

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Nursing Verification of Expected Adult Death Policy and Procedure

Effective: November 2009

Review: February 2012

### 1. Introduction

1.1 A nurse cannot legally **certify** death – this is required by law to be carried out by a registered medical practitioner. Nevertheless there are some circumstances where a patient's death is inevitable and it may be appropriate for a registered nurse to pronounce that death has occurred for the purpose of advising relatives and tending to and moving the body.

1.2 Experienced Registered Nurses who have undergone the Trust's recognised Competency Training Package (Appendix 1) may verify that death has occurred when it is an inevitable outcome, acknowledged by all – (Medical and Nursing staff and Patient's relatives). This policy **must not** be applied in the following situations:-

- The death of a child
- Deaths which occur within 24 hours of Hospital admission or where no firm clinical diagnosis has been made
- Death in the immediate post operative or post invasive procedure period.
- Death following an untoward incident i.e. fall; fracture; or drug error
- Death of a patient with a notifiable disease.
- A Death in which there are concerns about clinical practice.
- Any unclear or remotely suspicious death

In all these cases a doctor must be called to verify death.

1.3 This policy relates only to adult patients to whom the inevitable consequence of their illness is that death is expected and no active intervention to prolong life is ongoing.

1.4 This policy will be of primary interest to all clinical staff and will be most relevant in areas where a Doctor is not resident on site, for example Walkergate Hospital.

### 2. The Process

2.1 The fact that death is an expected, inevitable outcome and that the patient is 'not for resuscitation' must be recorded in the patient's medical records by the doctor and have been discussed and acknowledged by all concerned with the care of the patient, including the Patients' designated next of kin and where possible the Patient themselves.

2.2 It must also be recorded that the relatives of the patient are fully aware that death is expected and may be imminent and that steps are no longer being taken to avoid it. This information must be conveyed to the relatives by a doctor and **must** be recorded in the medical and nursing notes and communicated to all members of the health care team.

2.3 The process of verification will be carried out by two Registered Nurses, who have undergone Trust recognised training and been assessed as competent. If the nurse considers it inappropriate for them to verify the death or have cause for concern about

verifying death e.g. organ donation, litigation etc. the doctor must be informed immediately.

- 2.4 One of the Nurses assuming responsibility for verification of death should be from the ward where the death occurred. The second should be from the same ward, or another ward within the same speciality.
- 2.5 Death will be verified using the following criteria:
  - Absence of carotid pulses over one minute
  - Absence of heart sounds over one minute
  - Absence of respiratory movements and breath sounds over one minute
  - Fixed dilated pupils
  - No response to painful stimuli
- 2.6 If next of kin are not present, the nurse in charge should contact them through the usual routes, unless it is specified that next of kin do not wish to be contacted at a particular time.
- 2.7 The verifying nurse will record the following details in the patient's medical notes:
  - The date and time of death
  - That they are verifying that death has occurred
  - That the next of kin have been informed/ have not been informed (and what arrangements are being made to inform them)
  - The names, designations and signatures of both nurses
- 2.8 The Death Notice, which is attached to the sheet wrapping the body, should state that the death, although verified, has not yet been certified by a doctor. **This fact should also be called to the attention of the porters transferring the patient to the mortuary.** They will then ensure that the body is stored in the designated area to await certification by the doctor.
- 2.9 The patient, following last offices, may be transferred to the mortuary, unless relatives have arranged to visit the ward.
- 2.10 The Nurse in Charge of the Ward is responsible for ensuing communication to other members of the team (including the Consultant responsible for the Patient's Care or the Doctor responsible for Certifying the Death) that the death has occurred.
- 2.11 Where this has not been communicated to relevant staff prior to the end of a shift the Nurse in Charge is responsible for ensuring that this information is passed on during the shift handover and recorded in the Patients notes citing any arrangements made with relatives.
- 2.12 The name of the Doctor informed and the date and times of this communication should be entered in the nursing notes and medical notes.
- 2.13 It will be the Doctor's responsibility to examine the deceased in the mortuary, record the death in the medical notes, issue a death certificate and speak to relatives if requested to do so at an agreed time.

2.14 Appropriate arrangements should be made by the ward or in conjunction with the Bereavement Office for the relatives to collect the death certificate and speak with medical staff, if desired, as soon as possible. Any arrangements made or to be made MUST be documented in the Nursing Record.

### **3. Monitoring**

Compliance with this policy will be monitored by the Matrons who will introduce local systems for ensuring that they are alerted to occasions when nursing verification of expected death is undertaken. A quarterly review will be undertaken to ensure appropriate practice and documentation.

Author: Deputy Nursing and Patient Services Director.

**Verification of Death Competency Proforma**

Registered Nurse Being Assessed:      Name:                      Band:

Assessor:                                      Name:                      Designation:

Date assessed:

Learning outcomes

The Nurse will be able to:

- Identify the legal position of expanded practice in line with current NMC practice.
- Identify the legal position of verifying deceased patients.
- Safely identify the physiological parameters of measurement of death.
- Outline cases which need referral to the coroner.
- Outline the process to be followed in verifying a patient has died.
- Outline the clinical risk management of patients not for resuscitation but requested for verification of expected death.
- Identify patients that are suitable and unsuitable for verification of expected death.

Max Time	Activity	Critical Performance	Pass / Fail Signature
	Confirmation of Resuscitation status	Verifying nurse identifies with Nurse in Charge Documented evidence of patient not being for Resuscitation. Assess if patient should be referred to Coroner.	
Criteria Require 1 minute	Verification of Death	Registered Nurse correctly assesses for absence of: <ul style="list-style-type: none"> <li>• Breath sounds ( 1 minute )</li> <li>• Central pulse and heart sounds ( 1 minute )</li> <li>• Pupil reaction</li> </ul>	
	Documentation	Registered nurse demonstrates correct documentation of his / her clinical assessment with date, time and signature and clearly states his / her name, designation and contact number in clinical notes. Registered nurse demonstrates correct completion of mortuary transfer verification of death document	
	Support	Registered nurse demonstrates how he / she would advise and support nursing staff using clinical guidelines and Last Offices Policy in preparation of the deceased.	
	Audit	Registered nurse documents the enhanced role in the clinical activity report	

Comments:

Name & Signature of Registered nurse: \_\_\_\_\_

Date: \_\_\_\_\_

Name & Signature of Assessor: \_\_\_\_\_

Date: \_\_\_\_\_

NURSING VERIFICATION OF EXPECTED DEATH  
 THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	NURSING VERIFICATION OF EXPECTED DEATH	Policy Author:	Frances Blackburn, Head of Nursing, Freeman Hospital
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	No	This is very procedural and applies equality to all and it is a policy which requires a proactive approach and some planning. Therefore any individual needs will have been considered and addressed prior to implementation of the policy
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? (If "yes", please answer sections 4(b) to 4(d)).	N/A	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d).	Can we reduce the impact by taking different action?	N/A	

<b>Comments:</b>	<b>Action Plan due (or Not Applicable):</b> N/A
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Name and Designation of Person responsible for completion of this form: Helen Lamont, Deputy Director of Nursing & Patient Services

Date: 28<sup>th</sup> November 2009

Names & Designations of those involved in the impact assessment screening process: Jean Fraser (TALK), Alf Brown (CAP), Caroline McGarry (PCIP Co-ordinator), Maureen Nixon (CAP), Christine Holland (Senior HR Manager), Pauline Morgan (Sister Ward 48), Peter Mant (Training Officer)

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

*For advice on answering the above questions please contact Helen Lamont, Director of Nursing, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.*