



GUIDE TO COMPLETING  
THE ELECTRONIC  
MEDICAL CERTIFICATE OF  
CAUSE OF DEATH IN THE  
EMERGENCY DEPARTMENT

eMCCD

## General Guidance

- The death certificate **MUST** be completed before the end of your shift (even if this is in the out of hours period)
- Any queries on completing the form should be directed to the consultant responsible for the area in which the patient died, or if there is no consultant present in the department (for example on night shift) please discuss with the responsible registrar. If clarification is still required please discuss with the POD E consultant the following morning.
- It **MUST** be printed out **AND SIGNED** by the certifying doctor named on the form
- Please leave the completed form inside the folder and during hours hand this to Catherine Scott or Brooke Innes, and out of hours with the nurse in charge within the Bereavement Pack.

For further guidance and videos (from which this information has been taken) please see the link below.

[MCCD for Clinicians](#)

### eMCCD Guide

It is imperative that you select the correct episode.

For deaths occurring within the ED this will always be the current episode.

On TRAK navigate to .....

Pt Enq Menu > Patient Enquiry > Enter CHI and click Find > In patient Enquiry Display screen identify the episode where death has occurred.

Select this episode and then click on >Death Certification.

Then click on death certificate

This should open a fresh window (shown below)

Next click on “New”

- This should launch the screen below

PAPerson.Banner 0.015685 (secs), 65014 (lines), 2683 (globals) >>

### Questionnaire List

Code	Description	Document	Score	Used Flag
SCXXEMCCD	Electronic Medical Certificate of Cause of Death			Y

- Click the link above to launch a new blank MCCD form.

## Completing Part A

**PART A - DETAILS OF DECEASED**

Please check and correct date and time of death via the Deceased Icon in the patient banner

Please select one value:

☐ The time of death is accurate ☐ The time of death is approximate

Deceased was found dead?

☐ Yes ☐ No - always select for patients who have died in hospital

Time of death was between the recorded time of death and the following time:  Do not fill in for patients who have died in hospital

Time of death occurred during BST/GMT change over

Please select the location the death occurred

Health Board Area in which death occurred

- Complete this section using the Spy Glass and tick box functions
- For Health Board Areas in which death occurred select University Hospitals Division.
- The time of death is automatically taken from TRAK.

### Notes

*BST/GMT changeover – (aka the clock change) This occurs only twice per year, so this answer would usually be no*

## Completing Part B

▼ PART B - DETAILS OF THE CERTIFYING DOCTOR

**This MUST be the Certifying Doctor signing the eMCCD.**

Name

GMC Number

Business Contact Telephone Number

For a death in Hospital, Name of the Consultant responsible for the deceased

I hereby certify that to the best of my knowledge and belief, the information contained in this Medical Certificate of Cause of Death is correct.

Date

**Enter care provider code**

It is very important that the details entered here match the signature on the printed certificate. PLEASE ensure once the certificate is finished it is PRINTED OUT AND SIGNED by the same person filling it in. Failure to do so requires the certificate to be edited, which leads to delays for the mortuary, registering the death and ultimately can cause significant delays to the family being able to organise the funeral.

### Notes

- Enter your TRAK code and this should automatically populate your name and GMC number
- Please use 01312421340 (Catherine Scott's Extension) when completing Business Contact Telephone Number
- The named consultant should be the consultant responsible for the area where the patient died, at the time they died.

## Completing Part C

▼ PART C - CAUSE OF DEATH			
I Disease or Condition Directly Leading to Death * (a)	Approximate interval between onset and death		
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	Years	Months	Days
	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Antecedent Causes - Morbid Conditions, if any, giving rise to the above cause, stating the underlying condition last due to (or as a consequence of) (b)			
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
due to (or as a consequence of) (c)			
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
due to (or as a consequence of) (d)			
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
II Other significant conditions contributing to the death, but not related to the disease or the condition causing it			
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
<div style="border: 1px solid black; height: 25px; width: 100%;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
* This does not mean mode of dying, such as heart or respiratory failure; it means the disease, injury or complication that caused death			

This should be completed as you would normally complete the paper death certificate.

