Nursing Protocol for the Verification of Expected Death in the Community

1.0 Introduction
The intention of this policy is to support registered nurses in verifying expected death in the community for those patients with a palliative diagnosis. Historically verification has been carried out by medical practitioners who are deputising for the patients General Practitioner. This practice occurs most frequently Out of Hours when the patients General Practitioners service is unavailable. In recent years there has been an acknowledgement that a registered general nurse who has undertaken education can perform this role. Certification of death is the legal responsibility of the patients General Practitioner.

2.0 Purpose
The purpose of this protocol is to provide a safe framework to enable qualified nursing staff to verify expected death in the community. It is also to reduce the delay between death occurring and verification taking place for the benefit of relatives / carers.

3.0 Legal Position
The Law requires that:

“A registered medical practitioner, who has attended a deceased person during his last illness, is required to give a medical certificate of the cause of death ‘to the best of his knowledge and belief’ and to deliver that certificate forthwith to the Registrar. The certificate requires that the doctor state the last date on which he saw the deceased person alive, and whether or not he saw the body after death.”

“He is not obliged to view the body, but good practice requires that if he has any doubt about the fact of death, he should satisfy himself in this way.”

The Law does not require:

- A doctor to verify death has occurred or that “life is extinct”
- A doctor to view the body of a deceased person
- A doctor to report the fact that a death has occurred

*Confirmation & Certification of Death: Guidance for GP’s in England & Wales (1999)*

4.0 Nurses who may work to this protocol

Registered nurses, working to this protocol, have the authority to verify expected death, notify relatives and advise them on the removal of the body to an undertaker of their choice. When indicated the nurse is empowered to follow the procedure to notify the coroner.

A registered nurse who has undertaken training in verification of death and who feels confident to undertake this role within the Nursing and Midwifery Council (N.M.C) (2009) Scope of Professional Practice.

5.0 Indications for Nurse Verification

The death must be expected, for the purposes of this protocol, expected death can be defined as:

- Death following on from a period of illness, which has been identified as palliative.
- Where the nursing services have been involved in providing palliative care, and there has been no active intervention to prolong life is ongoing.

6.0 Contra Indications to Nurse Verification

Nurses must not verify any of the following deaths:

- The death of a child (0-18 years).
- Deaths of unidentified persons.
- Deaths of people not under obvious medical and/or nursing care.
- Death which occurs within 24 hours of onset of illness, or where no firm clinical diagnosis has been made.
- Deaths directly following post-operative or post invasive procedures.
- Deaths which follow an untoward incident, fall or drug error.
- Deaths which occur as a result of negligence or malpractice.
- Any unclear or remotely suspicious death.
In the case of a death which falls into any of the categories above, the nurse should not confirm the death, but refer to the Registered Medical Practitioner / on-call Locum or Police / Coroner.

Deaths of patients within continuing care nursing home beds

7.0 Indications for informing the Coroner in an expected Death

There are certain circumstances in which the Coroner must legally be informed of an expected death. The most common situation is when patients has a diagnosis of Mesothelioma. The coroner may be required to perform a post mortem. It is not possible to include a complete list of all situations within this protocol. It is the responsibility of the Multi-Disciplinary team to identify and document the need for the coroner to be informed, within the patients’ records and where appropriate discuss with the patient, relatives and carers.

8.0 Process of Nurse Verification

1. The nurse should check the patient’s nursing documentation to establish that the death is expected.

   The nurse should establish that there are no contra indications for the verification of death.

2. The nurse should establish clinical signs of death using the following criteria:
   - Absence of carotid pulse for 1 minute.
   - Absence of heart sounds for 1 minute.
   - Absence of respiratory movements and breath sounds for 1 minute.
   - Fixed and dilated pupils.

3a. If the death is expected subcutaneous parenteral drug(s) to be discontinued and discarded, as per Standard Operating Procedure (SOP) – The Disposal of unwanted Controlled Drugs from Patient Homes by Community Nurses NNTCHCLINSOP002:

3b. If the death is suspicious do not discontinue the syringe driver and ensure the environment is not disturbed. The police will attend.

