Office of Vital Records

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Nevada Vital Records

Death Records Training

For Physicians and Coroners

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Presented by Social Entrepreneurs, Inc.

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Contents

Welcome and Introduction

Welcome to the Vital Records System (VRS) training program. This training module focuses on creating death records and it is designed for coroners and physicians. As medical professionals, we know you are familiar with creating a death certificate, but this training provides some tips and tricks to making sure a certificate is not rejected.

Intended Outcome

It's very important to enter death information as prescribed in Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC). This document will describe the parts of NRS and NAC that govern the creation of death records

Nevada Revised Statutes require the Office of Vital Records to check death certificates for completeness and accuracy. That means that if you enter a death record that is not complete or contains an inaccuracy, you will be asked to correct it.

For example, NAC 440.165 states, "**The state registrar or local registrar shall return a medical certificate of death to the certifier to be corrected or made more definite if the statement:**
a) Consists of only the term 'natural causes';
b) Contains any other indefinite or obsolete term which denotes only the symptom of a disease or the conditions resulting from a disease;
c) is illogically or confusingly written; or
d) Contains personal abbreviations or is written in shorthand."

NAC 440.165

The statement of the cause of death in a medical certificate of death must be:

a) Written legibly
b) Expressed clearly and concisely

Causes of Death and the CDC list of Diseases and Conditions

It's also crucial that the cause or causes of death are NOT listed on the Centers for Disease Control and Prevention's (CDC) Form 04-0377. This point must be emphasized, because it is a common reason for a death certificate to be rejected by the Office of Vital Records.

The CDC's description of conditions that cannot, by themselves, be listed as the only causes of death can be found on CDC Form 04-0377, which is available on the internet. A snapshot of the form is listed below:

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

CDC
SAFER · HEALTHIER · PEOPLE

Instructions for Completing the Cause-of-Death Section of the Death Certificate

Accurate cause-of-death information is important:
• To the public health community in evaluating and improving the health of all citizens, and
• Often to the family, now and in the future, and to the person settling the decedent's estate.

The cause-of-death section consists of two parts. Part I is for reporting a chain of events leading directly to death, with the **immediate cause** of death (the final disease, injury, or complication directly causing death) on Line a and the **underlying cause** of death (the disease or injury that initiated the chain of morbid events that led directly and inevitably to death) on the lowest used line. Part II is for reporting all other significant diseases, conditions, or injuries that contributed to death but which did not result in the underlying cause of death given in Part I. **The cause-of-death information should be YOUR best medical OPINION.** A condition can be listed as "probable" even if it has not been definitively diagnosed.

Examples of properly completed medical certifications

CAUSE OF DEATH (See instructions and examples)		Approximate interval: Onset to death
32. PART I. Enter the chain of events—diseases, injuries, or complications—that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.		
IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Rupture of myocardium	Due to (or as a consequence of):	Minutes
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST	b. Acute myocardial infarction	6 days
	Due to (or as a consequence of): c. Coronary artery thrombosis	5 years
	Due to (or as a consequence of): d. Atherosclerotic coronary artery disease	7 years
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Diabetes, Chronic obstructive pulmonary disease, smoking	33. WAS AN AUTOPSY PERFORMED? ■ Yes ☐ No	
	34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ■ Yes ☐ No	
35. DID TOBACCO USE CONTRIBUTE TO DEATH?	36. IF FEMALE: ■ Not pregnant within past year	37. MANNER OF DEATH

...ace any other pertinent conditions in Part II. If after careful ...ner should be consulted about conducting an investigation or

The infant decedent should have a clear and distinct etiological sequence for cause of death, if possible. "Prematurity" should not be entered without explaining the etiology of prematurity. Maternal conditions may have initiated or affected the sequence that resulted in infant death, and such maternal causes should be reported in addition to the infant causes on the infant's death certificate (e.g., Hyaline membrane disease due to prematurity, 28 weeks due to placental abruption due to blunt trauma to mother's abdomen).

