

Coroner Reporting Procedures for The Denver Hospice Patients

	Home	AL/NH <24 Hrs	AL/NH >24 Hrs	Care Center	Hospital < 24 Hrs	Hospital > 24 Hrs	RN Only	LPN	KPC	KSS
Adams Broomfield	Yes & Fax*	Yes & Fax*	Yes & Fax*		Yes & Fax*	Yes & Fax*		*	Yes & Fax*	Yes & Fax*
Arapahoe	No	AL No NH Fax	AL No NH Fax	++	Yes	Yes		OK	Same as hospice	Same as hospice
Boulder	Yes	Yes	Yes		Yes	Yes		OK	Yes+++	Yes+++
Clear Creek	Yes	Yes	Yes		Yes	Yes	x	Not OK	Yes	Yes
Denver	Yes	Yes	Yes		Yes	Yes	x	OK	Yes	Yes
Douglas	Yes	Yes	Yes		Yes	Yes		*	Yes	Yes
Elbert	Yes	Yes	Yes		Yes	Yes		OK	Yes	Yes
Gilpin	Yes	Yes	Yes		Yes	Yes		OK	Yes	Yes
Jefferson	Yes	Yes	Yes		Yes	Yes		**	Yes	Yes
Weld	Fax	Fax	Fax		Fax	Fax		OK	Yes*** Fax	Yes*** Fax

Yes = Call at time of death.

No = No call at time of death.

Fax = Fax death notification.

If injury or trauma contributed to the death or there is suspicion regarding the death, always call the coroner. For example, you would always call for falls, medical errors, suspected suicide or homicide, etc. If in question, call the coroner to discuss the situation.

The following guidelines should be followed for all routine deaths:

- * **Adams and Douglas** – LPN may attend death as long as patient is hospice and has all the information they regularly require. RN must attend home health, KPC or KSS death.
Adams – Call in partial report (indicated on coroner sheet) at time of death and fax completed report by 9:00 am the next business day.
 - ** **Jefferson** – RN only for home death. LPN may attend nursing home death.
 - *** **Weld** – Clarify on fax if hospice, KSS, or KPC.
 - + **Arapahoe** – Fax death notification 24 hrs/day for NH deaths. Hospital deaths- always call (24hour/day). KPC and KSS patients should be handled the same as hospice patients.
 - ++ **Arapahoe** – HMD CC to call only if there is an occurrence (falls, med error, etc) in past 24 hours.
 - +++ **Boulder** – Coroner will make appearance. Add person to data base for “expected death” so police can be stopped. Will be low key. After hours call dispatch, 303.441.4444 to have coroner paged.
- Clear Creek** Notify of KPC and KSS expected deaths. Coroner doesn’t routinely attend; will come if requested.

Additional Information Coroners May Need

- CHF – they need to know if there is a history of HTN, MI, heart disease, valve disease, etc.
- Pneumonia – what it is related to.
- Sepsis – related to what.
- Renal failure – is it secondary to DM or is it acute, chronic, secondary to stopping dialysis, etc.

ADAMS/BROOMFIELD COUNTY CORONER'S OFFICE

THIS FORM MUST BE CLEARLY PRINTED OR TYPED.

ALL INFORMATION IS MANDATORY AND **MUST BE COMPLETE** PRIOR TO SUBMITTING THIS REPORT.
FAX THIS SHEET AND HOSPICE FACE SHEET TO 303-655-3530 **IMMEDIATELY** OR **BEFORE 9:00 A.M.** ON THE
NEXT DAY FOLLOWING THE DEATH.

