NCLEX-RN · 2026 TEST PLAN · END-OF-LIFE CARE

Post-Mortem *Nursing Care*

Caring for the body after death with dignity, honoring family wishes, preserving evidence when required, and supporting cultural & spiritual practice.

Quick Card

DOMAIN · PSYCHOSOCIAL INTEGRITY
CATEGORY · GRIEF & END-OF-LIFE
REVIEW · CLINICAL JUDGMENT
LEVEL · ENTRY-TO-PRACTICE

Definition & Overview

01

WHAT IT IS · WHY IT MATTERS

Post-mortem care is the respectful physical preparation of the body after death, combined with emotional & spiritual support to the family — a final nursing intervention that preserves dignity, honors culture, and protects legal & forensic integrity.

- **Timing:** Begins `AFTER` death is pronounced by a physician, APRN, or other state-authorized provider — never before.
- **Two patients now exist:** the deceased (physical care, identification, transport) and the grieving family (presence, education, support, follow-up).
- **Legal weight:** Documentation, chain of custody for belongings, and preservation of medical devices in coroner/autopsy cases are nursing responsibilities — errors can compromise investigations or invalidate organ donation.

Before You Touch the Body

3 QUESTIONS · DRIVES EVERY NEXT STEP

Answer these three before you remove a single tube. The answers change the procedure entirely.

Q1 **Has death been pronounced?**
No → wait. Yes → proceed & note time, pronouncer.

Q2 **Is this a coroner / autopsy case?**
Yes → LEAVE ALL tubes, lines, dressings, clothing.

Q3 **Is organ / tissue donation in play?**
Yes → call OPO; maintain perfusion. Don't approach family yourself.

PAUSE · CONFIRM · THEN CARE

Physiology of Death 02

THE THREE MORTIS · TIMELINE OF POST-MORTEM CHANGES

After cardiac arrest, three predictable physical changes unfold. Knowing the timeline lets you prepare families, position the body before stiffening, and avoid mistaking normal changes for pathology.

0-30 MIN
IMMEDIATE

Algor Mortis · Cooling

Body cools ~1.5°F (1°C) per hour as metabolic heat ceases. Skin becomes cool, pale, then mottled in dependent areas.

20-30 MIN
EARLY

Livor Mortis · Pooling

Blood settles by gravity → purple-red discoloration in dependent body regions. Becomes fixed after ~8–12 hr. Position body **supine** early to prevent facial discoloration.

2-4 HR
ONSET

Rigor Mortis · Stiffening

ATP depletion locks actin–myosin. Begins in face/jaw → trunk → extremities. **Peaks at ~12 hr**, resolves over 24–48 hr. Close eyes & mouth, insert dentures, position limbs *before* onset.

>24 HR
LATE

Autolysis & Decomposition

Cellular self-digestion and bacterial breakdown begin. Refrigeration in the morgue slows this — prompt transport matters.

Clinical Signs of Death 03

CONFIRMATION BEFORE CARE

Before any post-mortem intervention, death must be clinically & legally confirmed.

CLINICAL SIGNS – CARDIOPULMONARY DEATH

- **Apnea** — absence of spontaneous respirations
- **Asystole** — no palpable pulse, no heart sounds
- **Fixed, dilated pupils** — no light reflex
- **No response** to verbal, tactile, or painful stimuli
- **Loss of reflexes** — corneal, gag, deep tendon

BRAIN DEATH CRITERIA

- Irreversible cessation of **all** brain function including brainstem
- Absent brainstem reflexes; apnea test positive
- Known cause; reversible factors excluded (drugs, hypothermia, metabolic)

RED FLAG Do **not** begin post-mortem care, remove tubes, or move the body until the provider has formally pronounced death and documented time. Premature handling can compromise resuscitation if criteria are misread.

Priority Nursing Interventions

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ORDER OF CARE · ACTION VERBS · NCLEX PRIORITIZATION

1. **Verify pronouncement.** Confirm the provider has pronounced death and documented date/time, cause, and pronouncer's name.
2. **Determine special status.** Ask: Is this a *coroner / medical-examiner case*? Is there *organ or tissue donation*? Is an *autopsy* planned? Answer drives everything that follows.
3. **Notify & support family.** Allow them to be present, view the body, and say goodbye. Provide private, unhurried space.
4. **Don PPE** (standard precautions; add contact/airborne if infectious). Maintain dignity — keep body draped throughout.
5. **Position** the body **supine**, arms at sides or crossed, head of bed elevated 30° to prevent facial discoloration from livor mortis.
6. **Close eyes** gently (hold lids down 30 sec), **insert dentures**, close the mouth, place a rolled towel under the chin *before* rigor sets in.
7. **Tubes & lines:** Remove IVs, catheters, drains, and tubes *only if* NOT a coroner case, NOT an autopsy, and NOT organ donation. If any of those — LEAVE **everything in place**.
8. **Cleanse the body,** replace soiled dressings with clean ones, place absorbent pads under the perineum (sphincters relax → leakage expected).
9. **Inventory & remove jewelry** per family wishes; document each item, get a witness signature, release to family with chain-of-custody record.
10. **Apply identification** — at least **two tags** (typically one to the great toe, one to the shroud/body bag) listing name, MR#, date/time of death.
11. **Document**: time of death, pronouncer, interventions, belongings disposition, family notified/present, body transported to whom & when.
12. **Transport** to morgue or release to funeral home per institutional policy; provide bereavement resources before the family leaves the unit.

