

Embalming Case Report

DMACC Mortuary Science – Iowa Board of Mortuary Science – Iowa Funeral Directors Association

Intern: Intern Registration #: Expiration Date of Internship:

Preceptor Name: Funeral Establishment:

Date of Embalming: Case Number:

DESCRIPTION OF DECEASED:

Name: Age: Sex: Race:

Date of Death: Place of Death: Weight: Height:

Time of Death: Date/Time Embalming Started: Time embalming completed:

CONDITION OF BODY (PRE-EMBALMING):

Refrigeration: Y N Length of Refrigeration: Rigor Mortis: Y N Livor mortis: Y N Stain: Y N

Autopsy: Y N Cranial Thoracic Abdominal Teeth: Natural Dentures Partial

Organ/Tissue Donor: Y N Organs/Tissue procured:

Evidence of Disease: Evidence of Surgery:

Emaciated: Edematous: Purge: Skin Slip: Discolorations:

Wounds: Mutilations: Tumors: Ulcerations: Gas:

Fractures: Lacerations: Burns: Body condition NORMAL:

What was different about this body and how did it affect the embalming process:

EMBALMING TECHNIQUES:

Disinfection: Eyes Nose Mouth Other orifices: Orifices packed: Technique used:

Vessels Used: (Circle all vessels used)

ARTERIES:

Com. Carotid R L Com. Iliac R L

Subclavian R L Femoral R L

Axillary R L Radial R L

Brachial R L Ulnar R L

Other:

Condition of Arteries:

Machine Settings

Potential Pressure: Actual Pressure: Differential: Rate of Flow: oz./min

VEINS:

Int. Jugular R L Inf. Vena Cava

Subclavian R L Femoral R L

Com. Iliac R L

Axillary R L

Other:

Condition of Veins:

Injection: Restricted Cervical One Point Multi-point Instant Tissue Fixation (Head Freeze)

Drainage: Continuous Intermittent Direct Heart Drainage (Heart Tap)

EMBALMING SOLUTION**Total Gallons Used:****Type of Machine:**

1st Injection:	Brand Name	Company Name	Index/CPF	Oz/Gallon
Pre-Injection:				
Pre-Injection:				
Arterial Fluid:				
Arterial Fluid:				
Co-Injection:				
Co-Injection:				
Co-Injection:				
Other:				
Total Solution (1st Injection):				

2nd Injection:	Brand Name	Company Name	Index/CPF	Oz/Gallon
Arterial Fluid:				
Arterial Fluid:				
Co-Injection:				
Co-Injection:				
Co-Injection:				
Other:				
Total Solution (2nd Injection):				

3rd Injection:	Brand Name	Company Name	Index/CPF	Oz/Gallon
Arterial Fluid:				
Arterial Fluid:				
Co-Injection:				
Co-Injection:				
Co-Injection:				
Other:				
Total Solution (3rd Injection):				

4th Injection:	Brand Name	Company Name	Index/CPF	Oz/Gallon
Arterial Fluid:				
Arterial Fluid:				
Co-Injection:				
Co-Injection:				
Co-Injection:				
Other:				
Total Solution (4th Injection):				

CAVITY TREATMENT:Aspiration: Immediate Delayed Length of delay:

Cavity Fluid: Manufacturer: Index: Oz. Used:

AUTOPSY:

Viscera/Abdominal Wall Treatment:

Cranial/Calvarium Treatment:

Areas Receiving Poor Distribution:

