

## Registered Nurse Verification of Expected Death Guidance

### Introduction

Following the publication of the 2<sup>nd</sup> Edition of Guidance for Staff Responsible for Care After Death - <https://www.hospiceuk.org/what-we-offer/publications> - we are writing detailed guidance for Registered Nurse Verification of Expected Death. Expected death can occur at home (including care homes), hospices, acute hospitals (including mental health hospitals) and prisons and we would like this guidance to have relevance to all. Many organisations have contributed their guidance to assist with us this and we would like to thank them.

We would be grateful if you would review the document below by and advise whether you agree, disagree or do not have an opinion with each statement. The statements that are shaded in black are not for comment as they form part of agreed guidance. We would be pleased to receive any supporting comments / advice / references in the appropriate column. Please return the document by 16<sup>th</sup> September 2016 to [m.cooper@hospiceuk.org](mailto:m.cooper@hospiceuk.org)

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	Statement	Agree	Disagree	Neutral	Suggested change and evidence
	<b>Introduction:</b>				
	The aim of this guideline and procedure is to provide a framework for the verification of expected deaths by experienced registered nurses <sup>1</sup> in a timely manner. It will enable staff to care appropriately for the deceased and minimise distress for families and carers following an expected death at any	<b>YES</b>			

<sup>1</sup> Confirmation of verification of death by Registered Nurses downloaded from: <https://www.rcn.org.uk/get-help/rcn-advice/confirmation-of-death> on 05/05/2016

	time of the day / night / week. It is in line with the person and family centred care recommended in national documents <sup>2</sup> .				
	Timely verification - within one hour in a hospital setting and within four hours in a community setting <sup>3</sup> - is an important stage in the grieving process for relatives and carers and also a key time for support.	YES			
	It ensures that the death is dealt with: In line with the law and coroner requirements In a timely, sensitive and caring manner, Respecting the dignity, religious and cultural needs of the patient and family members. Ensuring the timely removal of the deceased to the mortuary / funeral directors	YES			
	It also ensures the health and safety of others are protected e.g. from infectious illness,radioactive implants and implantable devices.	YES			
	<b>Scope of Guidelines</b>				
	<b>Inclusion Criteria</b>				
	The guidance applies to registered nurses, deemed competent, working within their care setting to verify the death of all adults (over the age of 18) providing the following conditions apply:	YES			
	Death is expected and not accompanied by any suspicious circumstances. This includes when the person has died <i>expectedly</i> from mesothelioma.	YES			
	The “Do Not Attempt Cardio-Pulmonary Resuscitation” document is signed in line with current guidance <sup>4</sup>	YES			
	There is agreement for Nurse Verification of Expected Death documented clearly in the clinical notes.	YES			
	Death occurs in a private residence, hospice, residential home, nursing home, prison or hospital.	YES			

<sup>2</sup> NCPC (2015 ) Every moment counts. Downloaded from [http://www.nationalvoices.org.uk/sites/default/files/public/publications/every\\_moment\\_counts.pdf](http://www.nationalvoices.org.uk/sites/default/files/public/publications/every_moment_counts.pdf) on 03/06/2015

<sup>3</sup> Care after death: Guidance for staff responsible for care after death. 2<sup>nd</sup> edition downloaded from: <https://www.hospiceuk.org/what-we-offer/publications> on 05/05/2016

<sup>4</sup> Decisions related to cardio-pulmonary resuscitation (3<sup>rd</sup> edition) Downloaded from: <https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr/>

	It includes where the patient dies under the Mental Health Act including Deprivation of Liberty (DOLS)	YES			
	<b>Exclusion Criteria</b>				
	None advised	YES			
	<b>Definitions</b>				
	<b>Recognition of death</b> It is recognised that relatives, nursing home staff and others can recognise that death has occurred. This will be documented as the time of last observed breath.	YES			
	<b>Verification of the fact of death</b> Verification of the fact of death documents this formally in line with national guidance <sup>5</sup> and is associated with responsibilities of identification, notification of infectious illnesses, and implantable devices <sup>6</sup> . This is recognised as the official time of death.	YES			
	<b>Certification of death</b> Certification of death is the process of completing the “Medical Certificate of the Cause of Death” (MCCD) which is completed by a medical practitioner in accordance with The Births and Deaths Registration Act 1953, underpinning the legal requirements for recording a person’s death	YES			
	<b>Expected death</b> An expected death is the result of an acute or gradual deterioration in a patient’s health status, usually due to advanced progressive incurable disease. The death is <i>anticipated, expected and predicted</i> . In addition a doctor must have seen the patient in the last 14 days.	YES			
	<b>Sudden or unexpected death</b> Unexpected death is a death that is not anticipated or related to a period of illness that has been identified as terminal. Where the death is completely	YES			

<sup>5</sup> Care after death: Guidance for staff responsible for care after death. 2<sup>nd</sup> edition downloaded from: <https://www.hospiceuk.org/what-we-offer/publications> on 05/05/2016

