### horizontal line**Nursing Death Note**

#### **Patient Information**

* **Name**: [Patient Name]
* **Age**: [Age]
* **Gender**: [Gender]
* **Room Number**: [Room or Bed Number]
* **Date/Time**: [MM/DD/YYYY - HH:MM AM/PM]

#### **Details of Death**

* **Date/Time of Death**: [MM/DD/YYYY - HH:MM AM/PM]
* **Attending Physician**: [Physician Name and Contact Information]
* **Family/Next of Kin Notified**: [Yes/No, Time, and Name of Person Contacted]
* **Circumstances**: [Brief description of events leading up to death, including any interventions or procedures performed]
* **Cause of Death**: [If known and documented by the physician]

#### **Assessment**

* **Vital Signs at Time of Death**:
  + Blood Pressure (BP): [Value or None]
  + Heart Rate (HR): [Value or None]
  + Respiratory Rate (RR): [Value or None]
  + Oxygen Saturation (SpO2): [Value or None]
* **General Appearance**: [Pallor, lividity, etc.]

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#### **Interventions**

* **Actions Taken**:
  + [CPR Initiated, Time, and Outcome]
  + [Medications Administered, if applicable]
* **Body Preparation**: [Details of post-mortem care provided, including personal belongings documented and secured]

#### **Evaluation**

* **Family’s Response**: [Describe reactions or interactions]
* **Further Actions**: [Plans for body transfer or further instructions]

#### **Sign-Off**

* **Nurse's Name and Designation**: [Full Name, RN/LPN, etc.]
* **Signature**: [Nurse's Signature]
* **Date and Time**: [MM/DD/YYYY - HH:MM AM/PM]