

What deaths should be referred to the Maricopa County Office of the Medical Examiner?

- Any external trauma, regardless of cause or intentionality, such as an accident
- Any suspicion that death may have been violent (a suicide or a homicide)
- Any drug overdose or intoxication whether from a prescribed, not prescribed, legal or illegal substance
- Any death occurring during surgery or as a possible consequence of anesthesia, at any time between administration and the time when the patient was supposed to recover, even if the patient never recovers from the anesthesia
- Any disease or condition that could have been occupationally related
- Any unattended death*** and/or unexplained death
- Any death thought to be a potential public health hazard
- Any death occurring in a prison regardless of who was the deceased
- Any death occurring to a prisoner, regardless of where the death occurs
- All maternal deaths (reportable with possible ME involvement)

If you suspect but are not sure that one of the above situations has occurred, please consult the Office of the County Medical Examiner

To consult about a potential Medical Examiner case within Maricopa County, contact **602-506-1138**.

It is the discretion of the Office of the Medical Examiner to decline or accept jurisdiction of any case referred to the Office. Any case declined reverts back to the health care provider.

*****Unattended Death - death when not under the current care of a physician within 18 months preceding death*****

REFERENCES:

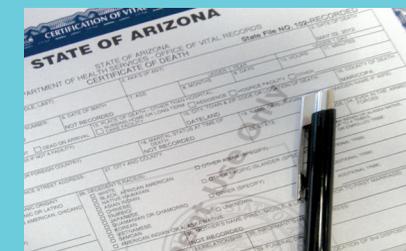
For more information on how to complete the medical certification section of the death certificate, refer to our website at www.medicalcertifier.org.

Example of properly completed medical certification of death

MEDICAL CERTIFICATION SECTION CAUSE OF DEATH PART 1			
5	IMMEDIATE CAUSE OF DEATH	A. CEREBROVASCULAR ACCIDENT	APPROXIMATE INTERVAL IMMEDIATE
6	DUE TO OR AS A CONSEQUENCE OF:	B. CORONARY ARTERY DISEASE	APPROXIMATE INTERVAL YEARS
7	DUE TO OR AS A CONSEQUENCE OF:	C.	APPROXIMATE INTERVAL
8	DUE TO OR AS A CONSEQUENCE OF:	D.	APPROXIMATE INTERVAL
CAUSE OF DEATH PART II			
9	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSES GIVEN ABOVE CHRONIC OBSTRUCTIVE PULMONARY DISEASE		TIME OF DEATH: 0900 <input type="checkbox"/> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> MILITARY
10	DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PROBABLY <input type="checkbox"/> UNKNOWN	IF FEMALE: <input type="checkbox"/> NOT PREGNANT WITHIN LAST YEAR <input type="checkbox"/> PREGNANT AT TIME OF DEATH <input type="checkbox"/> NOT PREGNANT, BUT PREGNANT WITHIN 42 DAYS OF DEATH <input type="checkbox"/> NOT PREGNANT, BUT PREGNANT 43 DAYS TO 1 YEAR BEFORE DEATH <input checked="" type="checkbox"/> UNKNOWN IF PREGNANT WITHIN LAST YEAR	WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
MEDICAL EXAMINER USE ONLY - DID IT RESULT FROM AN INJURY OF ANY KIND? - LEAVE BLANK IF NOT AN INJURY			
M E O N L Y	11		
	12		
	13		
CAUSE AND MANNER OF DEATH CERTIFICATION			
14	MANNER OF DEATH: <input checked="" type="checkbox"/> NATURAL <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		
15	<input type="checkbox"/> Certifying Physician, Physician's Assistant or Nurse Practitioner -To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Tribal Law Enforcement Authority - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.	SIGNATURE & TITLE OF PERSON COMPLETING CAUSE OF DEATH (MD, DO, CI, CNP) _____	DATE CERTIFIED:
16	CERTIFIER'S ADDRESS:		



Pocket Reference Guide for Cause of Death Certification in Arizona



Office of Vital Registration
Medical Certification Unit
602-372-0535

Responsibilities of Health Care Providers When Certifying Death Records According to Arizona HB 2370 (A.R.S. §§ 11-593, 11-594, 36-301, and 36-325)

