



INODYA Hospitals - Kakinada

Documentation code:

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Policy on Management of Patients found dead on Arrival and death on Arrival

Prepared Date: 11/11/2025

Reference: COP.02.i.NABH Standards – 6th Edition

Issue date: 11/11/2025

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1. PURPOSE

To establish a standardized procedure for handling:

- Patients found Dead on Arrival (DOA)
- Patients who die within minutes of arrival (despite resuscitation)
- Decisions regarding post-mortem
- Issue of Medical Certificate of Cause of Death (MCCD)
- Temporary storage and handling of bodies
- Management of unclaimed or unaccompanied bodies
- Documentation, including logbooks and recording events

This SOP ensures compliance with hospital policy, legal requirements, and medico-legal standards.

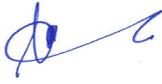
2. SCOPE

Applicable to:

- Casualty / Emergency Department
- Treating physicians
- Nursing staff
- Hospital administration
- Mortuary staff
- Security personnel
- Medical Records Department (MRD)

3. DEFINITIONS

3.1 DOA (Dead on Arrival)

Prepared by: 	Verified by: 	Approved by: 
Dr. Gotham Krishna	Mrs. Lakshmi Lavanya	Dr. G. Rammohan
Medical Director	Chief Executive officer	Managing Director



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A person brought to the emergency department with no signs of life and declared dead by the attending medical officer.

3.2 Brought-in-Dead (BID)

Synonymous with DOA; used interchangeably.

3.3 Early Death

Death occurring within a few minutes of arrival after attempted resuscitation.

3.4 Unclaimed Body

A body without relatives, or relatives who do not come forward to claim it within the prescribed time.

4. RESPONSIBILITIES

- Emergency Medical Officer (EMO): Declare DOA, determine medico-legal need, initiate documentation.
- Casualty Nursing Staff: Assist in documentation, labelling, and shifting.
- Hospital Administration: Coordinate with police, mortuary, and legal authorities.
- MRD: Maintain death records, MCCD, DOA logbook.
- Security: Assist in crowd control and safe body transfer.
- Mortuary Technician: Ensure proper storage, documentation, and body handover.

5. PROCEDURE

5.1 MAINTAINING A LOGBOOK OF PATIENTS FOUND DEAD ON ARRIVAL

A DOA Logbook must include:

1. DOA Number
2. Date & Time of arrival
3. Name (if known)
4. Age / Gender

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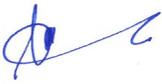
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5. Brought by (relative / police / ambulance)
6. Place person was found / incident location
7. Condition at arrival (no pulse, no respiration, Rigor Mortis, etc.)
8. Name of examining EMO
9. Time of declaration of death
10. Provisional cause of death (if possible)
11. Whether MLC registered
12. Whether post-mortem required (yes/no)
13. Body identification details
14. Time and place body shifted
15. Signature of EMO and nurse on duty

PROTOCOL FOR PATIENTS FOUND DEAD ON ARRIVAL:

- a) If the patient has been brought dead, the CMO shall explain to relatives that the hospital will not issue death certificate and police to be informed who will then perform a post mortem to ascertain the cause of death.
- b) The CMO shall file MLC report and informs the police station about the death.
- c) The CMO shall note down all particulars about the cases specially patient particulars, injures patient was brought by whom in writing in the emergency form and shall file MLC .(refer to MLC protocol)
- d) If the police delay for more than 3 hours, the body shall be shifted to the mortuary.
- e) All item removed to be documented in MLC form and sealed in plastic bags, with the label bearing the/ date, time, witness and ID marks of the patient. The nurse/ CMO shall ensure that all the patients' belongings are kept safely under supervision of security staff and not handed over to the relatives/ attendants until the police arrive.

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f) CMO / Technician shall collect body fluids, contaminated clothing in a separate bag, duly labeled and hand over to the police after proper documentation

g) In case the patient is being treated by one of the consultants in the hospital in recent times, the consultants shall be notified by CMO. A cause of death certificates can be issued in such cases after ascertaining the history, previous notes and advice of treating physician

5.2 DECISION ON WHETHER TO PERFORM A POST-MORTEM

A Post-mortem is MANDATORY when:

1. Cause of death is unknown
2. Suspicious, unnatural, accidental, or homicidal circumstances
3. DOA cases without clear medical history
4. Death within 24 hours of admission
5. Deaths involving:
 - o Road traffic accident
 - o Burns
 - o Poisoning (suspected/confirmed)
 - o Suicide attempt
 - o Workplace accidents
 - o Fall from height
6. Death of a patient brought by police
7. Unclaimed bodies

EMO Responsibilities:

- Register the case as Medico-Legal Case (MLC).
- Inform the police immediately.