When processes such as the following are reported, additional information about the etiology should be reported:

Abscess	Carcinogenesis	Disseminated intravascular	Hyponatremia	Pulmonary arrest
Abdominal hemorrhage	Carcinomatosis	coagulopathy	Hypotension	Pulmonary edema
Adhesions	Cardiac arrest	Dysrhythmia	Immunosuppression	Pulmonary embolism
Adult respiratory distress syndrome	Cardiac dysrhythmia	End-stage liver disease	Increased intracranial pressure	Pulmonary insufficiency
Acute myocardial infarction	Cardiomyopathy	End-stage renal disease	Intracranial hemorrhage	Renal failure
Altered mental status	Cardiopulmonary arrest	Epidural hematoma	Malnutrition	Respiratory arrest
Anemia	Cellulitis	Exsanguination	Metabolic encephalopathy	Seizures
Anoxia	Cerebral edema	Failure to thrive	Multi-organ failure	Sepsis
Anoxic encephalopathy	Cerebrovascular accident	Fracture	Multi-system organ failure	Septic shock
Arrhythmia	Cerebellar tonsillar herniation	Gangrene	Myocardial infarction	Shock
Ascites	Chronic bedridden state	Gastrointestinal hemorrhage	Necrotizing soft-tissue infection	Starvation
Aspiration	Cirrhosis	Heart failure	Old age	Subarachnoid hemorrhage
Atrial fibrillation	Coagulopathy	Hemothorax	Open (or closed) head injury	Subdural hematoma
Bacteremia	Compression fracture	Hepatic failure	Pancytopenia	Sudden death
Bedridden	Congestive heart failure	Hepatitis	Paralysis	Thrombocytopenia
Biliary obstruction	Convulsions	Hepatorenal syndrome	Perforated gallbladder	Uncal herniation
Bowel obstruction	Decubiti	Hyperglycemia	Peritonitis	Urinary tract infection
Brain injury	Dehydration	Hyperkalemia	Pleural effusions	Ventricular fibrillation
Brain stem herniation	Dementia	Hypovolemic shock	Pneumonia	Ventricular tachycardia
	(when not otherwise specified)			Volume depletion

If the certifier is unable to determine the etiology of a process such as those shown above, the process must be qualified as being of an unknown, undetermined, probable, presumed, or unspecified etiology so it is clear that a distinct etiology was not inadvertently or carelessly omitted.

The following conditions and types of death might seem to be specific or natural but when the medical history is examined further may be found to be complications of an injury or poisoning (possibly occurring long ago). Such cases should be reported to the medical examiner/coroner.

Asphyxia	Epidural hematoma	Hip fracture	Pulmonary emboli	Subdural hematoma
Bolus	Exsanguination	Hyperthermia	Seizure disorder	Surgery
Choking	Fall	Hypothermia	Sepsis	Thermal burns/chemical burns
Drug or alcohol overdose/drug or alcohol abuse	Fracture	Open reduction of fracture	Subarachnoid hemorrhage	

REFERENCES
For more information on how to complete the medical certification section of the death certificate, refer to tutorial at http://www.TheNAME.org and resources including instructions and handbooks available by request from NCHS, Room 7318, 3311 Toledo Road, Hyattsville, Maryland 20782 or at www.cdc.gov/nchs/about/major/dvs/handbk.htm.

Issued: August 2004
04-0377 (8/04)

The Office of Vital Records will not accept a cause of death if it is the only one listed and is on CDC form 04-0377 unless the etiology is unknown. For additional criteria used by the Office of Vital Records, see NAC 440.165 in the next section.

It is also important not to use abbreviations, or vague, indefinite, or unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease.

The following are examples of **unsatisfactory** causes of death (American Family Physician, 2005 Feb 15;71(4): 652-656) Swain, M.D., M.P.H):

Unsatisfactory Example 1

- Manner: Natural. Cause: Pneumonia, due to a hip fracture, due to chronic obstructive pulmonary disease, as a consequence of diabetes mellitus and hypertension. [Unsatisfactory: No causal chain; possibly competing immediate causes; etiology of pneumonia unspecified; hip fracture is usually accidental, not natural; hypertension (in this case) and other diagnoses not in the direct causal chain should be listed in Part II, Other Significant Conditions.]

