Investigation into post mortem cardiac device interrogation

Request for Information

To garner a comprehensive understanding of the practices and data surrounding patients with cardiac devices, we kindly request the following information:

Q1	How many patients pass through your morgue each year?	1900-2000
Q2	Approximately what proportion of these have a cardiac implantable device in situ? (PPM, ICD, ILR)	Approximately 4%
Q3	Does the hospital morgue also take deaths from the community, or is it for inpatients only?	Bristol site: No Weston site: Yes
Q4	Is there a cardiac physiology department on site at your hospital?	YES
Q5	If a patient has a cardiac device in situ, is it routine practice for a device check to be undertaken after death?	NO
Q6a	If yes, is the information regarding rhythm/therapies at the time of death routinely added to the patient's notes/hospital record?	Choose an item.
Q6b	If yes, is the information regarding rhythm/therapies at the time of death routinely passed on to the clinical team?	Choose an item.
Q7	If no and this is not routine practice, are there ever exceptions to this, i.e., occasions where a post-death device check is requested by the clinical team?	YES
Q8	If yes, please elaborate (for example, how often or under what circumstances this occurs).	Pacemaker checks are hardly ever routinely requested. Most suspicious deaths are sent to Flax Bourton forensic mortuary. The only times we are asked to check devices post mortem is if the patient has an active ICD that requires therapies turning off for safe removal.

We welcome any additional information or comments that might help in our investigation.

Documentation post mortem is difficult as new reports or examinations cannot be created in our devices reporting system once the patient has been marked as deceased on CareFlow.

We appreciate your assistance and the time taken to provide this information. Your insights are invaluable.