Special Considerations

05

FORENSIC · ORGAN DONATION · CULTURE & RELIGION

- **Coroner / medical-examiner cases** — sudden, suspicious, traumatic, or unattended deaths, deaths within 24 hr of admission, or in custody. `LEAVE ALL TUBES, LINES, DRAINS, ET TUBE, CATHETERS, DRESSINGS IN PLACE.` Preserve clothing & evidence.
- **Organ & tissue donation** — coordinate with the Organ Procurement Organization (OPO); the OPO (not bedside nurse) approaches family. Maintain ventilation, perfusion, and normothermia until harvest. Time-critical.
- **Controlled substances** — waste any remaining doses with a licensed witness per facility policy; document on the MAR and controlled-substance record.

✡ Jewish

Burial within 24 hr when possible. Body should not be left alone. No embalming or autopsy unless legally required. Chevra Kadisha may wash & prepare the body.

☪ Muslim

Body washed by same-sex family/community members. Head turned to the right facing Mecca. Burial within 24 hr. Autopsy generally discouraged unless required.

🕉 Hindu

Cremation preferred, ideally within 24 hr. Family may wish to bathe & dress the body, place sacred items, and chant. Avoid removing religious threads/jewelry.

☸ Buddhist

Body ideally left undisturbed for several hours after death to allow consciousness to depart. Quiet, calm environment; chanting may occur. Confirm wishes with family.

✝ Roman Catholic

Anointing of the Sick (last rites) *before* or near death; chaplain may pray with family. Rosary & crucifix often desired with the body.

🌐 Universal

Always assess the family's specific spiritual, cultural, and personal wishes — never assume based on group identity. Document preferences in the record.

NCLEX Test Traps

06

DISTRACTORS · PRIORITY PITFALLS

~~Remove all tubes & lines immediately after death~~	→	Leave in place if coroner case, autopsy, or organ donation
~~Begin post-mortem care as soon as monitor flatlines~~	→	Wait for provider pronouncement & documented time of death
~~Refuse family request to view the body~~	→	Offer & facilitate viewing — supports grief work
~~Nurse approaches family about organ donation~~	→	OPO representative approaches; nurse coordinates & supports
~~Position body flat on its side~~	→	Supine, HOB up 30° to prevent facial livor mortis
~~Tell family the body's muscle twitch means "still alive"~~	→	Reflexive movements can occur; explain as a normal post-death event

Family Education & Support 07

ANTICIPATORY GUIDANCE · GRIEF SUPPORT · NEXT STEPS

- **Normalize post-mortem changes:** the body will cool, become pale, possibly mottled, and stiffen. Brief involuntary movements or air sounds can occur and do not mean life remains.
- **Viewing options:** the family may sit with the body, touch & speak to their loved one, perform religious rituals — there is no rush.
- **Belongings:** walk the family through the inventory; provide a written list and obtain signatures for release.
- **Autopsy / donation:** explain the process honestly and answer questions; if declined, document the family's wishes.
- **Funeral home arrangements:** the family chooses; case management or social work can assist with logistics.
- **Bereavement resources:** provide written information on hospice grief services, support groups, faith-community contacts, and follow-up phone calls.
- **Children present:** use simple, concrete language (*"died,"* not *"passed away"* or *"lost"*); answer questions honestly at their level.

> *"Take all the time you need. There is nothing you have to do right now — I'll be just outside, and I'll check on you in a little while."*

Memory Boosters 08

MNEMONICS · PATTERN RECOGNITION

DEATH CARE FRAMEWORK

D	**D**ignify the body — drape, position, close eyes & mouth
E	**E**ducate & emotionally support the family
A	**A**ssess for autopsy, donation, coroner case
T	**T**ubes & lines — remove only if NOT a special case
H	**H**onor culture, religion, and personal wishes

3 MORTIS TIMELINE

A	**Algor** · cooling · ~1.5°F / hr · immediate
L	**Livor** · purple pooling · 20–30 min · fixes by 8–12 hr
R	**Rigor** · stiffening · 2–4 hr onset · peaks 12 hr · resolves 24–48 hr

TAGS ID & BELONGINGS

T	**T**wo ID tags minimum (toe + shroud/bag)
A	**A**dequate documentation — time, pronouncer, interventions
G	**G**ive belongings to family with witness signature
S	**S**ecure body bag for infectious or coroner cases

"The final act of care is also the first act of grief support."