

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

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

Drainage: ___ Continuous ___ Intermittent ___ Direct Heart Drainage *(Heart Tap)*

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: _____

EMBALMING SOLUTION

Total Gallons Used:

Type of Machine:

1 st 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 (1 st Injection):				

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

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

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

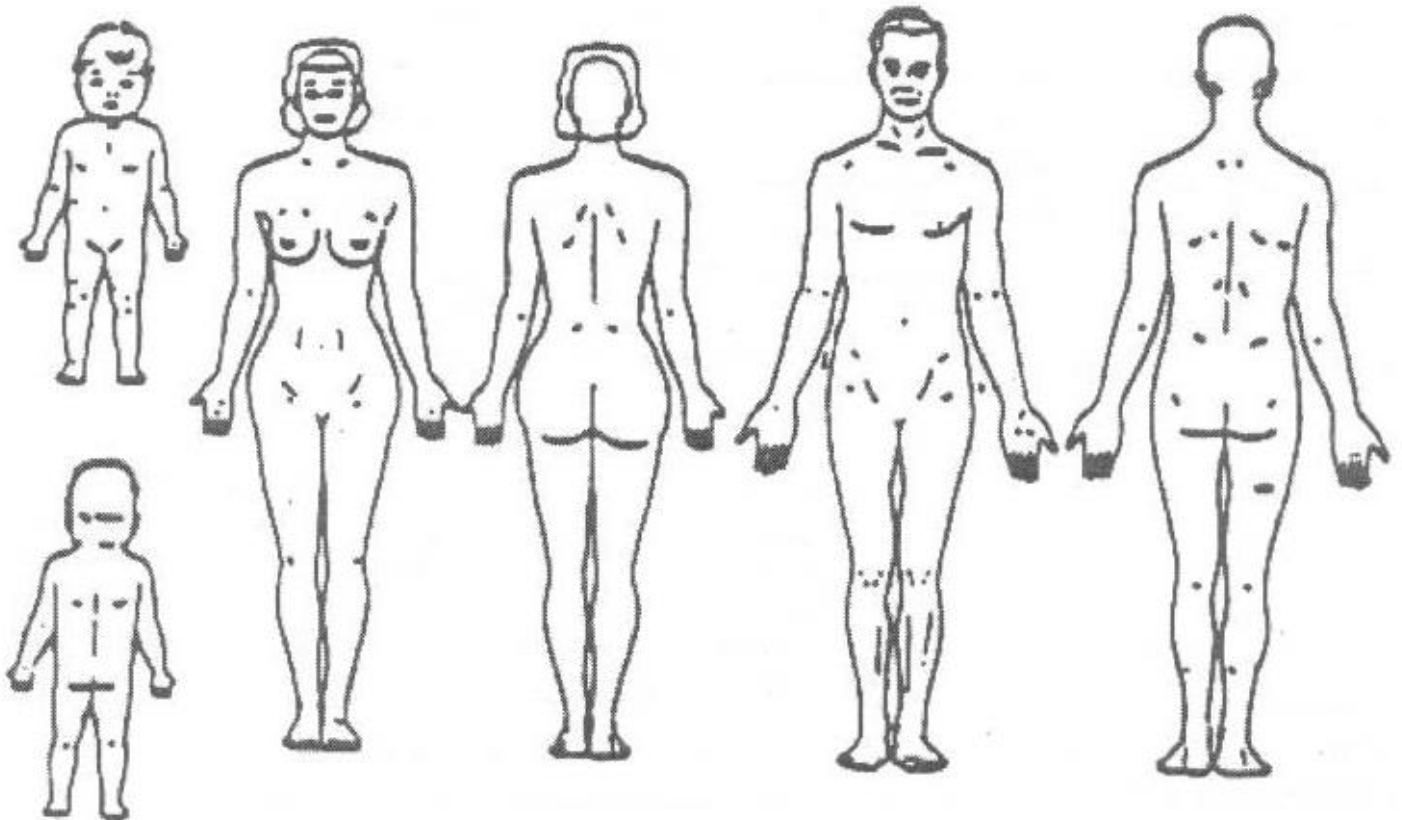
Special Treatments (e.g. hypo, surface embalming, etc.):

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 there 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: _____