<sup>6</sup> British Heart Foundation (2015) ICD deactivation at the end of life: principles and practice

	unexpected there is a requirement to begin resuscitation (unless the circumstances can be justified).				
	<b>Sudden or unexpected death within a terminal period</b> A patient with a terminal diagnosis can have a sudden death, e.g. an embolism. Death can be verified by an RN in these circumstances provided the DNACPR form is completed and the Doctor has written in the notes that the RN can verify the death and the circumstances are discussed with the doctor.	YES			
	<b>Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR)</b> CPR is a medical treatment that endeavours to re-start cardio-respiratory function. The advance decision not to attempt CPR and allow a natural death is underpinned by comprehensive national guidance <sup>7</sup> .	YES			
	<b>Responsibilities</b>				
	<b>Medical</b>				
	Doctors will document in the patient's clinical record that an RN can verify the death.	YES			
	A DNACPR decision is documented.	YES			
	The doctor will be available if necessary to speak to families after death of the patient. This should be arranged at the soonest mutually convenient time	YES			
	The responsible doctor (or if necessary a delegated doctor) will always explain / be available to explain the cause of death they have written on the medical certificate.	YES			
	<b>Nursing</b>				
	All RNs must have read and understood this guidance and received appropriate training and deemed competent.	YES			
	The RN carrying out this procedure must inform the doctor of the patient's death and document the date and time this was carried out in the clinical record.	YES			

<sup>7</sup> Decisions related to cardio-pulmonary resuscitation (3<sup>rd</sup> edition) Downloaded from: <https://www.resus.org.uk/dnacpr/decisions-relating-to-cpr>

	The RN carrying out the procedure must notify the funeral director /mortuary of any infections, radioactive implants, implantable devices and whether an implantable cardio-defibrillator is still active.	YES			
	It is the right of the verifying nurse to refuse to verify death and to request the attendance of the responsible doctor / police if there is any unusual situation.	YES			
<b>Procedure</b>					
	Equipment: Pen torch Stethoscope Watch with second hand	YES			
Verification of expected death will require the nurse to assess the patient for a minimum of FIVE (5) MINUTES to establish that irreversible cardio respiratory arrest has occurred, as well as specific additional observations <sup>8</sup> . <b>Any spontaneous return of cardiac or respiratory activity during this period of observation should prompt further five minutes observations.</b>					
	<b>ACTION</b>	<b>RATIONALE</b>			
	Check written notes that registered medical practitioner has authorized NVoED	To ensure agreement of process			
	Check that the NHS number of patients clinical records and deceased correlate and patient is identified correctly with name band – name, date of birth address or NHS number and that there are two name bands in situ	To correctly identify deceased			
	Identify from clinicalnotes infectious	To enable correct information to			

<sup>8</sup>Academy of Medical Royal Colleges (2008) A code of practice for the diagnosis and confirmation of death. Academy of Medical Royal Colleges

	diseases, radioactive implants, implantable medical devices.	ensure others involved in the care of the deceased are protected	
	Instigate process for deactivation of ICD (if not already deactivated). <sup>9</sup>	To ensure the timely deactivation of ICD	
	Adopt universal infection control precautions	To ensure protection of RN	
	Lie the patient flat. Leave all tubes, lines, drains, medication patches and pumps, etc in situ (switching off flows of medicine and fluid administration if in situ) and spigot off as applicable and explain to those present why these are left.	To ensure the patient is flat ahead of rigour mortis, and all treatments are in situ ahead of verifying death.	
	Cessation of the circulatory system i.e. No carotid (or central) pulse for at least one full minute.	To ensure there are no signs of cardiac output.	
	Listen to heart sounds with a stethoscope for at least one full minute	To ensure there are no signs of cardiac output.	
	Cessation of respiratory system i.e. no respiratory effort or no breath sounds. Verified by listening for at least one full minute.	To ensure there are no visible respirations. Any respirations indicate the patient is breathing.	
	<b>These 3 interventions should total 5 mins.</b>		
	Cessation of cerebral function. Check that both pupils are fixed (not	To ensure there is no cerebral activity. Any pupil or eye movements indicate	

	reacting to light or to any other stimulus) and dilated using a pen torch or ophthalmoscope.	the patient remains having cerebral function.			
	No reaction to trapezius squeeze	No ensure no cerebral activity			
	The RN verifying the death needs to complete the verification of death form in the clinical notes.  Time of death is recorded as when verification of death is completed (i.e. not when the death is first reported).	For legible documentation and legal requirements.			
	The RN must notify the doctor by secure e-mail or their locally agreed procedure.				
	The RN verifying the death must acknowledge the emotional impact of the death and ensure the bereaved family and friends are offered written information about "the next steps".	To ensure the family are supported during this difficult time.			
<b>Auditing and monitoring</b>					
	RN will be expected to update competency by reflection on practice annually and keep this in their portfolio		YES		
	Audit of experience of bereaved relatives two yearly		YES		
<b>Appendix One</b>					
	<b>Deaths requiring coronial investigation</b>				
	<ul style="list-style-type: none"> <li>• The cause of death is unknown</li> <li>• There is no attending practitioner(s) or the attending practitioner (s) are unavailable within a prescribed period</li> <li>• The death may have been caused by violence, trauma, or physical injury,</li> </ul>				

whether intentional or otherwise

- The death may have been caused by poisoning
- The death maybe the result of intentional self-harm
- The death maybe the result of neglect or failure of care
- The death may be related to a medical procedure or treatment
- The death maybe due to an injury or disease received in the course of employment or industrial poisoning
- The death occurred while the deceased was in custody or state detention, whatever the death

More detailed information is available from the Ministry of Justice Publication – Guide to coroner services <sup>10</sup>

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<sup>10</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/363879/guide-to-coroner-service.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/363879/guide-to-coroner-service.pdf)