Unsatisfactory Example 2

- Manner: Natural. Cause: Congestive heart failure, as a consequence of ileostomy. [Unsatisfactory: No chain of causality; no clear underlying cause of the ileostomy or the heart failure.]

The following are examples of **satisfactory** causes of death (American Family Physician, 2005 Feb 15;71(4): 652-656) Swain, M.D., M.P.H):

Satisfactory Example 1

- Manner: Natural. Cause: Ventricular fibrillation, due to acute myocardial infarction, due to coronary artery thrombosis, as a consequence of atherosclerotic coronary artery disease. [Satisfactory: Note plausible chain of causality.]

Satisfactory Example 2

- Manner: Natural. Cause: Staphylococcal sepsis, due to methicillin-resistant staphylococcal pneumonitis, due to chronic aspiration, secondary to swallowing dysfunction, as a consequence of Parkinson's disease. [Satisfactory: Note clear and plausible chain of causality.]

Nevada Revised Statutes to Know

There are several Nevada Revised Statutes (NRS) that impact physicians and coroners who are contributing information to a death certificate or entering death information into VRS.

Who can certify a cause of death and what if the attending physician is not available?

NAC 440.160   **Certification of cause of death.**

1.   The person who is required to certify the cause of death shall complete the portions of the death certificate pertaining to the cause of death and the certification of death and return the certificate to the undertaker or person acting as undertaker who presented it to him or her within 48 hours after such presentation.

2.   If the death did not occur in a hospital or other institution and the death was attended by a physician who will not be available within 48 hours after the death, the certificate must be presented to an associate physician who has access to the attending physician's medical files on the deceased. The associate physician shall complete and return the death certificate.

3.   If the death occurred in a hospital or other institution and the death was attended by a physician who will not be available within 48 hours after the death, the certificate must be presented to the chief medical officer of the institution or an associate physician who has access to the medical records of the deceased. The chief medical officer or associate physician shall complete and return the death certificate.

What are my responsibilities when it comes to entering data?

NAC 440.165   **Statement of the cause of death.** (NRS 440.120, 440.380, 440.410)

1.   The statement of the cause of death in a medical certificate of death must be:
(a) Written legibly; and
(b) Expressed clearly and concisely.

 2.   The State Registrar or local registrar shall return a medical certificate of death to the certifier to be corrected or made more definite if the statement:
(a) Consists of only the term "natural causes";
(b) Contains any other indefinite or obsolete term which denotes only the symptom of a disease or the conditions resulting from a disease;
(c) Is illogically or confusingly written; or
(d) Contains personal abbreviations or is written in shorthand.

3.   Part I of the statement of the cause of death in the standard certificate of death approved by the United States Public Health Service may contain only the sequence of disease or the injury or other trauma directly resulting in death, as follows:
(a) Line "A" must show the immediate (primary) cause of death;

(b) Line "B" must show the contributory or intermediate cause of death; and

(c) Line "C" must show the underlying cause of death.

The underlying cause of death must be the last cause listed. If there is no intermediate cause, the underlying cause must be entered on line "B". If the immediate cause and the underlying cause are synonymous, only one entry is necessary.

4.   Part II of the statement of the cause of death must show the diseases, injuries or other factors which are medically or statistically significant but not directly related to the cause of death.

5.   The statement of the cause of death must be submitted electronically by the certifier to an electronic death registry system approved by the Division of Public and Behavioral Health of the Department of Health and Human Services and attested to by the certifier by means of an electronic signature.

6. As used in this section, "electronic signature" means an electronic sound, symbol or process attached to or logically associated with a document and executed or adopted by a person with the intent to sign the document.

How is "attending physician" defined?

NAC 440.170 **Attendance at death** states, "Except as otherwise provided in NAC 440.180, a death shall be considered to have been attended by a physician if the deceased:

1.   Had seen the physician professionally within 30 days preceding the death;

2.   Was pronounced dead by a registered nurse pursuant to NRS 440.415; or

3.   Was diagnosed by a physician as having an anticipated life expectancy of not more than 6 months.

What information do I need to present if I am the deceased's physician?