DATE:	TIME:	CASE NUMBER:		
DECEASED (L)	(F)	(M)		
ADMISSION DATE:	ADMITTING DIAGNOSIS:			
RACE: Caucasian / Hispanic / Native American / African American / Asian	SEX: M F	DOB:		
MARITAL STATUS: Married / Widowed / Divorced / Single	SSN:	VETERAN: (Y) (N)		
PHYSICAL DESCRIPTION:	HEIGHT:	WEIGHT:	EYES:	HAIR:
HOME ADDRESS:				
CITY:	ZIP:	TELEPHONE:		
PLACE OF DEATH (If different than above):				
WITNESSED LAST BREATH: (Y) (N)	DATE:	TIME:	BY:	
LAST KNOWN ALIVE:	DATE:	TIME:	BY:	
FOUND:	DATE:	TIME:	BY:	
PRONOUNCED BY:	DATE:	TIME:	TELEPHONE:	DC (Y) (N)
PRIMARY CARE PHYSICIAN:	TELEPHONE:	DC (Y) (N)		
CAUSE OF DEATH:	VERIFIED WITH SIGNING DOCTOR: (Y) (N)			
ADDITIONAL MEDICAL HISTORY:				
NOK:	RELATIONSHIP:	TELEPHONE:		
ADDRESS:	CITY:	STATE:	ZIP:	
NOK NOTIFIED BY:	DATE:	TIME:		
METHOD OF ID: Visual / Other	BY:			
ORGAN DONOR: (Y) (N) IF YES, CONTACT CORONER'S OFFICE IMMEDIATELY AT 303-659-1027				
MORTUARY:	MEDICAL MISADVENTURES: (Y) (N)	EQUIPMENT MALFUNCTIONS: (Y) (N)		
INJURIES, FALLS, FRACTURES, WOUNDS:				
IN THE CASE OF A MEDICAL MISADVENTURE, EQUIPMENT MALFUNCTION OR AN INJURY CONTRIBUTING TO THE DEATH, IMMEDIATELY NOTIFY THE CORONER AT 303-659-1027				
HOSPICE AGENCY:	NURSE:	TELEPHONE:		

KEY – explanation on next page

ADAMS/BROOMFIELD COUNTY CORONER'S OFFICE

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FAX THIS SHEET AND HOSPICE FACE SHEET TO 303-655-3530 IMMEDIATELY OR BEFORE 9:00 A.M. ON THE NEXT DAY FOLLOWING THE DEATH.

DATE:	1	TIME:	CASE NUMBER:		
DECEASED (L)	2	(F)	(M)		
ADMISSION DATE:	3	ADMITTING DIAGNOSIS:	4		
RACE: Caucasian / Hispanic / Native American / African American / Asian	5	SEX: M F	6	DOB:	7
MARITAL STATUS: Married / Widowed / Divorced / Single	8	SSN:	9	VETERAN: (Y) (N)	10
PHYSICAL DESCRIPTION:	11	HEIGHT:	WEIGHT:	EYES:	HAIR:
HOME ADDRESS:	12				
CITY:	ZIP:	TELEPHONE:		13	
PLACE OF DEATH (if different than above):	14				
WITNESSED LAST BREATH (Y) (N)	15	DATE:	16	TIME:	17
BY:	18				
LAST KNOWN ALIVE:	DATE:	19	TIME:	20	BY:
BY:	21				
FOUND:	DATE:	22	TIME:	23	BY:
BY:	24				
PRONOUNCED BY:	25	DATE:	26	TIME:	27
TELEPHONE:	28	DC (Y) (N)	29		
PRIMARY CARE PHYSICIAN:	30	TELEPHONE:	31	DC (Y) (N)	32
CAUSE OF DEATH:	33	VERIFIED WITH SIGNING DOCTOR: (Y) (N)	34		
ADDITIONAL MEDICAL HISTORY:	35				
NOK:	36	RELATIONSHIP:	37	TELEPHONE:	38
ADDRESS:	39	CITY:	STATE:	ZIP:	
NOK NOTIFIED BY:	40	DATE:	41	TIME:	42
METHOD OF ID: Visual / Other	43	BY:	44		
ORGAN DONOR: (Y) (N)	IF YES, CONTACT CORONER'S OFFICE IMMEDIATELY AT 303-659-1077				45
MORTUARY:	46	MEDICAL MISADVENTURES: (Y) (N)	47	EQUIPMENT MALFUNCTIONS: (Y) (N)	48
INJURIES, FALLS, FRACTURES, WOUNDS:	49				
IN THE CASE OF A MEDICAL MISADVENTURE, EQUIPMENT MALFUNCTION OR AN INJURY CONTRIBUTING TO THE DEATH IMMEDIATELY NOTIFY THE CORONER AT 303-659-1077					
HOSPICE AGENCY:	50	NURSE:	51	TELEPHONE:	52

