Section 23: Coroner Information
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Coroner Reporting Procedures

<table>
<thead>
<tr>
<th></th>
<th>Home</th>
<th>AL/NH &lt;24 Hrs</th>
<th>AL/NH &gt;24 Hrs</th>
<th>ICC</th>
<th>Hospital</th>
<th>RN Only</th>
<th>LPN</th>
<th>KPC</th>
<th>KSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams Broomfield</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>OK</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Arapahoe</td>
<td>Fax</td>
<td>Fax</td>
<td>Fax</td>
<td>Fax</td>
<td>OK</td>
<td>Fax</td>
<td>Fax</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boulder</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>OK</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear Creek</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>x</td>
<td>Not OK</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Denver</td>
<td>Yes</td>
<td>AL-Yes NH-No</td>
<td>AL-Yes NH-No</td>
<td>Yes</td>
<td>OK</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Douglas</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>OK</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elbert</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>OK</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gilpin</td>
<td>Fax</td>
<td>Fax</td>
<td>Fax</td>
<td>Fax</td>
<td>OK</td>
<td>Fax</td>
<td>Fax</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jefferson</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>OK</td>
<td>Yes</td>
<td>Yes</td>
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</tr>
<tr>
<td>Weld</td>
<td>Fax</td>
<td>Fax</td>
<td>Fax</td>
<td>Fax</td>
<td>OK</td>
<td>Fax</td>
<td>Fax</td>
<td></td>
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</tr>
</tbody>
</table>

Yes = Call at time of death.
Fax = Fax death notification.

If injury or trauma contributed to the death or there is suspicion regarding the death, always call the coroner. For example, you would always call for falls, medical errors, recent fractures, suspected suicide or homicide, etc. If in question, call the coroner to discuss the situation.

The above guidelines should be followed for all routine deaths. Special circumstances and instructions are below.

Additional Information Coroners May Need
- CHF – they need to know if there is a history of HTN, MI, heart disease, valve disease, etc.
- Pneumonia – what it is related to.
- Sepsis – related to what.
- Renal failure – is it secondary to DM or is it acute, chronic, secondary to stopping dialysis, etc.
## TABLE: Coroner Contact Information

<table>
<thead>
<tr>
<th>County</th>
<th>Daytime Phone Number</th>
<th>After Hours Phone Number (if different)</th>
<th>Fax Number (if needed)</th>
<th>Additional comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adams/Broomfield</td>
<td>303-659-1027</td>
<td></td>
<td></td>
<td>Call all deaths</td>
</tr>
<tr>
<td>Arapahoe</td>
<td>720-874-3625</td>
<td>303-461-9387 (4p-7a)</td>
<td>720-874-3627</td>
<td>Fax multi-county form for all facility deaths. No need to call for any home deaths, unless reportable, suspicious circumstances.</td>
</tr>
<tr>
<td>Boulder</td>
<td>303-441-3535</td>
<td>303-441-4444</td>
<td>303-441-4535</td>
<td>Fill out multi-county form, call to review info, then fax form at earliest convenience</td>
</tr>
<tr>
<td>Clear Creek</td>
<td>303-519-0376</td>
<td></td>
<td>303-567-1955</td>
<td>Call all deaths and fax form if asked. Upon admission, call coroner to advise of hospice patient in county</td>
</tr>
<tr>
<td>Denver</td>
<td>303-436-7712</td>
<td></td>
<td></td>
<td>Call all deaths</td>
</tr>
<tr>
<td>Douglas</td>
<td>303-814-7150</td>
<td></td>
<td></td>
<td>Call all deaths</td>
</tr>
<tr>
<td>Elbert</td>
<td>303-646-5599</td>
<td></td>
<td></td>
<td>Time of death cannot be the same as time of pronouncement</td>
</tr>
<tr>
<td>Gilpin</td>
<td>303-582-5499</td>
<td></td>
<td>303-582-3390</td>
<td>Fax multi-county form for all deaths</td>
</tr>
<tr>
<td>Jefferson</td>
<td>303-271-6480</td>
<td></td>
<td></td>
<td>Call all deaths</td>
</tr>
<tr>
<td>Weld</td>
<td>970-392-4545</td>
<td></td>
<td>970-392-4546</td>
<td>Fax special Weld county form for all deaths. Call coroner at time of admission (if reportable circumstance) or at time of anything suspicious/reportable</td>
</tr>
</tbody>
</table>