NRS 440.380   **Medical certificate of death: Signature; contents.**

 1.   The medical certificate of death must be signed by the physician, if any, last in attendance on the deceased, or pursuant to regulations adopted by the Board, it may be signed by the attending physician's associate physician, the chief medical officer of the hospital or institution in which the death occurred, or the pathologist who performed an autopsy upon the deceased. The person who signs the medical certificate of death shall specify:

(a) The social security number of the deceased.

(b) The hour and day on which the death occurred.

(c) The cause of death, so as to show the cause of disease or sequence of causes resulting in death, giving first the primary cause of death or the name of the disease causing death, and the contributory or secondary cause, if any, and the duration of each.

2.   In deaths in hospitals or institutions, or of nonresidents, the physician shall furnish the information

required under this section, and may state where, in the physician's opinion, the disease was contracted.

What is required in the case of a stillbirth?

NRS 440.390 **Certificate of stillbirth.** The certificate of stillbirth must be presented by the funeral director or person acting as undertaker to the physician in attendance at the stillbirth, for the certificate of the fact of stillbirth and the medical data pertaining to stillbirth as the physician can furnish them in his or her professional capacity.

What does NRS say about language that should NOT be used on a death certificate?

NRS 440.400 **Use of indefinite or unsatisfactory terms.** Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit. Any certificate containing only such terms as defined by the State Board of Health shall be returned to the physician for correction and more definite statement.

What does NRS say about death from disease or violence?

NRS 440.410 **Manner of defining cause of death.** Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, the means of injury shall be stated, and whether (probably) accidental, suicidal or homicidal.

Can I assign pronouncement of death to a nurse or assistant?

NRS 440.415 **Pronouncement of death by registered nurse or physician assistant:** Conditions; release of body; regulations.

 1.   A physician who anticipates the death of a patient because of an illness, infirmity or disease may authorize a specific registered nurse or physician assistant or the registered nurses or physician assistants employed by a medical facility or program for hospice care to make a pronouncement of death if they attend the death of the patient.

2.   Such an authorization is valid for 120 days. Except as otherwise provided in subsection 3, the authorization must:
(a) Be a written order entered on the chart of the patient;
(b) State the name of the registered nurse or nurses or physician assistant or assistants authorized to make the pronouncement of death; and
(c) Be signed and dated by the physician.

 3.   If the patient is in a medical facility or under the care of a program for hospice care, the physician may authorize the registered nurses or physician assistants employed by the facility or program to make pronouncements of death without specifying the name of each nurse or physician assistant, as applicable.

4.   If a pronouncement of death is made by a registered nurse or physician assistant, the physician who authorized that action shall sign the medical certificate of death within 24 hours after being presented with the certificate.

5.   If a patient in a medical facility is pronounced dead by a registered nurse or physician assistant employed by the facility, the registered nurse or physician assistant may release the body of the patient to a licensed funeral director pending the completion of the medical certificate of death by the attending physician if the physician or the medical director or chief of the medical staff of the facility has authorized the release in writing.

Am I required by statute to use a standard death certificate?

NRS 440.350   **Form and contents of certificate of death or stillbirth.**   The certificate of death or of stillbirth that shall be used is the standard form approved by the United States Public Health Service.

Who is allowed to act as an informant of critical information?

NRS 440.360   **Authentication of personal and statistical information concerning certificate.**   The personal and statistical particulars of the death or stillbirth certificate shall be authenticated by the name of the informant, who may be any competent person acquainted with the facts.

What is the responsibility of the funeral home regarding signatures?

NRS 440.370   **Signature required on statement of facts concerning disposition of body**.   The statement of facts relating to the disposition of the body must be signed by the funeral director or person acting as undertaker or by an authorized representative of the crematory if the body is cremated.

How does NRS define a medical facility and other key terms?