ADAMS COUNTY / BROOMFIELD COUNTY CORONER'S OFFICE SELF REPORTING INSTRUCTIONS

1. The date the report is made to the hospice agency.
2. The deceased last name, first name and middle name or initial.
3. The date of most recent admission to hospice.
4. Primary diagnosis upon admission to hospice.
5. Decedent's race.
6. Decedent's sex.
7. Decedent's date of birth.
8. Decedent's marital status.
9. Decedent's social security number.
10. Was the decedent a veteran (YES or NO)?
11. Physical description of the decedent (eye color, hair color, height and weight).
12. Decedent's home address.
13. Decedent's home telephone number.
14. Place of death, if different than home address (i.e. Hospital- name).
15. Did the decedent have a witnessed last breath (YES or NO)? If yes, proceed to 16 and skip 19-24; If no, proceed to 19.
16. Date of the witnessed last breath.
17. Time of the witnessed last breath.
18. Person who witnessed the last breath (First and last name with title or relationship to the decedent).
19. If there was not a witnessed last breath, the date was the decedent last known to be alive.
20. The time at which the decedent was last known alive.
21. By who was the decedent last known to be alive (First and last name with title or relationship to the decedent).
22. If there was not a witnessed last breath, the date the decedent was discovered deceased.
23. The time at which the decedent was discovered deceased.
24. By who was the decedent found deceased (First and last name with title or relationship to the decedent).
25. Pronouncing doctor's first and last name.
26. Date of pronouncement.
27. Time of death pronouncement by doctor (may differ from time the death was discovered).
28. Pronouncing doctor's telephone number.
29. Will the pronouncing doctor be signing the death certificate (YES or NO)?
30. Name of the decedent's primary care physician.
31. Primary care physician's telephone number.
32. Will the primary care physician be signing the death certificate (YES or NO)?
33. What is the cause of death?
34. Was the cause of death verified with the signing doctor (YES or NO)?
35. List additional medical diagnoses other than the admission diagnosis.
36. Name of the next of kin.
37. Relationship of the next of kin to the decedent (May be POA or hierarchy of NOK).
38. Telephone of the next of kin.
39. Address of the next of kin.
40. Person who notified the next of kin of the death (First and last name with title or relationship to the decedent). "Present" if the NOK was physically present at time of death.
41. Date the notification to the next of kin was completed.
42. Time the notification to the next of kin was completed.
43. Method by which the decedent was identified (Should be visual in most cases).



The Denver Hospice
 501 South Cherry Street, Suite 700, Denver, Colorado 80246-1328
 Tel 303/321.2828 • Fax 303/336.1261

ARAPAHOE COUNTY CORONER

Fax Info Sheet from The Denver Hospice
 (Fax after 7:30am for Arapahoe County deaths)
 Fax: 720/874.3627

Procedure: It is not necessary to call or fax information to coroner for "Routine" deaths in homes or assisted livings. Fax information (24 hrs/7 days) for all nursing home patients. However, if injury or trauma contributed to death or there is suspicion of any kind, call the Arapahoe County Coroner (720/874.3625).

Name of Deceased _____

Social Security Number _____

Date of Birth _____ Age _____ Sex _____ Race _____

Home/Facility Address _____

Home/Facility Phone Number _____

Place of Death _____

Expired (pronounced) date _____ Expired (pronounced) time _____

Doctor Pronouncing _____

Doctor to sign Death Certificate _____ Doctors office Phone number _____

Suspected cause of death / Primary Diagnosis _____

Autopsy? Yes No Why? _____

Where will body be? _____

Mortuary _____

Next of Kin _____

Relationship _____

Address _____

Phone Number _____

Agency: The Denver Hospice 303/321.2828

Date and time faxed _____

Notes _____

TDH Nurse that attended death _____

TDH Staff Signature _____

Emp # _____

PT NAME _____

*Protected Health Information (PHI):
 Confidentiality Required.*

DATE / /
 M M D D Y Y

TDH # _____

Denver County

HOSPICE DEATHS REPORTABLE TO THE CORONER

The Coroner's Office, as a guardian of the health safety, and welfare of our community, constantly strives towards the goal of a safer and healthier county. The Coroner is a constitutional office pursuant to the Constitution of Colorado and the state law defines the cases which are Coroner cases. Section 30-10-606, Colorado Revised Statutes.

The following types of deaths are reportable (by telephone – 303-436-7712) to the Denver Office of the Medical Examiner immediately after expiration.

