CARRYING OUT LAST OFFICES
PART 2 – PREPARATION OF THE BODY

AUTHOR Dan Higgins, RGN, ENB100, ENB998, is senior charge nurse, critical care, University Hospital Birmingham, NHS Foundation Trust.

This two-part series on last offices outlines the procedures involved in preparing a body after death. The first part, last week, discussed factors that influence practice. This second part details the practical procedure of performing last offices.

The term last offices relates to the care given to a body, with specific regard to the procedures involved in preparation for transfer to a chapel of rest, mortuary or undertakers. It is a process that demonstrates respect for the deceased and is focused on fulfilling religious and cultural beliefs, as well as health and safety and legal requirements (Dougherty and Lister, 2004).

Nurses should ensure that last offices practice is in line with organisational policy and local guidelines. These guidelines should ensure that the patient’s body is treated with respect, and that the procedure is carried out with regard for the wishes expressed by the patient before her or his death, and the wishes of the family following death.

CULTURAL, RELIGIOUS AND SPIRITUAL INFLUENCES
The UK is a multicultural and multi-faith society. This offers a challenge to nurses who need to be aware of the different religious and cultural rituals that may accompany the death of a patient (Dougherty and Lister, 2004).

To discuss the conceptualisation of death and how different cultural/religious values influence this and subsequent care of the body is beyond the scope of this article. Excellent guidelines do exist discussing particular values and practices of different groups (Cooke, 2000; Green 1993; 1991).

There is however a danger of relating specific practice and theory to a specific group. As society diversifies and attitudes towards belief systems become more dynamic they are not necessarily predictable. The given religion of a patient may occasionally be offered to indicate an association with particular cultural and national roots, rather than to indicate a significant degree of adherence to the tenets of a particular faith (Dougherty and Lister, 2004).

Approaching last offices practice with an awareness of how people from different groups perceive death will lead to excellence in practice. However, associating a particular set of values to a specific group may be against patients’ and relatives’
wishes and may even cause offence.

The fundamental principle in providing best practice in performing last offices is communication with patients (before death as appropriate) and family members following death to ensure that the body is cared for in accordance with the patient’s and family’s wishes.

Advice and support can and should also be sought from groups including bereavement care teams, community and religious leaders and hospital chaplains. Resource files in clinical areas can be of use but again these should only serve to inform practice rather than dictate.

**PROCEDURE**

The first part of the procedure of performing last offices was detailed in last week’s issue. The procedure continues as detailed below.

- **Apply gentle pressure over the bladder area, if the patient is not catheterised, allowing the bladder to drain. This will minimise the risk of postmortem leakage (Cooke, 2000).**

- **Remove jewellery and any personal items, unless requested or advised otherwise. Ensure that appropriate records are made of any personal items left on the body or otherwise.**

- **Attend to hygiene needs, paying particular attention to hair, nail care and oral hygiene (Fig 1).**

- **If the patient has dentures place them in the mouth; if this cannot be done send them to the mortuary with the patient.**

- **Attempt to close the eyes, using a small piece of clinical tape if required (Fig 2).**

- **Attach identification labels/wrist bands according to local guidelines and organisational policy (Fig 3).**

- **Dress the patient in a gown/shroud or own clothes, as required (Fig 4).**

- **Place an incontinence pad underneath the buttocks to contain any soiling.**

- **If a body bag is to be used, place the body in the bag as per instructions, completing any necessary documentation.**

- **If a body bag is not to be used, enclose the body in a sheet, securing it with adhesive tape.**

- **Complete documentation (notice of death) as per organisational policy (Fig 5). Document last offices practice, including property and any specific requirements for mortuary care.**

**REFERENCES**


**NEXT WEEK**

Urinary catheters

Part 1 – male catheterisation

- Dispose of clinical waste.

- Arrange for transfer of the body, communicating any specific requirements to portering/mortuary staff (Fig 6).

- Transfer property, patient records and any additional items to the bereavement care office or appropriate area.