

QUICK REFERENCE - COMPLETING THE MEDICAL CERTIFICATE OF CAUSE OF DEATH (COD)

Part One of the Certificate:

Direct Cause of death Line **Ia** The direct cause of death
 Antecedent causes Line **Ib** The cause of Line Ia
 Line **Ic** The cause of Line Ib
 Line **Id** The cause of Line Ic

Example of Completed Medical Certificate of COD

| | | |
|----------------|------------------------------|-----------------|
| Part Ia | Klebsiella pneumoniae | 1 week |
| Ib | Inactivity | 2 months |
| Ic | Cerebral Infarction | 2 months |
| Id | Atherosclerosis | years |

Part Two of the Certificate:

Other significant conditions contributing to death but not related to the disease or condition causing it.

| | | |
|----------------|--------------------------------|-----------------|
| Part II | Ischaemic Heart Disease | 10 years |
| | Alcoholism and Smoking | 20 years |

Where two independent diseases have contributed equally to the fatal sequence they may be entered on the same line.

Duration between onset and death: Enter the duration of time, between onset of each condition and the date of death.

Note: The shortest duration should be on Line Ia and increase sequentially to the last entry in part one. See example above.

If you have any questions regarding Cause of Death Certification Freecall the ABS on 1800 620 963

QUICK REFERENCE CERTIFICATION GUIDE - GENERAL CONDITIONS AND DISEASES

Please provide the required detail for the conditions and diseases listed below.

Where your best medical opinion does not permit you to document the required detail, please document this detail as **UNKNOWN**.

Note: This principle applies to ALL conditions and diseases that are documented on the Medical Certificate of Cause of Death, not only those listed below and overleaf. For information on the required detail for other conditions, not listed below, refer to the booklet "Cause of Death Certification, Australia, 2008 (1205.0.55.001)" pages 14 - 27.

| | | | |
|----------------------|--|--------------------------------|--|
| Pneumonia | Primary, hypostatic or aspiration. Cause of any underlying condition Causative organism. If due to inactivity/debility - condition leading to inactivity/debility | Infarction | Atherosclerotic or thrombotic If thrombotic - see Thrombosis below. |
| Infection | Primary or secondary Causative organism If primary - bacterial or viral If secondary - details of primary infection | Thrombosis | If arterial -specify artery If intra cranial sinus - pyogenic non-pyogenic, late effect, post-abortive, puerperal, venous (specify vein). If post-op or due to immobility - condition necessitating surgery or immobility. If venous - specify vein |
| UTI | Site within urinary tract Causative organism Underlying cause If due to inactivity/debility - condition leading to inactivity. | Pulmonary Embolism | If under 75 years of age - underlying cause If postoperative -condition requiring surgery |
| Renal Failure | Acute, chronic or end stage, Underlying cause. eg hypertension, arteriosclerosis, pregnancy or heart disease. If due to immobility - condition leading to inactivity/debility. | Cardiac Arrest | Underlying cause |
| Hepatitis | Acute or chronic Due to alcohol Of new born Of pregnancy, childbirth, puerperium If viral - type (A,B,C,D OR E) | Septicaemia | Site of original infection Underlying cause and organism |
| Pregnancy | Document pregnancy on certificate even if unrelated to COD - If pregnant at time of death or within 42 weeks - If pregnant between 6 weeks and 12 months of death | Leukaemia | Acute, sub acute or chronic Type - lymphatic, myeloid or monocytic |
| | | Alcohol/Drugs | Harmful use or addiction |
| | | Complication Of Surgery | Condition requiring surgery |
| | | Dementia | Cause (senile, Alzheimer's, multi infarct etc) |
| | | Accidental Death | Circumstances surrounding the death. Accidental, suicidal, homicidal or undetermined intent Place of occurrence at time of death |

If ANY of the detail requested above is UNKNOWN, please document this on the certificate.

Medical Certification of Cause of Death should, at all times, be your BEST MEDICAL OPINION. If your best medical opinion does not permit you to document the required detailed outlined on this guide, please identify this by documenting the required detail as UNKNOWN.

QUICK REFERENCE CERTIFICATION GUIDE - MALIGNANT NEOPLASMS

Clearly identify the malignancy, exact site and behaviour of all neoplasms.

- Tumor/Growth** - Identify site and as benign, malignant primary, malignant secondary or unknown behaviour
- Neoplasm** - identify the malignancy, exact site and behaviour
- Metastatic** - Identify whether metastatic **TO** (Secondary) or metastatic **FROM** (Primary)
- Secondary** - Identify whether primary site or document Primary as Unknown

HOW SPECIFIC SHOULD YOUR RECORDING OF A NEOPLASM SITE BE?

If the site of any primary neoplasm is unknown, "Primary unknown" **MUST** be documented on the Medical Certificate of Cause of Death.

The principles of site specificity, and primary unknown, apply to all malignant neoplasms, not just those listed below. The primary neoplasm sites listed below require one of the subset qualifying terms, to provide necessary detail for identification of the underlying cause of death.

Site of Primary Neoplasm - Please be as specific as you are able. (e.g. Primary carcinoma of inner aspect of lower lip)

| Lip | Mouth | Pharynx | Oral | Skin |
|--------------------|-------------------|----------------------|------------------------|--------------------------------|
| lower | cheek (mucosa) | nasopharynx | tongue | vulva |
| upper | vestibule | hypopharynx | salivary gland | vagina |
| commissure | retro molar | oropharynx | palate | penis |
| skin of lip | overlapping | tonsil | gum | scrotum |
| overlapping | unknown | pyriform sinus | overlapping | melanoma (by site) |
| unknown | | overlapping | unknown | other specified site (by site) |
| | | unknown | | unknown |
| Liver | Bowel | Uterus | Endocrine Gland | Adrenal Gland |
| sarcoma | large (colon) | cervix uteri | parathyroid | medulla |
| angiosarcoma | small | corpus uteri | pituitary | cortex |
| hepatoblastoma | colon with rectum | ligament | craniopharyngeal | unknown |
| hepatocellular | sigmoid colon | overlapping | pineal | |
| intrahepatic duct | unknown | unknown | aortic body | |
| unknown | | | pluriglandular | |
| | | | unknown | |
| Respiratory | Lung | Breast | Urinary Organs | CNS |
| nasal cavity | upper lobe | upper inner quadrant | kidney | meninges |
| middle ear | lower lobe | lower inner quadrant | ureter | brain |
| accessory sinus | middle lobe | upper outer quadrant | bladder | "specific" ventricleuterine |
| mediastinum | main bronchus | lower outer quadrant | urethra | brain stem |
| trachea | overlapping | axillary tail | paraurethral gland | cranial nerve |
| thymus | unknown | central portion | overlapping | spinal cord |
| bronchus | primary | nipple and areola | unknown | cauda equina |
| larynx | secondary | overlapping | | overlapping |
| overlapping | | unknown | | unknown |
| unknown | | | | primary |
| | | | | secondary |