4 The nurse to confirm/inform the patient’s death with relatives/carers and advise on removal of the body to an undertaker of their choice or the coroner needs to be involved and therefore the coroner’s
deputy/police will attend and the body will be removed to the Royal Victoria Infirmary (RVI) mortuary.

5 Nurse to inform relatives/carers regarding obtaining death certificate. The relatives/carers should be advised to contact the patient's General Practitioner on the next working day.

6. Nurse to provide information to the relatives/carers regarding D.W.P. (Department for Works and Pensions) booklet D49 “What to do after a death in England and Wales”. Best practice is for the nurse to provide the booklet.

7. Nurse should assess the communication needs of the patient’s relatives/carers and identify any communication support required for example language interpreters or British sign language interpreters. The nurse should where possible access or signpost the relatives to the appropriate communication support.

9.0 Corneal or Soft Tissue Donation

1. Nurse to review nursing documentation to establish if the deceased had an expressed wish to make a corneal or soft tissue donation.

2. Nurse to discuss with family that deceased had expressed a wish to make a corneal or soft tissue donation and gain permission to contact the Tissue Service Co-ordinator on 24 hour pager 07659180773.

3. The Tissue Service Co-ordinator will discuss donation and formal consent from the family via the telephone.

4. In cases where the coroner needs to be involved the Tissue Service Co-ordinator will liaise with the Coroner.

10.0 Documentation

If a patient’s care is being documented using the Liverpool Integrated Care Pathway for the Dying Patient (LCP/ICP):

- Complete LCP/ICP Document Section 3
- Complete one copy of “Verification of Expected Death by Registered Nurses” form which is included within the LCP/ICP.
- This form should be removed from the records, to enable it to be faxed within 24 hours to patient's General Practitioner and the original copy posted.
- The General Practitioner and named community nurse should be notified of patient’s death on the next working day.
Nurse to document Verification of Death on Systm One.

**If patient care is not being documented using the LCP/ICP:**

- Complete two copies of “Verification of Expected Death by Registered Nurses” form.
- Leave one copy of the document in patient’s nursing notes.
- The second form should be faxed within 24 hours to patient’s General Practitioner and the original copy posted.
- The General Practitioner and named community nurse should be notified of patient’s death on the next working day.
- Nurse to document Verification of Death on Systm One.

11.0 Verification of expected death when the coroner needs to be informed.

**In Hours:** Monday to Friday, 8.00 am – 4.00 pm

The Registered Nurse who has verified the patient’s death should liaise with the General Practitioner who will usually take responsibility for contacting the Coroners Office.

**Newcastle**

- The Coroners Office
- Civic Centre
- Barras Bridge
- Newcastle upon Tyne
- NE1 8PS
- Tel: 0191 277 7280

**North Tyneside**

- The Coroners Office
- Wallsend Police Station
- Middle Engine Lane
- Wallsend
- North Tyneside
- NE28 9NT
- Tel: 03456 043 043
- Ext: 45154

**Out of Hours:** Saturday/Sunday/Bank Holidays or Monday-Friday, 4.00pm 8.00 am

The Registered Nurse who has verified the patient’s death should contact the coroner’s deputy who are Northumbria Police by telephone on Tel: 03456 043 043

- The Police will attend.
- The Police Officer will confirm with relatives the identity including attaching an identification bracelet.
- The police will arrange removal of the body to the RVI mortuary.
The following working day the Coroner will contact the General Practitioner.

The Coroners Department will contact the family with an appointment for the next day.

References

*Confirmation & Certification of Death: Guidance for GP’s in England & Wales (1999)*

Embracing Diversity in Mental Heath Care: A resource on a Major Faiths in the UK Nursing and Midwifery Council (N.M.C.) Code of Conduct (2009).

Verification of Expected Death by Registered Nurses

GP / Consultant:                                               Named Nurse:

Patient Name:                                                   Next of Kin’s Name (print):
……………………………………………..           …………………………………………………

Address: ………………………………….           Address: ………………………………………
……………………………………………..           …………………………………………………

Date of Birth: ……………………………..           …………………………………………………

NHS No: ………………………………….

Diagnosis: ………………………………..           Telephone: ……………………………………

Name(s) of those present at the time of death and relationship to patient (print):

Name(s) of those present at the time of death and relationship to patient (print):

Clinical Recordings (please tick)

- Pupil reaction absent
  - □ (both pupils fixed and dilated, not reacting to light)

- Femoral or Carotid Pulse absent
  - □ (no pulse for 1 minute)

- Respirations absent
  - □ (no breath sounds for 1 minute)

- Heart sounds absent
  - □ (no heart sounds for 1 minute)

Time and date of death: ……………………………………………………………………………

Time and date of verification: ……………………………………………………………………..

Name of Nurse (please print): ………………………………….. Signature: …………………..

Subcutaneous Parenteral Drug(s) discontinued and discarded, as per Trust / Organisation Protocol

Name, address & telephone number of Funeral Director (if known)

Formal communication to patient’s GP within 24 hours (please complete)

Faxed Date & Time: ……………………..  Telephoned Date & Time: ………………………

Other (please specify): ………………………………… Date & Time: ………………………
Patient dies

Death expected

No

Do not discontinue syringe driver
Do not disturb the environment

Yes

Nurse verifies death as per protocol

Nurse establishes if deceased expressed wish to donate tissues / organs

No

Nurse informs relatives

Does coroner need to be informed?

Yes

Is it within working hours?

Contact GP who will inform coroner

Contact coroner’s deputy (Police) as per protocol Tel: 03456 043 043

Coroner’s Deputy (Police) will attend and advise re: removal of body

No

Contact GP and / or Police if appropriate

Family agree to nurse contacting Tissue Service Co-ordinator Tel: 07659180773

Yes

No

Is it within working hours?

Contact GP who may wish to view body in the home prior to certification

Advise relative / carer to contact undertaker to arrange for removal of body

Ensure documentation is complete as per protocol.
Ensure GP has been informed of death by fax, and by sending hard copy by post.
If out of hours, inform GP by telephone at start of next working day.

ALWAYS REFER TO PROTOCOL

Jan 2011
This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th>Policy Title:</th>
<th>Verification of Expected Death by Community Nurses</th>
<th>Policy Author:</th>
<th>Sally Adam-Lead Nurse End of Life/Bereavement, Lesley Robson-Palliative Care CNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes/No?</td>
<td>You must provide evidence to support your response:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)</td>
<td>No</td>
<td></td>
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<tr>
<td>* Race</td>
<td>No</td>
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<tr>
<td>* Ethnic origins (including gypsies and travellers)</td>
<td>No</td>
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<tr>
<td>* Nationality</td>
<td>No</td>
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<tr>
<td>* Gender</td>
<td>No</td>
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<tr>
<td>* Culture</td>
<td>No</td>
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<tr>
<td>* Religion or belief</td>
<td>No</td>
<td></td>
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<tr>
<td>* Sexual orientation including lesbian, gay and bisexual people</td>
<td>No</td>
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<tr>
<td>* Age</td>
<td>No</td>
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<tr>
<td>* Disability – learning difficulties, physical disability, sensory impairment and mental health problems</td>
<td>No</td>
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<td>* Gender reassignment</td>
<td>No</td>
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<td>* Marriage and civil partnership</td>
<td>No</td>
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<td>2. Is there any evidence that some groups are affected differently?</td>
<td>No</td>
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<tr>
<td>3. If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4(a). Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).</td>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td>4(b). If so can the impact be avoided?</td>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td>4(c). What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>N/A</td>
<td></td>
<td></td>
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<tr>
<td>4(d) Can we reduce the impact by taking different action?</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:**

**Action Plan due (or Not Applicable):**

Name and Designation of Person responsible for completion of this form: Sally Adam Lead Nurse End of Life/Bereavement. Date: 11 September 2012

Names & Designations of those involved in the impact assessment screening process; Sally Adam  
(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 Frances Blackburn, Head of Nursing, Freeman/Walkergate, 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 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.