth /Abortion /complications of pregnancy.
- i. Obscure infant death
- j. Death following suspected industrial exposure.
- k. Death during or before full recovery of anesthesia or surgical operation
- l. Death in custody of Police / armed forces
- m. Deaths of inmates of prison /place of detention
- n. Deaths of inmates of Mental Hospital
- o. Deaths of inmates of Homes for elderly /children /disabled/other
- p. All instances of death on admission must be considered as “Unknown or uncertain cause of death” under ordinary circumstances.

#### **5. Early Neonatal Deaths and Stillbirths**

- a. Any baby born alive, regardless of the period of dying later should be issued a Death Declaration Form (B33)
- b. A stillbirth is defined as the death that occurs before complete expulsion or extraction from its mother of a product of conception which has had a duration of not less than 28 weeks of gestation. Death is indicated by the fact that, after such separation, the fetus does not breathe or show any other evidence of life, such as the beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles (Births and Deaths Registration Act).
- c. For each stillbirth in an institution, it is mandatory to complete the Still Birth Certificate (B22) in triplicate. The first copy is intended for the parents, the

second copy is sent to the Registrar General's Department, and the third copy is retained as the office copy in the healthcare institution.

- d. When completing the B22 form, consider the following:
  - i. The primary disease or conditions of the fetus or infant
  - ii. Other diseases or conditions of the fetus or infant
  - iii. The primary maternal diseases or conditions affecting the fetus or infant.
  - iv. Other maternal diseases or conditions affecting the fetus or infant.

**6. Conducting Pathological Postmortem Examinations [Hospital Autopsy]:**

- a. Hospital autopsy cannot be done to determine the Cause of Death (COD). If COD is not known, an inquest has to be requested.
- b. Hospital autopsy is conducted when the case is not the subject of a judicial inquest, and only to ascertain the extent of disease or the effectiveness of therapeutic procedures.
- c. For a hospital autopsy:
  - i. COD must be known,
  - ii. Declaration of Death should have been issued,
  - iii. Consent of the next of kin must be obtained,
  - iv. Authorization must be obtained from the Head of the Institute.
- d. Hospital autopsy is conducted by either a pathologist or another doctor in the respective clinical unit or pathology unit. Hospital autopsy is not a duty of the Consultant JMO or MO-Medico-Legal.

**7. Registers to be Maintained Regarding the Dead:**

- a. *Death on Admission Register (Format No NWP/PDHS/QM/05/50):*  
Should be maintained in the OPD. All deaths occurring at OPD, or patients found to be dead when brought for admissions are registered here. Dead bodies brought by police on judicial orders are not registered here.
- b. *Register of receiving and releasing dead bodies (මළ සිරුරු භාරගැනීමේ හා බැහැර දීමේ ලේඛනය):*
  - i. This is the register maintained at the mortuary by the mortuary overseer. (මෘත ශරීරගාරයේ සුලුසේවා පාලක විසින් පවත්වාගෙන යා යුතු ලේඛනයකි.)
  - ii. All dead bodies (OPD deaths, ward deaths, and dead bodies brought by Police on Judicial orders brought to the mortuary) should be registered here. (මෘතශරීරාගාරය වෙත ගෙනෙනු ලබන සියලු මළ සිරුරු (බාහිර අංශයේ මරණ, වාට්ටු මරණ සහ අධිකරණ නියෝග මත ගෙනෙන මරණ) මෙම ලේඛනයේ ලියාපදිංචි කළ යුතුය.)
- c. *Inquest and postmortem register (මරණ පරීක්ෂණ ලේඛනය) Format No: NWP/PDHS/QM/11/57*
  - i. This register should be maintained at the hospital police post (රෝහල් පොලීසිය මගින් පවත්වා ගත යුතු ලේඛනයකි.)
  - ii. All deaths referred to for inquests and dead bodies brought by Police on judicial orders should be registered here. (හදිසි මරණ පරීක්ෂණ සඳහා යොමුකරනු ලබන සියලු මළ සිරුරු (බාහිර අංශයේ මරණ, වාට්ටු වල සිදුවන මරණ සහ අධිකරණ නියෝග මත පිටතින් ගෙනෙන මරණ) මෙම ලේඛනයේ ලියාපදිංචි කළ යුතුය.

d. Postmortem Register (පශ්චාත් මරණ පරීක්ෂණ ලේඛනය):

- i. This register should be maintained at the JMO office. (අධිකරණ වෛද්‍ය නිලධාරී කාර්යාලයේ පවත්වාගත යුතු ලේඛනයකි)

## 8. "COD GUIDE" Mobile Application



The Ministry of Health has introduced the 'COD GUIDE,' a comprehensive mobile application designed to serve as a quick reference guide for determining the cause of death during the declaration of death. All medical officers, including interns, are strongly encouraged to integrate this application into their routine practices. Regional Directors of Health Services and Heads of Institutions are hereby instructed to inform and guide their medical officers about the application.

**Dr.M.K. Sampath Indika Kumara**  
Provincial Director of Health Services.  
North Western Province.

**Dr. M.K. Sampath Indika Kumara**  
MBBS, MSc MD, MCMA  
Provincial Director of Health Services  
North Western Province

Copies –

- |   |             |         |
|---|-------------|---------|
| 1. Honorable Governer - NWP   | Kurunegala. | -F.Y.I  |
| 2. Secretary, Ministry of Health , Colombo                            |             | -F.Y.I  |
| 3. Director General of Health Services, Ministry of Health, Colombo   |             | -F.Y.I. |
| 4. Chief Secretary -NWP   |             | -F.Y.I. |
| 5. Provincial Health Secretary (NWP)                                  |             | -F.Y.I. |
| 6. Additional Secretary (Medical Services ), Ministry of Health       |             | -F.Y.I. |
| 7. Additional Secretary (Public Health Services ), Ministry of Health |             | -F.Y.I. |
| 8. Director – Healthcare Quality & Safety ,Ministry of Health         |             | -F.Y.I. |
| 9. All Consultants - NWP  |             | -F.Y.I. |
| 10. Provincial Health Information Unit                                |             | -F.Y.I. |