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- Document decision clearly in DOA register.

Post-mortem NOT required when:

- Natural cause of death is known.
- Deceased had a known medical illness under treatment.
- Valid medical history available from relatives.

5.3 DECISION REGARDING ISSUE OF MEDICAL CERTIFICATE OF CAUSE OF DEATH (MCCD)

MCCD SHALL BE ISSUED ONLY WHEN:

1. Cause of death is known.
2. Doctor had been treating the patient earlier OR
3. There are documents supporting a clear medical cause.

MCCD SHALL NOT BE ISSUED:

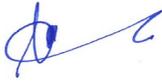
- In all medico-legal cases
- When cause of death is uncertain
- In DOA without history
- For unclaimed bodies
- For suspected unnatural death

If MCCD cannot be issued → mark case as MLC and inform police for further action.

5.4 TEMPORARY STORAGE OF THE BODY IN APPROPRIATE CONDITIONS

Procedure

1. Wrap body in a clean white sheet or body bag.

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2. Attach three identification tags (hand, toe, and body bag).
3. Shift body to mortuary using a stretcher.
4. Mortuary storage conditions:
 - Temperature: 2–4°C
 - Use appropriate refrigeration rack
5. Mortuary technician logs entry:
 - Time received
 - Identification number
 - MLC / Non-MLC status
6. Access control:
 - Only authorized staff allowed
 - CCTV monitoring as per policy

5.5 WHAT TO DO IN CASE OF UNCLAIMED / UNACCOMPANIED BODIES

Procedure

1. In the event that a deceased person is brought to Inodaya Hospital without any accompanying relatives or attendants, the body shall immediately be classified as unclaimed/unaccompanied.
2. The attending Emergency Medical Officer shall register the case as a Medico-Legal Case (MLC) without delay.
3. The hospital shall inform the local police station immediately through a written medico-legal intimation, documenting the date, time, identifying details of the body (if any), and circumstances of arrival.

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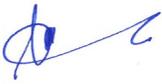
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4. The body shall not be handed over to any individual unless officially verified and authorized by the police.
5. The deceased shall be properly labeled, wrapped, and transferred to the mortuary under the supervision of the emergency nurse and security personnel.
6. The mortuary technician shall enter the body into the mortuary register, noting the DOA/MLC number, description of the body, time of receipt, and condition upon arrival.
7. Inodaya Hospital shall ensure that the body is stored in the mortuary refrigerator at 2–4°C until further instructions from the police or authorities.
8. The hospital administration shall provide full cooperation to the police in identifying the deceased, including allowing fingerprinting, photographing, or forensic examination as requested.
9. If the body remains unclaimed for the period specified by local regulations (usually 72 hours, or as directed by police), the police will initiate post-mortem examination to determine identity and cause of death.
10. The hospital shall continue to maintain secure custody of the body and ensure chain-of-custody documentation for all movements within the premises.
11. Disposal of unclaimed bodies shall be carried out strictly under police direction, usually through municipal authorities or government-approved burial/cremation systems.
12. No staff member at Inodaya Hospital shall authorize handover or disposal of an unclaimed body without written clearance from the police.
13. All actions taken must be fully recorded in the Unclaimed Body Register, including dates, times, police intimation details, post-mortem requests, and body disposal records.
14. The hospital administration shall conduct timely reviews of such cases to ensure strict compliance with legal and ethical standards.

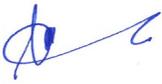
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5.6 IN CASE OF DEATH OF A PATIENT FEW MINUTES AFTER ARRIVAL (POST RESUSCITATION ATTEMPT)

Procedure

- When a patient arrives in the Emergency Department in a critical condition and collapses or is found pulseless shortly after arrival, the Emergency Medical Officer (EMO) shall immediately initiate full resuscitation efforts according to ACLS/BLS protocols.
- The patient shall be registered promptly in the emergency system with an emergency number before or during resuscitation, ensuring that identification details are recorded as completely as possible.
- All resuscitation activities—including time of initiation, procedures performed, medications administered, cardiac rhythms observed, responses noted, and time resuscitation was discontinued—shall be documented in real time on the Resuscitation Record Form.
- If the treating physician determines that resuscitation is unsuccessful and the patient is non-responsive to all measures, the EMO shall formally declare death, documenting the exact time of death.
- The EMO shall assess whether the case requires medico-legal registration, and in the following situations, the death must be treated as an MLC:
 - No known past medical history is available
 - The patient was found unconscious or collapsed in public
 - Any suspicion of trauma, accident, poisoning, or assault
 - The death occurs within a short time of arrival without clear cause
- In all medico-legal situations, the hospital shall immediately notify the police through written medico-legal intimation and await instructions before handing over the body.

