OSCE checklist for last offices

An OSCE checklist for last offices (care of the body after death) covers confirming death has been verified, checking whether the death will be referred to the coroner, respecting the family's wishes, preparing the body with dignity, identifying it correctly and informing the right people.

OSCE checklist for last offices: steps to practise

1. Confirm that death has been verified by an authorised professional and recorded, and that the family has been told.
2. Ask the nurse in charge whether the death will be referred to the coroner (or procurator fiscal in Scotland). If so, leave all tubes, lines, drains and devices in place, as your policy says.
3. Check the family's religious, cultural and personal wishes, and ask whether they want to take part or spend time with the person first.
4. Check the infection status and the notes for any implanted device, such as a pacemaker, that must be recorded. Clean your hands and put on gloves and an apron. Close the curtains or door.
5. Lay the person on their back with limbs straight and one pillow, close the eyes, and support the jaw with a rolled towel if needed. Replace dentures if possible.
6. If there is no coroner referral, remove tubes, drains and lines as your policy says, and cover the sites with a clean dressing. Dispose of sharps in the sharps bin at once.
7. Wash the body if the family and policy agree, care for the mouth and eyes, and dress or cover the person as the family wish.
8. Apply identification labels as your policy says, usually on the wrist and ankle, and label the body or shroud with any infection risk.
9. Remove jewellery only as the family and policy wish, with a second person present. List items kept on the body and items given to the family.
10. Remove gloves and apron, clean your hands, notify the porters or mortuary, record the time and care given, and offer support to the family and colleagues.

What candidates commonly forget

- Removing tubes or lines when the death will be referred to the coroner
- Not asking about religious, cultural or family wishes
- Not recording an implanted device or infection risk
- Missing the identification labels
- Not having a witness for jewellery and property
- Not speaking to and treating the person with respect

Local policy comes first

This is our own practice checklist. Your college, hospital or country may do some steps differently. Where local policy and this list disagree, follow local policy.

Practise the hands-on steps with a classmate or in a skills lab, because an AI patient cannot watch your technique. You can practise the talking part with an AI patient, and try one station free with no sign-up. Next, try A conversation during palliative care. Back to the nursing foundation OSCE page: nursing foundation OSCE, or see the full OSCE checklist list.

Common questions

What is the OSCE checklist for last offices?

Confirm death is verified, check for coroner referral, check the family's wishes, prepare the person with dignity, care for tubes and wounds as policy allows, label correctly, record property and devices, and inform the mortuary.

Should I remove tubes and lines?

Only if the death is not being referred to the coroner and your policy allows it. If it is being referred, leave them in place and ask the nurse in charge.

Do I speak to the person during last offices?

Many courses teach to speak to the person with the same respect as in life. Follow your course.

Who must be told?

The nurse in charge, the doctor, the family, the porters or mortuary, and others as your policy lists.

Sources

- NMC: The Code
- NMC: standards of proficiency for registered nurses

Checked 2026-11-13. Fees and rules change, so confirm them with the regulator before you book.