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# 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.]

## 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]