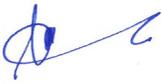
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- If sufficient medical history is available and the treating physician can certify a natural cause of death, the EMO may proceed with issuing the Medical Certificate of Cause of Death (MCCD) as per regulations.
- After death is declared, the body shall be properly labelled, wrapped in a body sheet or bag, and prepared according to body-handling protocol while maintaining dignity and privacy.
- The body shall be transferred to the mortuary following standard procedure, with entries made in the mortuary register indicating patient details, time of transfer, cause of death (provisional), and MLC status.
- In case the death is deemed medico-legal, the body shall not be handed over to relatives without an explicit, written release order from the police or magistrate.
- All records—including the Emergency Registration Sheet, Resuscitation Record, MLC Intimation, Death Declaration Note, and Mortuary Entry—must be accurate, complete, and signed by the EMO and concerned staff.
- The hospital shall maintain a clear chain of custody for the body from time of death until handover or post-mortem, ensuring compliance with legal requirements.
- The Emergency In-Charge and Hospital Administrator shall review each case of early hospital death to ensure proper documentation, medico-legal compliance, and quality of care.

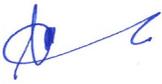
5.7 PROCESS OF REGISTRATION AND RECORDING RESUSCITATION EVENTS

1. When a critically ill or unresponsive patient arrives at the Emergency Department, the triage nurse shall ensure that the patient is registered immediately with an Emergency Registration Number, even if complete personal details are not yet available.

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2. In cases where the patient arrives in cardiac arrest or collapses shortly after arrival, the Emergency Medical Officer (EMO) shall order the initiation of full resuscitation measures without delay.
3. The registration staff or designated nurse shall record all available identifying details, including name (if known), estimated age, gender, mode of arrival, and the person or agency bringing the patient, marking the case as “Critical / Cardiac Arrest.”
4. A Resuscitation Record Form shall be opened immediately, and all events must be recorded in real time by the assigned nurse or physician.
5. The resuscitation documentation must include:
 - Time of patient arrival
 - Initial clinical condition (unresponsive, pulseless, apneic, etc.)
 - Time resuscitation was started
 - Procedures performed (CPR, intubation, IV/IO access, defibrillation)
 - Cardiac rhythms observed during resuscitation
 - All medications administered with dose and time
 - Vital signs at intervals when obtainable
 - Responses to interventions
6. The EMO shall ensure that all observations, interventions, and outcomes are documented sequentially, with no gaps or overwriting in the record.
7. If multiple team members provide care, each member shall sign or initial their respective entries to maintain accurate accountability and traceability.
8. All equipment used during resuscitation, including defibrillator settings, shocks delivered, and airway equipment used, shall be recorded in the form.
9. If resuscitation results in return of spontaneous circulation (ROSC), the EMO shall record the exact time of ROSC, post-resuscitation stabilisation measures, and further transfer or admission details.
10. If resuscitation is unsuccessful, the EMO shall declare death and record the exact time of death on the Resuscitation Record Form and in the emergency file.

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11. In case of suspected or confirmed medico-legal circumstances, the entire event shall be documented additionally in the MLC Register and police shall be notified according to protocol.
12. All resuscitation documentation, including the Emergency Registration Sheet, Resuscitation Record, Nursing Notes, Medication Chart, and Death Declaration (if applicable), shall be compiled and signed by the EMO at the end of the event.
13. The complete file must be handed over to the Medical Records Department (MRD) for secure storage, indexing, and retrieval according to hospital record retention policy.
14. The Emergency In-Charge or Quality Team shall periodically audit resuscitation records to ensure correctness, completeness, and adherence to Inodaya Hospital standards.