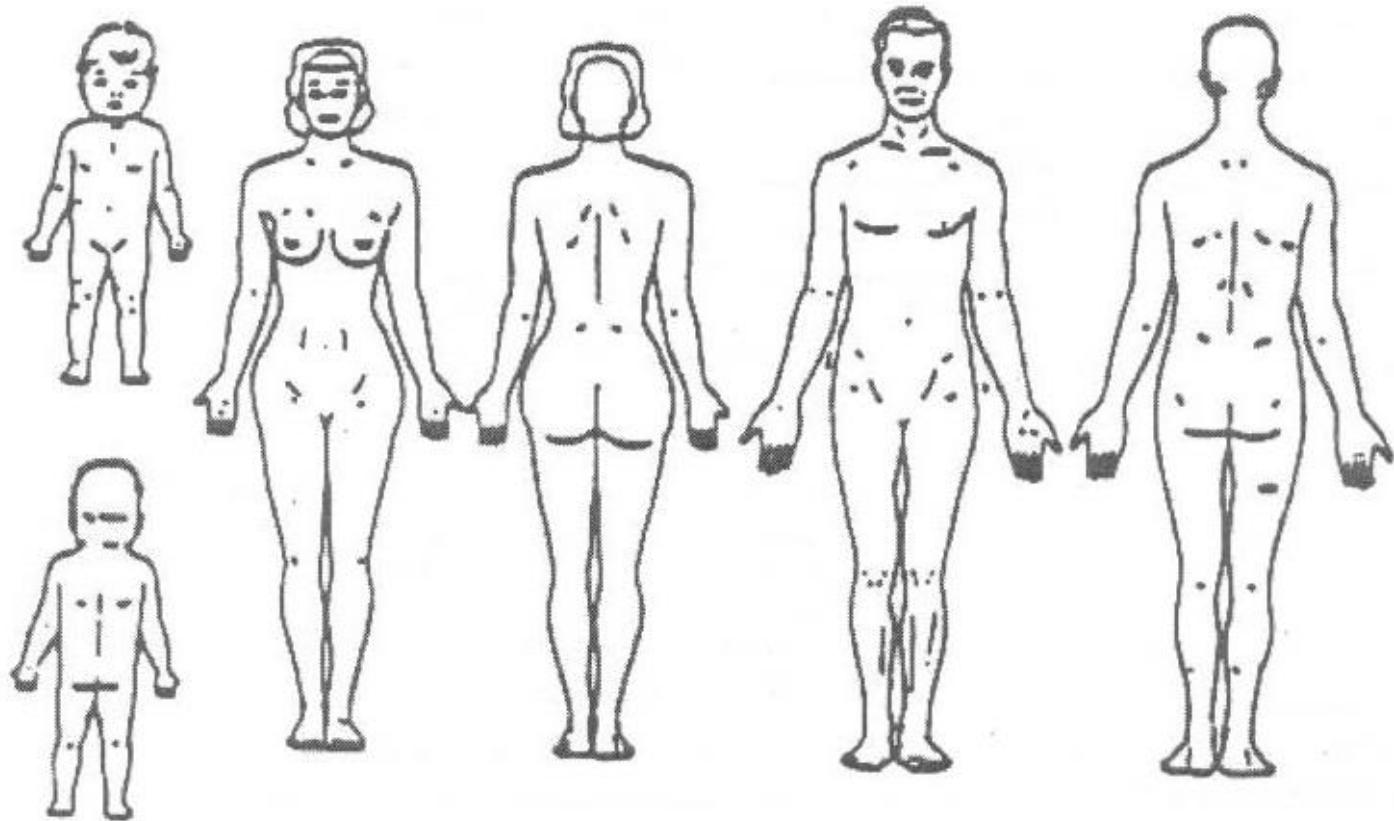
Special Treatments (e.g. hypo, surface embalming, etc.):

Condition of Body at Completion of Embalming: Good Fair Poor Unknown

Condition of Body at Time of Funeral: Good Fair Poor Unknown

What was unique about this embalming case? What problems did you encounter? Where were any circulatory issues? If this was a difficult embalming case, what made it that way?

IDENTIFICATION ANATOMICAL CHART



Indicate identifiable unusual markings or conditions on figures.

(Tattoo, scar, wound, fracture, sore, etc.)

PROCEDURE CHECKLIST:

Performed	Embalming Procedure	Describe how procedure was performed
	Verify permission to embalm	
	Removal from stretcher/cot	
	Positioned body on table	
	Pre-Embalming Analysis	
	Primary Disinfection/Bathing	
	Shaving	
	Setting features	
	Selection of vessels	
	Incise injection site(s)	
	Locate and elevate vessels	
	Insert arterial tube	
	Insert drainage device	
	Chemical selection/mixing	
	Injection/Drainage techniques	
	Set pressure/ROF on machine	
	Massaged following areas:	
	Aspiration	
	Cavity treatment	
	Incisions sutured (sutures used):	
	Autopsy treatments	
	Terminal disinfection	
	Restorative techniques	
	Dressing of deceased	
	Cosmetizing of deceased	
	Casketing of deceased	

PRECEPTOR REMARKS: Describe how the intern/student performed his/her duties.

Signature (Intern/Student): _____ Date: _____

Signature (Preceptor): _____ Date: _____