### Notes

- Please do NOT use abbreviations

## Completing Part D

PART D - HAZARDS	
To the best of your knowledge and belief:	
DH1 Does the body of the deceased pose a risk to public health: for example, did the deceased have a notifiable infectious disease or was their body 'contaminated' immediately before death?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DH2 Is there a cardiac pacemaker or any other potentially explosive device currently present in the deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DH3 Is there radioactive material or other hazardous implant currently in the deceased?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Use the tick boxes to complete this section to the best of your knowledge and belief

## Completing Part E

PART E - ADDITIONAL INFORMATION	
Post mortem examination by a Pathologist	<input type="text"/>
Attendance on deceased	<input type="text"/>
Procurator Fiscal	<input type="checkbox"/> PF - This death has been reported to the Procurator Fiscal <input type="checkbox"/> No - This death has NOT been reported to the Procurator Fiscal
Extra information for statistical purposes	<input type="checkbox"/> X - I may be able to supply the Registrar General with additional information <input type="checkbox"/> I am unable to supply the Registrar General with additional information
Maternal Deaths (tick if applicable)	<input type="checkbox"/> M1 Death during pregnancy or within 42 days of the pregnancy ending <input type="checkbox"/> M2 Death between 43 days and 12 months after the end of the pregnancy
Replacement: Please specify if this is a Replacement Form	<input type="text"/>
Serial Number	<input type="text"/>

### Notes

Additional information is usually only possible if waiting results of histology/pathology etc. It is not usually relevant for deaths occurring within the ED.

This is the last part of the actual certificate.

To preview the death certificate keep the status in the control section as entered and click on update.

This will give you the option to preview the death certificate on the following page.

Click “Preview” and this should bring up a draft copy of the MCCD. Once finished previewing the form, close the page and this should return you to the main MCCD screen.

If you are happy with the preview then click on the hyperlink to access the MCCD and update the controls section from Entered to Authorised and click apply.

The status of the MCCD should only be changed to Authorised once you have checked all details are correct. Once this MCCD is Authorised, you will be unable to make further changes.

To print the final copy click update. A final Authorised copy should print.

**YOU MUST PHYSICALLY SIGN THIS COPY**

**If the certificate does not print out please see section below.**

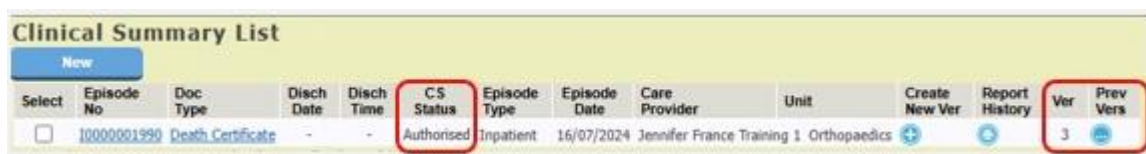
### **If you need to change something on the Certificate**

If you need to change something on the final Authorised MCCD then you will need to create a new version.

As described above navigate to the correct episode of care when the death occurred and click on Death Certification (Exact steps outlined above)

Then click on Edit Summary

This screen should appear



Clinical Summary List													
New													
Select	Episode No	Doc Type	Disch Date	Disch Time	CS Status	Episode Type	Episode Date	Care Provider	Unit	Create New Ver	Report History	Ver	Prev Vers
<input type="checkbox"/>	10000001990	Death Certificate	-	-	Authorised	Inpatient	16/07/2024	Jennifer France Training 1	Orthopaedics			3	

You can see the current status, version number and previous versions here.

Click on the Create New Version Icon



Previous versions will be evident and can be accessed using the hyperlinks as shown below

Questionnaire	Date	Time	User	Status
<a href="#">Electronic Medical Certificate of Cause of Death</a>	26/09/2024	13:15	Jennifer France Training 1	Authorised
<a href="#">Electronic Medical Certificate of Cause of Death</a>	26/09/2024	13:11	Jennifer France Training 1	Authorised
<a href="#">Electronic Medical Certificate of Cause of Death</a>	26/09/2024	13:06	Jennifer France Training 1	Authorised

MRAdm.LinEMRQuestionnaire: 0.015387 (secs), 88797 (lines), 7912 (global) >>

**▼ Clinical Summary Edit**

**Death Certificate**

Please click Apply or Update before leaving this screen.  
To review the Deceased Details, please go to the relevant tab.  
**When ready to send to the Registrar you MUST change the Status to Authorised and click Update.**

Status:     
User: JFR

[Audit Details](#)

Click new to open a new version

When the new version opens, the fields will be pre-populated with the previous version's answers. Amend the necessary fields as require, before following the previous process to Authorise and print the new copy.

The new certificate will have a different serial number, so it can be told apart from the original.

The certificate should automatically print when authorised. The new certificate MUST be signed by the doctor documented in the MCCD as the certifying doctors.

### **Duplicate Death Certificates/Printing Issues**

If there is an issue with the Death Certificate printing, a duplicate certificate can be printed.

Under the "Edit Summary" tab, click on the correct version of the Death Certificate. This will bring up a preview (it will say duplicate) and this page can then be printed.

The certificate with "Duplicate" is acceptable to use.