NRS 440.415 7.   **As used in this section:**

(a) "Medical facility" means:
> (1) A facility for skilled nursing as defined in NRS 449.0039;
> (2) A facility for hospice care as defined in NRS 449.0033;
> (3) A hospital as defined in NRS 449.012;
> (4) An agency to provide nursing in the home as defined in NRS 449.0015; or
> (5) A facility for intermediate care as defined in NRS 449.0038.

(b) "Physician assistant" means a person who holds a license as a physician assistant pursuant to chapter 630 or 633 of NRS.

(c) "Program for hospice care" means a program for hospice care licensed pursuant to chapter 449 of NRS.

(d) "Pronouncement of death" means a declaration of the time and date when the cessation of the cardiovascular and respiratory functions of a patient occurs as recorded in the patient's medical record by the attending provider of health care in accordance with the provisions of this chapter.

What if someone who is under my care dies of something completely unrelated to the condition for which they were seeing me?

NAC 440.180   **Death not attended.** (NRS 439.200, 440.120)   If the deceased had been under a physician's care under the conditions set forth in NAC 440.170, but the cause of death was unrelated to the purpose for which the deceased consulted the physician, the death shall not be considered to have been attended and must be referred to the local health officer.

How are duties assigned in the case of death without attendance?

NRS 440.420   **Duties of funeral director, health officer, coroner and coroner's deputy when death occurs without medical attendance.**

1.   In case of any death occurring without medical attendance, the funeral director shall notify the local health officer, coroner or coroner's deputy of such death and refer the case to the local health officer, coroner or coroner's deputy for immediate investigation and certification.

2.   Where there is no qualified physician in attendance, and in such cases only, the local health officer is authorized to make the certificate and return from the statements of relatives or other persons having adequate knowledge of the facts.

3.   If the death was caused by unlawful or suspicious means, the local health officer shall then refer the case to the coroner for investigation and certification.

4.   In counties which have adopted an ordinance authorizing a coroner's examination in cases of sudden infant death syndrome, the funeral director shall notify the local health officer whenever the cause or suspected cause of death is sudden infant death syndrome. The local health officer shall then refer the case to the coroner for investigation and certification.

5.   The coroner or the coroner's deputy may certify the cause of death in any case which is referred to the coroner by the local health officer or pursuant to a local ordinance.

How does NRS define my duties as a coroner?

NRS 440.430   **Duties of coroner.**

1.   Any coroner whose duty it is to hold an inquest on the body of any deceased person, and to make the certificate of death required for a burial permit, shall state in the coroner's certificate the name of the disease causing death, or, if from external causes:

(a) The means of death; and

(b)   Whether (probably) accidental, suicidal or homicidal.

2.   In either case, the coroner shall furnish such information as may be required by the Board in order to classify the death properly.

Is there anything I need to know before an autopsy is done on a minor?

NRS 440.433   **Notice to parents or guardian of autopsy upon body of minor; placement of internal organs.**

1.   When an autopsy is performed upon the body of a minor, the person who orders the autopsy shall make a diligent effort to give the parents or guardian of the minor notice of the autopsy in person, by telephone or by mail.

2.   The internal organs must, if feasible, be kept with the body after such an autopsy is completed.

What does NRS say about Sudden Infant Death Syndrome, or SIDS?

NRS 440.435   **Death caused by sudden infant death syndrome: Ordinance may authorize postmortem examination; duties of coroner.**

1.   The board of county commissioners of any county may provide by ordinance that in all cases where the cause or suspected cause of a death is sudden infant death syndrome, the coroner may take possession of the body, exhuming the body if necessary, and authorize the performance of a postmortem examination thereon. Such examination may include an analysis of the stomach, stomach contents, blood, organs, fluids or tissues of the body.

 2.   The findings resulting from the examination performed under subsection 1, including the opinions and conclusions of the examining physician, shall be reduced to writing and included in the coroner's record of death. The coroner shall file a copy of such report with the State Registrar.

