



CONWAY MEDICAL CENTER

PROCEDURE

When in hard copy form, refer to Policy Manager to validate this as the most current revision.

TITLE:	LAB- HIS-09.04.01 Pathologist Autopsy Protocols-PRO		
ISSUED BY:	Lab Director	REFERENCE #:	LAB-SPC-HIS-09.04.01-PRO
APPROVED BY:	Lab Director	EFFECTIVE DATE:	2002-09-20

SCOPE: Medical Staff, Histology staff and pathologists.

PROCEDURE:

I. REQUESTS FOR AUTOPSY

- A. Initiated by Active members of the medical staff after next of kin permission
- B. Meet Autopsy criteria stated below
- C. Request initiated by authorized family member when criteria below not met.
 - 1. Must be approved by a hospital Pathologist
 - 2. Considered private request, with direct arrangements made with the Pathologist
 - 3. Charges will be issued to the requestor and made by the Pathology group, not the hospital.

II. CASES FOR CORONER CONSULTATION MAY INCLUDE THE FOLLOWING :

- A. DOA (Dead on arrival)
- B. ER deaths
- C. Inpatients on medico-legal status
- D. Death by trauma
- E. Homicide
- F. Suicide
- G. Unattended death
- H. Death within 24 hours of admission
- I. Work related death
- J. Death while in police custody.

III. CRITERIA FOR CASE SELECTION:

Note: Medical Staff should used this as the guideline as to the appropriateness of pursuit of permission from next of kin for autopsy.

- A. Unanticipated death.
- B. Death occurring while the patient is being treated under a new therapeutic regimen.
- C. Intraoperative or Intra-procedural death.
- D. Death within 48 hours after surgery or after the performance of invasive procedure.
- E. Death incident to pregnancy.
- F. Death where the cause is sufficiently obscure to delay completion of the death certificate.



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IV. PATHOLOGIST RESPONSIBILITIES

- A. Determining the validity of the authorization
- B. Prompt performance
- C. Determination of the extent of the gross examination
- D. Issuance of a preliminary report of gross findings within a reasonable time (two working days in most cases)
- E. Histologic examination of material deemed pertinent to the case
- F. Preparation of the final and completed written report.
 - 1. Routine cases – within 30 working days
 - 2. Complicated cases – up to three months

V. SPECIAL DISEASE RISK CONSIDERATIONS

- A. High Risk diseases that should initiate concern for hospital staff
 - 1. AIDS
 - 2. Hepatitis
 - 3. Prion disease (Creutzfeldt-Jakob Disease)
 - 4. Other conditions/disease determined by pathologist to represent a significant risk .
- B. Assessment of autopsy consideration must include:
 - 1. Risk involved
 - 2. Reward gained from performance
 - 3. The expected benefits of the autopsy should outweigh the risks to the persons performing
- C. Determination that special risk autopsy is needed
 - 1. Risk assessment made given to Administration with Pathologist recommendation
 - 2. Recommendation to move body to tertiary hospital with appropriate facilities
 - (a) Facility has safety features that protect staff
 - (b) Facility staff is trained and prepared for such cases
 - 3. Administration after consultation with the Pathologist, will make the for final disposition of body from the hospital.

RECORDS: NA

REFERENCE STANDARDS: CAP ANP.

REVISION/REVIEW HISTORY:

Date	Affected Section(s)	Summary of Changes ('Reviewed' or details of change)
07/11/12wr	NONE	Reviewed no content changes.
05/28/13 ls/DMW	All	Placed in appropriate Format. Minor changes in Section I-C



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06/11/14va	None	Reviewed no content changes.
03/16/15va	None	Reviewed no content changes.
02/22/17dmw	None	Reviewed no content changes.