Post Mortem Nursing Care Efficacy as Perceived by Licensed Funeral Directors

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Background

• Death is a significant life event for those left behind.

• Survivors are left not only with grief and loss, but decisions related to final disposition.

• Decisions regarding public and private viewing are part of this.

• Casketing and burial accounts for 78% of final dispositions in the United States (National Funeral Directors Association, 2009).
• Death is a frequent event in many hospitals

• Policies related to how post mortem nursing care is delivered vary by institution (Smith-Stoner & Hand, 2012)

• Significant volume of literature addressing end of life preferences (Smith-Stoner, 2007; Matsui & Braun, 2009; Geoghe et al., 2011, Wicher & Meeker, 2012) and patient centered care at end of life (Smith-Stoner, 2011).

• Lack of scholarly evidence addressing physical post mortem nursing care.
Continuum of Care

- Funeral directors are frequently the next provider in the continuum of care.

- Receive the end product of physical post mortem nursing care provided by nurses
  - Prime providers to provide insight into efficacy.
Post Mortem Nursing Care Efficacy

- Defined: “The ability of this care to aid or hinder in producing a desired cosmetic result with further body preparation.”
Purpose

• To explore post mortem care from the perspective of the Licensed Funeral Director. Specific aims of this study were to:
  1. Describe the phenomenon of post mortem nursing care efficacy as perceived by Licensed Funeral Directors
  2. Explore how physical care procedures aid or hinder the process of producing a desired cosmetic result with further body preparation.
  3. Gain insight into alternate practices that benefit the process of producing a better cosmetic result.
Research Question

• How do Licensed Funeral Directors describe the efficacy of physical post mortem nursing care as provided by acute hospital nursing staff?
Methods

• Descriptive phenomenology was used in this study.

• Data were collected by mean of a web based questionnaire.

• Included open ended items to elicit responses to key aspects of physical post mortem nursing care
  • Positioning of body
  • Removal of intravenous catheters and lines
  • Removal of drains and tubes
  • Use of ligatures and ties
  • Dentures and Partials
  • Cleansing and shrouding
Analysis

• Each questionnaire was thoroughly read to identify themes.

• Categorically clustered to determine final theme labeling.

• Questionnaires accepted until data saturation was apparent.
## Years in Practice and Case Volume

<table>
<thead>
<tr>
<th>Years in Practice</th>
<th>Number of Deceased Firm Prepares per month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 5 years= 2</td>
<td>60 to 10 cases= 1</td>
</tr>
<tr>
<td>6 to 10 years= 5</td>
<td>11 to 15 cases= 6</td>
</tr>
<tr>
<td>11 to 15 years= 4</td>
<td>16 to 20 cases= 5</td>
</tr>
<tr>
<td>21 or more years= 7</td>
<td>21 to 25 cases= 1</td>
</tr>
<tr>
<td>N=2=</td>
<td>31 or more cases= 5</td>
</tr>
<tr>
<td>N=20</td>
<td>N=20</td>
</tr>
</tbody>
</table>
### Recommended Body Positioning

<table>
<thead>
<tr>
<th>Positioning</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elevate Head Not Flat</td>
<td>Depending on how long the deceased has remained in the flat position, it can cause staining in the neck and ears.</td>
</tr>
<tr>
<td></td>
<td>“Using a head block would help in case when there will be a time delay for any reason.”</td>
</tr>
<tr>
<td>Center Head No Lean</td>
<td>Rigor in neck and shoulders, at times can prevent proper position of head.</td>
</tr>
<tr>
<td></td>
<td>Do not allow head to lean to one side or the other.</td>
</tr>
<tr>
<td>Elevate Hands</td>
<td>Place hands on abdomen.</td>
</tr>
<tr>
<td></td>
<td>Position hands so they are elevated.</td>
</tr>
<tr>
<td></td>
<td>Hands tend to swell lying at side of body.</td>
</tr>
</tbody>
</table>
Ligatures and Ties

<table>
<thead>
<tr>
<th>Disfiguring</th>
<th>Sometimes when tied too tight in that marks are visible after embalming.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sometimes a thin gauze material is used to bind wrists together and to close mouth used. This is not recommended because of the deep marks left on face and wrists.</td>
</tr>
</tbody>
</table>
Removal of Intravenous Catheters and Lines

<table>
<thead>
<tr>
<th>Decision Depends on Location</th>
<th>Remove at place of death. Area may leak, but we'll fix that.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Leaving will hinder preparation if can make an impression on a viewable area</td>
</tr>
<tr>
<td></td>
<td>Prefer left in until after embalming has taken place. It keeps things more clean and prevents unwanted portals of exit.</td>
</tr>
<tr>
<td></td>
<td>Lines removed create holes in the vascular system which hinders distribution of formaldehyde.</td>
</tr>
</tbody>
</table>
# Removal of Drains and Tubes

<table>
<thead>
<tr>
<th>Decision Depends on Location</th>
<th>They should always be removed as they can definitely hinder and even deform the looks of the deceased.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tubes anywhere near the face should be removed.</td>
</tr>
<tr>
<td></td>
<td>In areas that would be viewable removing the tubes aides in not leaving noticeable marks/impressions on the skin.</td>
</tr>
<tr>
<td></td>
<td>Tubes near face could be removed. Others won’t matter because we just let fluid drain as long as possible before cauterizing tissue.</td>
</tr>
<tr>
<td></td>
<td>This is fine to leave them attached as it prevents leakage.</td>
</tr>
</tbody>
</table>
Dentures and Partials

Leave them in or Have available

It would be nice if they were placed in the mouth so as not to forget them at the place of death.

Please leave dentures in place or be certain to send them with funeral home representative.

The dentures typically show up the next day with the family....too late to be in place for embalming. We them place them under the pillow in the casket
Sheets are commonly used. Body bag is ideal. An expensive body bag is most reliable.

If there is an autopsy or much blood flow a thicker bag would be helpful. Really have not had much of an issue with this.

Plastic sheets are often wrapped too tight, causing nose to be bent to one side.
Key General Implications

- Results support the need to consider post mortem nursing care of the nursing process
  - Including assessment, planning, implementation, and evaluation.
  - Assessment must be the basis of which post mortem nursing care interventions are selected.
Implications for Education and Practice

• Nurses and other healthcare workers must be educated in how to properly incorporate all aspects of the nursing process.

• Include not only proper technique, but potentially negative esthetic consequences.
Implications for Research

• Expansion of scope of research beyond the current geographic boundaries.

• Include national and international representation.
Challenges

• Limited Funding sources

• Evolving burial practices

• New disposition techniques.
Thank you for attending.
References


