



**Queensland
Government**

**Care After Death
Care Plan for the Dying Child**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Health professional information:

- Reassure the family that there is no rush; they can spend as much time with their child/young person as they require.
- Parents/legal guardians have the right to take their child home or to a hospice for after death care; health professionals should inform families about their options and provide support to fulfil their wishes.
- Religious, cultural and spiritual considerations may impact care after death (e.g. preparing/viewing the body, timeframe for burial, a designated spokesperson may be required to inform other family members/community of the child/young person's death etc).
- For First Nations families, it may be appropriate to refer to Sad News, Sorry Business or Returning to Spirit. Confirm the name by which the family would like their child/young person to be referred to after they have died/returned to spirit/passed away.
- For anticipated deaths, a Medical Officer does not need to attend immediately following the death of a child/young person (See Section 1.3) unless requested by the family; document the time of death.
- Place any sensitive documents that will stay with the child/young person in a discrete envelope, as the wording/language on these documents may be confronting for family.
- Be aware of local HHS policies and procedures around transferring the child/young person to the mortuary; the family may not be able to accompany their child/young person and may need to say goodbye at the bedside.
- Upon the death of a child/young person, any Child Protection Orders will cease, and the powers, duties and responsibilities will revert back to the child/young person's parents (e.g. including after death care and funeral arrangements).
- For additional information, please refer to the [Health Professional Guideline](#) or the [Green Book](#).

1.0 Certification of Death

1.1 Is this death reportable to the Coroner? If yes, refer to HHS policy Yes No N/A

1.2 Notify HHS Child Protection Unit, if subject to Child Protection Order Yes No N/A

1.3 Is Life Extinct Form required? Yes No N/A

- This form allows mortuary staff, funeral directors and police to remove and transport a person who is deceased
- This form can be completed by a Registered Nurse or a Medical Officer
- When a *Cause of Death Certificate* exists (see Section 1.4), a *Life Extinct Form* is not required

Location of *Life Extinct Form* once completed (e.g. bedside chart, CEC, nurses station):

1.4 Cause of Death Certificate (Form 9) completed within 48 hours according to HHS policy Yes No

- Ensure that all carbon copies are appropriately distributed
- For perinatal deaths (within 28 days of birth), complete additional *Perinatal Supplement (Form 9A)* Yes No N/A

This form can **only** be completed by a Medical Officer.

Name of Medical Officer allocated to complete this form:

1.5 Death notification process completed as per HHS policy Yes No

Name: Role: Signature: Date: / /

2.0 Care of the deceased child/young person

2.1 Care of the deceased child/young person undertaken according to child/young person's and family's wishes, and hospital policies and procedures

• Consider the following, as appropriate:

- | | |
|---|--|
| <input type="checkbox"/> Religious, cultural or spiritual rituals/ceremonies as per previous discussions | <input type="checkbox"/> Family to attend/view the deceased child |
| <input type="checkbox"/> Advance Care Plan/family goals as per previous discussions | <input type="checkbox"/> Traditional Healer visit (if applicable) |
| <input type="checkbox"/> Discuss with family about removing medical tubes/devices | <input type="checkbox"/> Transfer to home, hospice or other location for continued after death care or for family to have additional time with their child |
| <input type="checkbox"/> Offer assistance with washing/dressing | <input type="checkbox"/> Memory making (e.g. lock of hair, inkless hand and foot prints, photography, memory box) |
| <input type="checkbox"/> Cooling mat (e.g. Techni Ice) to preserve the body | <input type="checkbox"/> Support extended family to participate in cares or specific rituals/ceremonies |
| <input type="checkbox"/> Lower room air-conditioning (if applicable) | <input type="checkbox"/> Support for siblings/extended family |
| <input type="checkbox"/> Music Therapy | |
| <input type="checkbox"/> Transfer to quiet suite/room (if applicable) for continued after death care or for family to have additional time with their child | |

2.2 Organ and tissue donation requests have been undertaken as per previous discussions Yes No

- If *no*, consider escalating to your team leader

2.3 After death arrangements have been made Yes No

Funeral Home contact details:

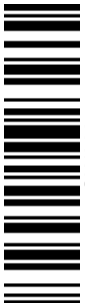
Location of care of the deceased child/young person e.g. family home, hospice, hospital mortuary:

- If *no*, consider referral to Social Worker, Bereavement Services, Aboriginal Health Worker / Indigenous Health Liaison Officer, Elder or Spiritual Care Advisor to support this process

• For additional information, please refer to [Palliative Care Australia - A Guide to Planning a Funeral for your Child](#)

DO NOT WRITE IN THIS BINDING MARGIN

v2.00 - 01/2025



Family name:	Given name(s):	URN:
--------------	----------------	------

3.0 Care of the bereaved family (parents/carers, siblings, grandparents and extended family)

3.1 Person(s) present at time of death:

.....