*Updates/changes to Coroner Contact Information should be reported to: statuschange@care4denver.org*
FORM: Hospice Death Reporting Form

HOSPICE DEATH REPORTING FORM

Metro Area County Coroners and Medical Examiners
Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson
(All deaths must be reported by phone to Coroner)

Date: Time: Coroner Case 

Name of Deceased: (Last (First) (Middle)

SS #: DOB: Sex: Race: Marital Status:

Home Address:

City: County: Zip: Phone:

Next of Kin: Relationship Notified: (Y or l

Address: Phone:

NOK: Present or Notified by phor Date: Time: By:

Mortuar Phone:

Date of Hospice Admission Admitting Diagnosis:

Date of Death: Time of Death: Time of Pronouncement Place of Death:

Witnessed Last Breath? (Y or N) Date: Time: By:

Found By: Date: Time: Relationship to Decedent

Death Determined By: (Name and title) Agency:

Phone: Date: Time:

Death Certificate to be Signed By: (Physician’s Name)

Did Death occur in a Nursing Home/SNF/Assisted Living Facility? (Y or N) Facility Name

Address: City: County: Phone:

Cause of Death/Other Diagnoses/Additional Medical H

CDPHE Reportable Conditions(s) (if any)

Medications: (List those Taken as prescribed: (Y or l

Any recent falls/Injuries? (Y or N) (if Yes, list location)

Recent Surgery: (Y or N) (if Yes, list)

Complications of Medical Therapy: (Y or N) (if Yes, list)

Equipment Malfunction: (Y or N) (if Yes, list)

Unexpected Circumstances: (Y or N) (if Yes, list)

Organ/Tissue Donation: (Y or N)

Additional Information/Comment

Hospice Agency Reported By:

Date/Time: Phone Number:

Called to Name Fax Tel Fax Number:
FORM: Weld County Coroner/Medical Examiner

WELD COUNTY CORONER/MEDICAL EXAMINER
963 10th Avenue - Greeley, CO 80631
Phone (970) 392-4545/Fax (970) 392-4546

Hospice/Nursing Home Reportable Death Form
THIS SECTION TO BE FILLED OUT BY CORONER’S OFFICE

CASE# ___________________________________________ INVESTIGATOR: ____________________________
DATE OF NOTIFICATION: ___________________________ TIME OF NOTIFICATION: ___________________ HRS
FURTHER INVOLVEMENT BY WCCO? YES □ NO □ IF YES, WHY? _______________________________________

Hospice or Nursing Home Death (circle one)

REPORTING PARTY: ___________________________________ TITLE: ___________________________________
PHONE: __________________________ DATE/TIME OF NOTIFICATION: ____________________________

NAME OF DECEDE NT: ____________________________________________
DATE OF DEATH: __________ TIME OF DEATH: __________ MARITAL STATUS: __________
HOME ADDRESS: _______________________________________________________
PLACE OF DEATH: _______________________________________________________
AGE: _______ DOB: ___________________ SEX: M/F ___ S# ___________

NEXT OF KIN: ___________________________________ RELATIONSHIP: __________________________
NOK PHONES: (H) (C) (W) ___________________ (H) (C) (W) ___________________
DATE/TIME NEXT OF KIN NOTIFIED: PRESENT or BY PHONE ______________
MORTUARY: __________________________ PHONE #: __________________________

HOSPICE AGENCY/NURSING HOME: __________________________ DATE OF ADMIT: ______________
PRONOUNCING DR.: __________________________ CERTIFYING DR.: __________________________
DIAGNOSIS: __________________________ DNR STATUS: __________________________

IF ANY “YES”, DESCRIBE and was the Coroner called; YES or NO – name/time:

ANY VIOLENCE OR SUSPICIOUS CIRCUMSTANCES: NO – YES __________________________
ANY RECENT INJURIES: NO – YES __________________________________________
RECENT SURGERIES: NO – YES __________________________________________
MEDICAL MISADVENTURES: NO – YES __________________________________________
EQUIPMENT MALFUNCTIONS: NO – YES __________________________________________
RECENT MENTAL STATUS CHANGES: NO – YES __________________________________________
PRIMARY CARE PHYSICIAN: __________________________ PHONE: __________________________
DATE LAST SEEN BY PHYSICIAN: __________________________

(FAX FORM WITHIN 24 HRS. OF PATIENT’S DEATH) Revised 06/05/12