- Defines **medical certification of death** as the opinion of the health care provider who signs the certificate of probable or presumed cause of death that complies with rules adopted by the State Registrar of Vital Records and that is based on any of the following that are reasonably available:
 - a) personal examination;
 - b) medical history;
 - c) medical records; and
 - d) other reasonable forms of evidence.
- Specifies that if a person under the current care of a health care provider for an acute or chronic medical condition dies of that condition, or of associated complications, the provider or designee shall complete and sign the medical certification of death on a death certificate within 72 hours.
- Requires a hospital, nursing care institution or facility to designate a health care provider to complete and sign the medical certification of death within 72 hours if the person dies of natural causes.
- Exempts a health care provider who completes and signs a medical certification of death in good faith pursuant to statute from civil liability or professional disciplinary action.
- Requires the medical examiner to complete and sign the medical certification of death within 72 business hours after the examination, if current care has not been provided by a health care provider (“**Current Care**” means that a health care provider has examined, treated (includes prescribing medication) or provided care for a person for a chronic or acute condition within 18 months preceding that person’s death. Current care does not include services provided in connection with a single event of

emergency or urgent care). Eliminates the requirement for the examiner to sign when the nurse practitioner and attending physician are not available.

- Defines **health care provider** as a licensed doctor, nurse midwife, nurse practitioner, physician assistant or health care provider qualified by another state or jurisdiction of the United States and who works in a federal health care facility. (Private health care provider should be licensed in AZ with the exception of those in VA or federal health care facility)

Importance of an Accurate Cause of Death

Accurate cause-of-death information is important for:

- Legal reasons, school, travel, insurance, pension and social security payments, inheritance, adoptions, genealogy, familial medical history, citizenship and tribal membership;
- law enforcement, public health interventions, scientific studies, surveillance in emergency response situations;
- accurate patient records and information for the family, public health and scientific research reasons;
- funding medical programs, allocations for public health programs, research projects and clinical trials;
- establishing consistency and comparability across time and jurisdictions.

Cause of Death

Patients often have multiple conditions contributing to death. Documenting the conditions on the death certificate requires basic training. Below, we outline the steps required. You may access additional information at www.medicalcertifier.org or www.codhelp.org. A free web-based CME course is also available at <http://gvahec.mrooms3.net/login/index.php>. This interactive course covers these steps and more.

The cause of death information should be your **BEST MEDICAL OPINION** at the time of signing. A condition can be listed as “probable” even if it has not been definitively diagnosed.

The National Center for Health Statistics (NCHS) standards and logic rule the way underlying causes of death are sequenced and specified. The key is **why** the person died, not **how**.

- Make your entry legible
- Only **ONE** cause should be entered on each line
- Do Not Abbreviate
- In Part I, document the complete chain of events that best explains why the patient died. The last item is the underlying cause that began this sequence. For each cause, indicate the best estimate of the time interval between the presumed onset and the time the death occurred
- In Part II, document other conditions that contributed to death but did not result in the underlying cause. Be specific and complete. For example, if a patient died of “sepsis,” include the medical conditions that predisposed him or her to develop the infection

Part I Line A, Immediate Cause of Death

- Indicate what happened right before the patient died—the condition that led to cardio/pulmonary / respiratory arrest. **Remember!** The key is **why** the person died, **not how**. Examples: *Proteus mirabilis* sepsis, congestive heart failure, liver failure, upper gastro-intestinal hemorrhage, left lower lobe pneumonia

Part I Lines B-D, Intermediate and Underlying Cause of Death

- Outline the sequence of conditions that led to line A. Depending on the complexity of the case, you will almost always use line B and you will often need additional lines (C-D or more).
- Line B: Indicate how this patient came to have the condition in line A. If *Proteus mirabilis* sepsis is on line A, indicate its cause on line B (e.g., infected sacral decubitus ulcer).
- Line C and D: Continue backward in time. Specify, to the best of your knowledge, what led to the preceding line (e.g. Line C: complications of remote cerebral infarction; Line D: atherosclerotic vascular disease).
- The last line should indicate the underlying cause that is NOT the result of another condition. Paraplegia, hypotension, and renal failure **would not** be the underlying causes because you can specify further why they developed.
- Some appropriate underlying causes are chronic medical conditions. Without them, death would not have occurred at the same time or in the same manner (e.g., cerebrovascular disease, essential hypertension, diabetes mellitus, dementia)

Examples

- A patient with liver cirrhosis from chronic alcohol abuse dies of an upper gastrointestinal bleed. Line 1A: Upper gastrointestinal bleed, 1B: Ruptured esophageal varices, 1C: Liver cirrhosis, 1D: Chronic alcohol abuse
- A patient with Parkinson’s disease is admitted for aspiration pneumonia and dies in the ICU after the family decides to withdraw ventilator support following a prolonged period of respiratory failure. Line 1A: Aspiration pneumonia, 1B: Parkinson’s Disease