Updating a Record in VRS

To update a record, go into your work queue as displayed below:
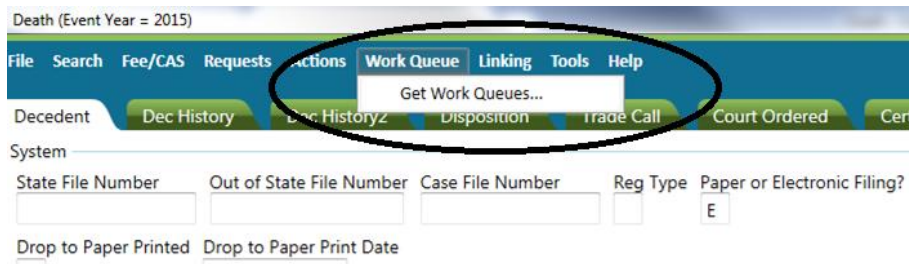
Doctors and coroners need to consistently check their work queue twice each day. Even if they have signed off on a record, it could be rejected.

Tabs

After selecting a record in your work queue, you will come to this screen with two rows of green tabs. If you expand this window, you will see one row of green tabs although some browsers and screen resolutions will still show two.
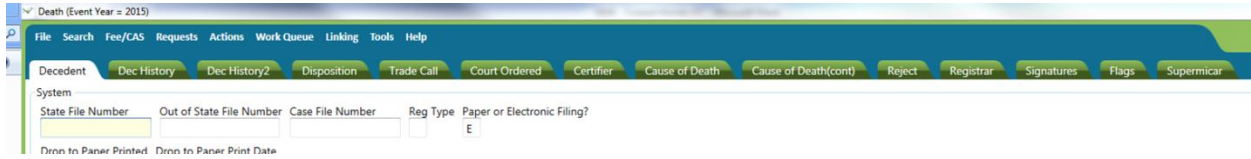

On each tab is a field or box where information is usually required. In this manual, each field or text box is highlighted with grey, like this <field>, so that you can easily see when the manual is directly referencing a specific field.

It is very important that you use the [Tab] (TAB) key on your keyboard to move from field to field, and not by using your mouse to drop your cursor from field to field. There are data validation messages or "edit boxes" that will appear only when this key is used. Using the mouse to drop your cursor from field to field will bypass the edit boxes and could cause you to miss a field.

How to Save and Fix Your Work in VRS

If you are new to VRS, it's important to know that there are a number of fields that require information before you can save the record. The required fields for each tab are documented later in this manual.

But for now, look at the top right screen of VRS and you should see a save button:
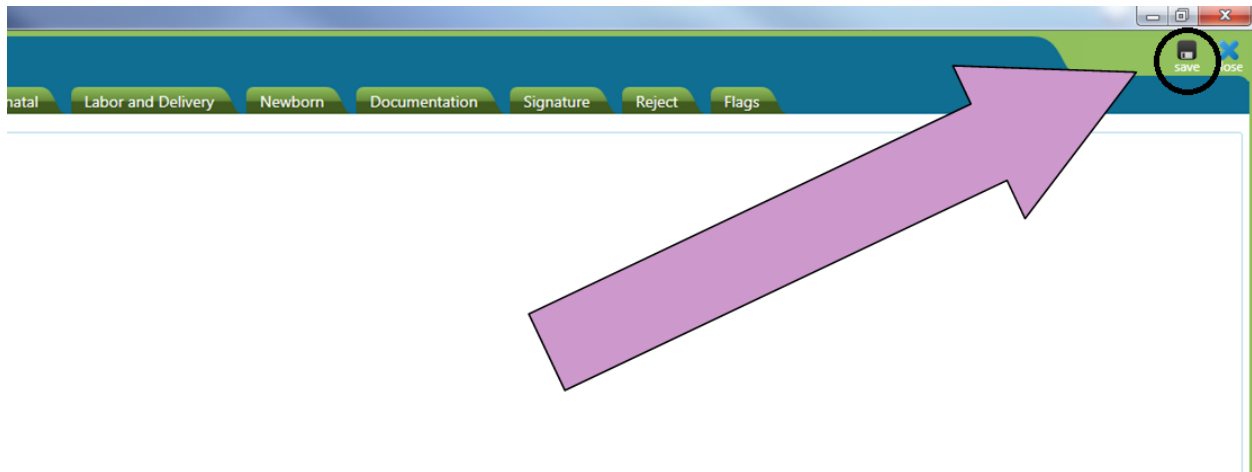
You can attempt to save the record right now, but it's best to wait until you have gone through all the tabs and filled out as much information as possible.