• If family member is not present, have they been notified? Yes No

Name of person/s informed and their relationship to the child/young person:

.....

3.2 The family can express an understanding of what they will do next? Yes No

• If not, liaise with Social Worker, Bereavement Services, Aboriginal Health Worker / Indigenous Health Liaison Officer, Elder or Spiritual Care Advisor for support

• Consider whether the family have a support person/advocate to manage ongoing communications

• The family are given relevant supporting information and/or bereavement referral (if applicable):

Parent/carer(s) Sibling(s) Grandparent(s) Extended family Community

4.0 Other communication

4.1 The child/young person's death is communicated (as appropriate) to:

Primary treating team Members of the Interprofessional Team Community Service Providers

General Practitioner Aboriginal Health Worker/Indigenous Liaison Officer Specialist teams

Paediatrician Auxiliary staff (e.g. food services, ward, admin) School/Day Care (consent required)

Paediatric Palliative Care Service

Name: **Role:** **Signature:** **Date:** / /

Strategies

Care after the child/young person has died

<p>Bodily fluids:</p> <ul style="list-style-type: none"> Family may find this very distressing if they are not prepared/aware of this possibility. There may be bodily fluids leaking from the mouth and nose, bladder, bowel, and any drainage sites or openings. Blood may pool causing the appearance of bruising, especially on the underside of the child/young person. Normalise this for the family and provide a management strategy: <ul style="list-style-type: none"> anticipate bodily fluid losses by placing dark coloured sheets on the bed (where available) ensure towels are easily accessible place a pillow under the head to facilitate slight elevation (to prevent blood pooling in the head) place arms on the chest so that the arms are elevated (to prevent blood pooling in the fingers/hands) apply nappy or pad health professionals should don Personal Protective Equipment when moving or handling the child/young person. <p>Rigor mortis:</p> <ul style="list-style-type: none"> Adjust the child/young person's position after they have died to ensure their body does not stiffen unsuitably. Lie the body flat, where possible, with legs down/straight Place a favourite soft toy or rolled blanket under their chin, to prevent jaw and mouth relaxing into the open position. Close their eyes. 	<p>Removal of medical tubes and devices:</p> <ul style="list-style-type: none"> Cease infusions and discuss removing tubes/devices to de-medicalise the room. Discuss removal of medical tubes and devices (e.g. nasogastric tube, chest drain, PORT needle, insufflon, in-dwelling catheter etc). If the case is referred to the Coroner, medical tubes and devices may still be removed so long as they are retained. You can contact the 24 hour Coroner for advice as per HHS policy. Consider applying waterproof dressings to all sites that puncture the skin. Funeral homes will be able to surgically remove central venous devices, intrathecal baclofen pumps, pacemakers, glass eyes. <p>Care after limited autopsy or tissue procurement:</p> <ul style="list-style-type: none"> Additional nursing cares to the site Bandage placed <p>Post-Death MRI:</p> <ul style="list-style-type: none"> Refer to HHS policy <p>Leaving hospital:</p> <ul style="list-style-type: none"> Use staff lifts or close lifts to public access (if able) Security may be able to facilitate a sensitive exit from the ward. Social Work may be able to assist with this. Consider if family or funeral home transportation can park in the ambulance bay (or similar) and notify security. Offer support as needed e.g. escort the family to their vehicle or waiting transportation.
--	--

Family considerations after the child/young person has died

<p>Spending time with their child/young person:</p> <ul style="list-style-type: none"> Health professionals can advocate for families to spend as much time as they need with their child/young person after they have died. Consider suggesting that there are options for creating lasting memories (e.g. memory making activities) which can be organised in coming days. Families may choose to take their child/young person home or to a special location after they have died. They will require the <i>Life Extinct Form</i> to be completed by a Medical Officer or registered nurse, which must remain with the child/young person at all times. 	<ul style="list-style-type: none"> It is important that the family is given as much time as they need to perform important rituals and say their goodbyes. The family may wish to carry their own child from the ward. Consider cooling mats (e.g. Techni Ice), and use of air-conditioning to cool the child/young person's body (funeral homes may be able to assist with this). <p>Funeral homes:</p> <ul style="list-style-type: none"> Financial support (limited) may be available to families. Consider referral to Social Work/Welfare. Funeral homes may allow families to visit regularly, daily in some cases.
--	---

Following the death of this child/young person, do you need any support? Consider seeking peer support through your peers or team leader. Formal support is available through the Employee Assistance Program.

DO NOT WRITE IN THIS BINDING MARGIN