

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