There are several choices you have when you come to an edit box
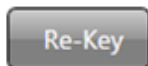
Re-Key   Clicking the "Re-Key" button will take you right to the field that needs to be completed.
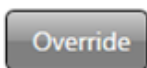
Override   Clicking the "Override" button will bypass that field so that you can continue trying to save the record, and it will turn it an aqua color.   Choose this option only if you do not intend to enter any information in that field because it is not applicable.
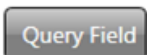
Query Field   Clicking the "Query Field" allows you to save the record without entering the information, but it assumes you want to fill it out later. It will turn the field into a yellow color.   Click "Query Field" if you intend to enter the information later, but just don't have it at the moment.
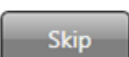
Skip   Clicking the "Skip" button will skip the field for now and will let you come back to it later. It will turn the field into a green color.   You will be prompted to enter this information again before the record can be saved.

Searching for a Record

To update a record with cause of death information it's best to find it in your work queue
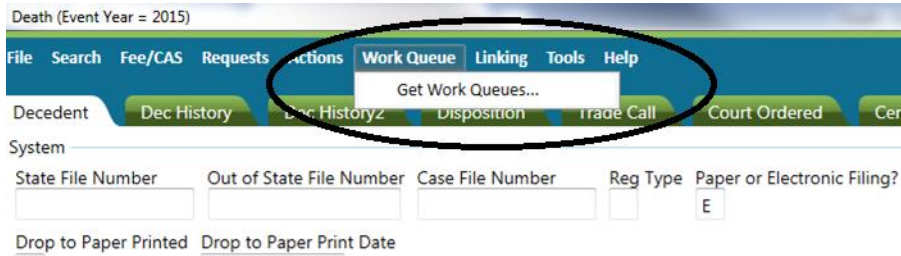
However, if you ever need to search for a record, you will need to search for it if you would like to modify it or make any corrections.

To search for a death record that has already been created, <u>go to Search</u> on the main menu bar and select Death as seen below:

You should then see the Search Criteria below:
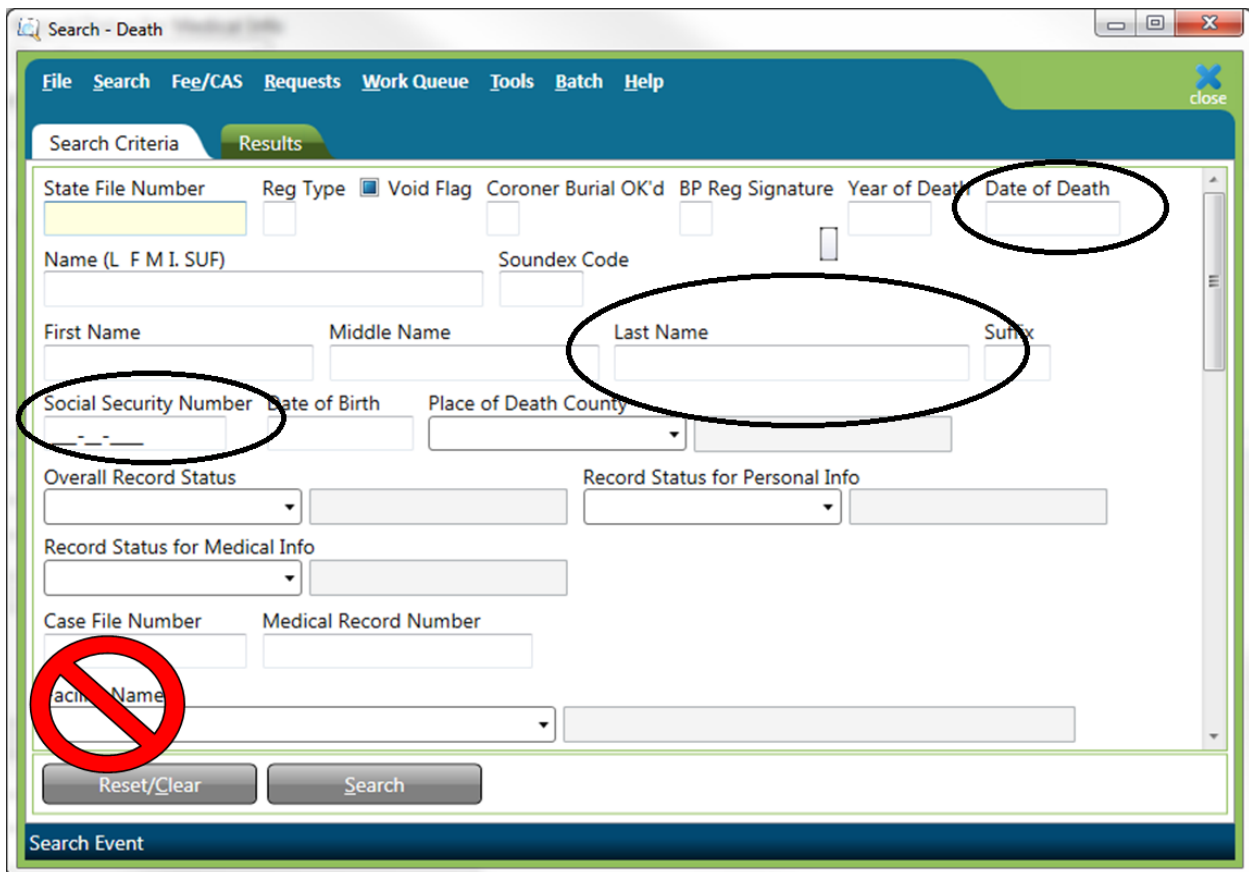
It's best to search by a person's last name, social security number, or date of death, and it's best to search just a few fields at a time. If you search for too many fields, you may get no results. Also, <u>do not</u>

search by facility name as the database keeps that field separate in the security role information. When you have found the record you are looking for, double click to open it.

Tabs to be Completed by Funeral Home

The following are tabs to be completed by the funeral home:

- Decedent
- Dec History
- Dec History2
- Disposition
- Trade Call
- Court Ordered

Tabs to be Completed by Physician or Coroner

The following tabs must be completed by the physician or the coroner if they are not providing a worksheet with equivalent information to the funeral home.

- Certifier
- Cause of Death
- Cause of Death Cont

Certifier

The certifier tab will auto populate applicable fields when you choose the coroner or physician, whichever is applicable.

Cause of Death

The Cause of Death tab must be completed as thoroughly as possible. Remember, causes of death cannot be listed on the CDC's form 04-0377 (for more information on this, see section "Causes of Death and the CDC List of Diseases & Conditions).

Cause of Death(cont) Tab

Start by selecting the correct Manner of Death in the drop down menu. If the death was from natural causes, no additional fields are required. If there was an injury involved, all subsequent fields are required.

Reject, Registrar, Signatures, Flags, and Supermicar

These tabs are used for project tracking and can be left blank.

Closing

Thank you for completing the death records training module.

The creation of a death record is an important event, and we hope this manual clarifies some of the roles and responsibilities of physicians and coroners.

Thank you for your ongoing effort to complete death records accurately and completely as required by Nevada Revised Statutes and Nevada Administrative Code.

Appendix A -- Evaluation

Please rate the following statements from 1 to 5:

Participant Evaluation Results

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I understand the importance of vital records and that it's the law that I create them accurately and completely to the best of my ability.					
2. I understand that incorrect vital records can lead to hardships for living family members in the future.					
3. I understand who is required to fill out vital records.					
4. I understand all the fields that I am required to fill in within the VRS system for a death					
5. I understand how to search for a record.					
6. I understand how to update a record after it has been created by me or someone else.					
7. I understand that a death record must be completed within 3 days of the death.					