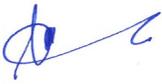
6. HANDING OVER THE BODY

1. Once a patient has been declared dead and all necessary documentation is completed, the body shall be prepared for handover in accordance with the hospital's legal and ethical requirements.
2. The attending Emergency Medical Officer (EMO) or treating physician shall confirm that the cause of death is clearly documented and shall determine whether the case is Medico-Legal (MLC) or Non-Medico-Legal.
3. In Non-MLC cases, the Medical Certificate of Cause of Death (MCCD) shall be issued only after the doctor is fully satisfied regarding the cause of death and has verified appropriate identity and medical history.

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4. The nurse or designated staff shall ensure that the body is properly wrapped, placed in a clean body sheet or body bag, and identified with three identification tags placed on:
 - The right wrist
 - The right great toe
 - The exterior of the body bag
5. For Non-MLC cases, the body may be handed over to the legitimate relatives after:
 - Verification of identity proof
 - Verification of relationship proof
 - Recording signatures of the receiver on the Body Handover Register
 - Issuing of the MCCD
 - Recording the date and time of handover
6. The staff responsible for handover must ensure that the relatives fully understand the process, confirm identification, and sign the Body Handover Form acknowledging receipt.
7. For MLC cases, the body shall not be handed over to relatives or any third party unless the hospital receives a written release order from the police or magistrate.
8. The mortuary technician shall only release an MLC body after verifying the authenticity of the police release order and entering all details into the Mortuary Register.
9. In cases where the police take custody of the body for post-mortem or legal procedures, the police officer must sign the Body Transfer/Handover Register, and the chain-of-custody must be preserved.

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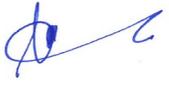
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10. For unclaimed bodies, handover or disposal shall be done strictly under police direction, and the hospital shall not make any independent decisions regarding release.
11. No body shall be released without confirming:
 - Identity tag match
 - Documentation completion
 - Body condition verification
 - MLC vs Non-MLC status
 - Police clearance in applicable cases
12. All handovers must be recorded in the Body Handover Register, capturing:
 - Name of the deceased
 - Hospital number/DOA/MLC number
 - Name and relationship of the recipient (for non-MLC)
 - Police officer details (for MLC)
 - Date and time of release
 - Signatures of recipient, staff, and witness
13. Once the body is handed over, the mortuary staff shall update the mortuary log, complete documentation, and ensure the file is sent to MRD for record retention.
14. The hospital administration shall periodically review the body handover process to ensure compliance with legal requirements and proper maintenance of dignity and respect for the deceased.

7. RECORDS & DOCUMENTATION

The following records must be maintained:

1. DOA Register

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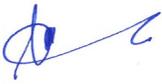
2. MLC Register
3. Mortuary In-out Register
4. Resuscitation Sheet
5. Patient File
6. Police intimation form
7. Unclaimed body register
8. Body identification tags
9. Death certificate or non-issuance note
10. Post-mortem request copy

Retention as per hospital policy (usually 5–10 years).

8. COMMUNICATION REQUIREMENTS

- Immediate notification to:
 1. Police (for all MLCs)
 2. Hospital administration
 3. Relatives (if identified)

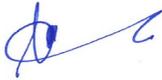
All communication must be documented.

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PROTOCOL FOR DEATH OF PATIENT WITHIN FEW MINTES AFTER ARRIVAL:

s.no	Activity	responsibility	Record
1	If a patient has a sudden cardio respiratory arrest on arrival at the emergency room the patient is resuscitated.	Duty medical officer	1.Registration form 2.ECG
2	Once death is confirmed the case is treated as death on arrival and necessary documentation is done	Duty medical officer	1.Doctor initial assessment form 2. Nurses assessment form
3	Duty medical officer should go into the detailed history of the patient and arrive at probable cause death. On basis of this death certificate is issued and arrangements for release of the body are made.	Duty medical officer	3. Detailed CPR notes 4.MET form ECG
4	After examining the patient the causality medical officer goes into the history in detail and looks for signs of homicide, suicide, violence, external injuries, to rule out any suspicious cause for the death	Duty medical officer	5.Death certificate 6.Body handover form
5	After complete examination and clinical evaluation when death heals confirmed the individual his declare as brought dead and the accompanying relatives/ friends must be explained and informed about the probable cause of death and they are not given a brought dead certificate until the cause of	Duty medical officer	In case of MLC 1 Accident register 2. Police intimation

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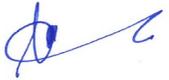
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	death confirmed. (in case of suspicious)		
6	The local police is informed immediately in case of suspicious or foul playing. The police will do the further disposal of the dead body after inquest. the causality medical officer will render necessary assistance	Duty medical officer	

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