

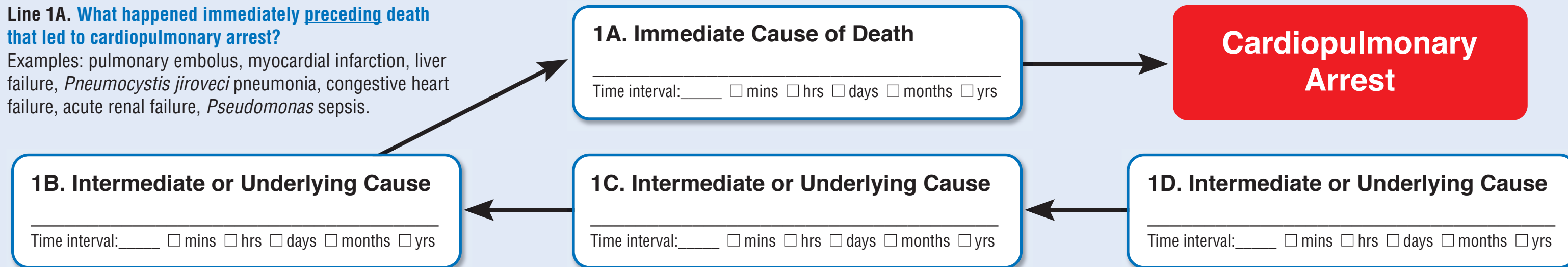
How to Complete the Cause of Death Section on the Death Certificate

Part I: Record the chain of events that directly caused death

Be thorough. Some causes might have occurred years ago.
List the approximate time interval between the onset of each condition and death. Examples are included below.

Line 1A. What happened immediately preceding death that led to cardiopulmonary arrest?

Examples: pulmonary embolus, myocardial infarction, liver failure, *Pneumocystis jiroveci* pneumonia, congestive heart failure, acute renal failure, *Pseudomonas* sepsis.



Lines 1B–1D. Outline the sequence of conditions or events that led to the condition in line 1A. The last line completed should be the underlying cause that began this sequence of events and without which death would not have occurred at the same time or in the same manner. Chronic medical conditions are often appropriate underlying causes. Review the individual’s history until you identify the medical condition that started the chain of events that led to death. This may be limited by the extent of the patient’s medical work-up. Use the terms “possible” or “probable” to indicate where a diagnosis was unconfirmed.

Part II: Other significant conditions

Document any other conditions that contributed or may have contributed to death and were not part of the chain of events written in Part I. You may enter multiple conditions.

Part II:

Examples:

- A patient with a history of poorly controlled hypertension and a prior positive stress test dies of an acute myocardial infarction.
Line 1A: Acute myocardial infarction, 1B: Atherosclerotic coronary artery disease, 1C: Hypertension.
- A patient who is bedbound from end stage Alzheimer’s dementia dies after developing sepsis from a sacral decubitus ulcer.
Line 1A: Pseudomonas sepsis, 1B: Sacral decubitus ulcer, 1C: Alzheimer’s dementia.
- A patient with Parkinson’s disease is admitted for aspiration pneumonia and dies in the intensive care unit after the family decides to withdraw ventilator support following a prolonged period of respiratory failure.
Line 1A: Aspiration pneumonia, 1B: Parkinson’s disease.
- A patient with 15 years of poorly controlled type 2 diabetes, admitted with hyperosmolar nonketotic coma, develops renal failure and dies one week later.
Line 1A: Acute renal failure, 1B: Hyperosmolar nonketotic coma, 1C: Type 2 diabetes mellitus
- A patient with chronic hepatitis C from intravenous drug use is admitted with severe liver failure and dies.
Line 1A: Liver failure, 1B: Liver cirrhosis, 1C: Hepatitis C, 1D: Intravenous drug use. This case should be referred to the OCME.

More examples: http://www.cdc.gov/nchs/data/misc/hb_cod.pdf

Certain reported conditions (e.g., aspiration pneumonia) may arise from either traumatic or natural causes of death. When entered into eVital, such causes result in “yellow edit” suggesting OCME referral – as eVital has no indication that the condition may be non-traumatic.

- Scenario I:** Natural Cause – patient with Parkinson’s disease dies from aspiration pneumonia.
Line 1A: Aspiration pneumonia, Line 1B: Parkinson’s disease.
- Scenario II:** Natural Cause – patient develops aspiration pneumonia from unknown natural cause.
Line 1A: Aspiration pneumonia (non-traumatic).
- Scenario III:** Non-natural Cause – patient involved in motor vehicle accident dies of aspiration pneumonia.
Line 1A: Aspiration pneumonia, Line 1B: Motor vehicle accident. This case should be referred to the OCME.

If the cause is natural, “override” the edit then certify the case. For non-natural causes, refer the case to the OCME.

**Any death that is not 100% due to natural disease must be reported to the OCME (212-447-2030).
For educational resources or assistance with documenting Cause of Death, contact the Quality Improvement Unit at 646-632-6300.**