1. All deaths in which the attending physician has not been in attendance of the decedent within 30 days prior to death. If the physician certifying the cause and manner of death on the death certificate has not been in attendance within the 30 days prior to death, the death must be reported to the Denver Office of the Medical Examiner.
2. All deaths resulting from accident, suicide, homicides, or undetermined cause and manner. (e.g., falls, poisoning, drug related deaths, industrial accidents, automobile accidents, automobile-pedestrian accidents, suspected abuse, etc.)
3. Deaths resulting from therapeutic procedures.
4. Deaths resulting from thermal, chemical or radiation injury.
5. All cases in which the attending physician is unable or unwilling to certify the cause of death.
6. All deaths due to unexplained causes or under suspicious circumstances.
7. Deaths resulting from a disease which may be hazardous, contagious, or which may constitute a threat to the health of the public, though we will not take reports on Chronic Hepatitis C.
8. Sudden deaths of a person in good health.
9. All cases in which trauma may be associated with the deaths, i.e., falls with hip, head or other trauma
10. All deaths while in custody of law enforcement officials, or while incarcerated in a public institution.
11. All deaths resulting from a criminal abortion, including any situation where such abortion may have been self induced.



Office of the Coroner Jefferson County, Colorado

To: Jefferson County Law Enforcement Agencies
Lutheran Medical Center

From: Jefferson County Coroner's Office

Re: **NEW PAGER NUMBER, EFFECTIVE IMMEDIATELY**

Date: September 17, 2003

Due to reception difficulties with our former paging company, we have been obligated to change our direct group pager number. The number below replaces 303-897-5120.

Our answering service number, 303-281-8123, is unchanged and valid for pages placed through the answering service.

Effective immediately, to page the on-call Deputy Coroner or the Coroner's Office without going through the answering service, the new number for all purposes is:

303-780-6030

Effective Now

Please contact Carl Blesch or Triena Harper at 303-271-6480 with any questions or concerns.

Thanks for your assistance.

800 Jefferson County Parkway
Golden, CO 80401
Voice: 303-271-6480
Fax: 303-271-6488

WELD COUNTY CORONER/MEDICAL EXAMINER

905 10th Avenue - Greeley, CO 80631
Phone (970) 392-4545/Fax (970) 392-4546

Hospice/Nursing Home Reportable Death Form

THIS SECTION TO BE FILLED OUT BY CORONER'S OFFICE

CASE # _____ INVESTIGATOR: _____
DATE OF NOTIFICATION: _____ TIME OF NOTIFICATION: _____ HRS
FURTHER INVOLVEMENT BY WCCO? YES NO IF YES, WHY? _____

Hospice or Nursing Home Death (circle one)

REPORTING PARTY: _____ TITLE: _____

PHONE: _____ DATE/TIME OF NOTIFICATION: _____

NAME OF DECEDENT: _____

DATE OF DEATH: _____ TIME OF DEATH: _____ MARITAL STATUS: _____

HOME ADDRESS: _____

PLACE OF DEATH: _____

AGE: _____ DOB: _____ SEX: M / F SS# _____

NEXT OF KIN: _____ RELATIONSHIP: _____

NOK PHONES: (H) (C) (W) _____ (H) (C) (W) _____

DATE/TIME NEXT OF KIN NOTIFIED: PRESENT or BY PHONE _____

MORTUARY: _____ PHONE # _____

HOSPICE AGENCY/NURSING HOME: _____ DATE OF ADMIT: _____

PRONOUNCING DR.: _____ CERTIFYING DR.: _____

DIAGNOSIS: _____ DNR STATUS: _____

IF ANY "YES", DESCRIBE.

ANY RECENT FALLS OR INCIDENTS: NO - YES _____

ANY RECENT INJURIES: NO - YES _____

RECENT SURGERIES: NO - YES _____

MEDICAL MISADVENTURES: NO - YES _____

EQUIPMENT MALFUNCTIONS: NO - YES _____

RECENT MENTAL STATUS CHANGES: NO - YES _____

PRIMARY CARE PHYSICIAN: _____ PHONE: _____

DATE LAST SEEN BY PHYSICIAN: _____

(FAX FORM WITHIN 24 HRS. OF PATIENT'S DEATH)