To: North Carolina Medical Licensees
From: Craig Nelson, MD, Associate Chief Medical Examiner
Date: March 30, 2020
Subject: Guidance for certification of death involving COVID-19

As the COVID-19 pandemic continues to unfold, deaths from COVID-19 will occur, requiring appropriate completion of a North Carolina death certificate. This statement is provided to offer guidance for completion of death certificates in both known and suspected or possible cases.

COVID-19 deaths **DO NOT** need to be reported to the Medical Examiner system, because they are deaths due to natural causes.

Please do not delay signing a death certificate. Doing so may delay pickup and transportation of a body during a time of critical morgue space shortage.

Please do not await coronavirus testing results to sign a death certificate. It is appropriate to use best clinical judgment. Moreover death certificates may later be replaced or amended. Delaying a death certificate means that a body cannot be moved during a time of critical morgue space shortage.

Please sign death certificates prior to ending your shift. In this environment, you might end up quarantined and unable to return to finalize that document.

Please refer to the examples below for assistance in completing death certificates for COVID-19 cases.

**For known cases:**
In cases for which the death is immediately due to COVID-19, that should be reflected in Part I of the cause of death, such as in the example below:

```
21. Part I: Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT ENTER terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c, and d. Enter only one cause on a line. DO NOT ABBREVIATE.

   a. Acute pneumonia
   b. COVID-19
   c. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
```
Subject: Guidance for certification of death involving COVID-19

In deaths from COVID-19 with relevant comorbidities, those should be included in Part II. For example, in a patient with coronary artery disease and pulmonary emphysema in addition to COVID-19 pneumonia:

In some cases, the death may be primarily from one cause, but COVID-19 exacerbates that primary condition and hastens the death. In that case, COVID-19 may be considered as contributory, and thus listed in Part II:

For suspected cases:
As this situation unfolds, testing availability will be limited. As such, in some situations, a provider may need to sign a death certificate for a patient whose viral infection status is unconfirmed. Best clinical judgment must be used regarding whether a patient is infected, and that best opinion applied to the death certificate, as in this example:

While some may be uncomfortable with the notion of uncertainty, remember that in this setting, we as providers do not have the usual luxuries of getting confirmation. Also remember the certifying statement on the death certificate: “To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated.”

During this time, we ask that you remember that the death certificate is a vital document, necessary not just for next-of-kin to close affairs, but also with far-reaching value including epidemiology of disease and considerations for local, state, and federal fund disbursements. Your best efforts in accurate and timely completion of death certificates are greatly appreciated.

Please direct inquiries regarding these guidelines to North Carolina Vital Records.

Resources: