

VERIFICATION OF EXPECTED DEATH OF AN ADULT PATIENT

Document Summary

This policy is to enable Registered Nurses working for CPFT to verify the expected deaths of adults who on a caseload within CPFT services

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POLICY AUTHOR	Clinical Nursing Lead for Palliative Care / Quality and Safety Lead

Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.

TABLE OF CONTENTS

1	SCOPE	3
2	Introduction	3
3	Statement of Intent.....	4
4	Definitions	4
5	Duties	5
	5.1 REGISTERED NURSES.....	5
	5.2 LINE MANAGERS.....	5
6	Verification of Expected Death of an Adult Patient.....	5
	6.1 EXCLUSION CRITERIA	5
	6.2 PROCESS FOR THE VERIFICATION OF AN UNEXPECTED DEATH	6 ERROR!
	BOOKMARK NOT DEFINED.	
	6.3 CLINICAL EXAMINATION.....	6
	6.4 NEXT STEPS.....	8
7	Training	8
8	Monitoring compliance with this Document	8
9	References/ Bibliography	9
10	Related Trust Policy/Procedures.....	9
	Appendix 1- Coroner referral criteria.....	10
	Appendix 2 – Record of verification of expected death by nursing staff	10
	Appendix 3 – Education Outline for Workshop on Verification of Expected Death Policy	15
	Appendix 4 – Assessment of Competence Registered Nurse Verification of Expected Adult Death	16

1 SCOPE

1.1 This policy applies to Registered Nurses who have current NMC registration and are employed by Cumbria Partnership Foundation Trust (CPFT).

Nurses must have completed Trust approved training and must maintain their competence in line with the training, NMC Code of Conduct (2015).

Nurse must only verify when a death is expected and the patient known to them on their caseload.

1.2 The nurse must ensure that an expected death and its inevitable outcome is recorded in the patients records by a doctor and this has been discussed and acknowledged by all concerned with the care of the patient (NMC 2009). Wherever possible relatives should be informed of the patients deteriorating health and care plan (RCN). It is best practice to ensure that the Care of the Dying Patient guidance document has been completed. It is **essential** that a DNACPR is in place.

2 INTRODUCTION

2.1 A nurse cannot legally certify death, by law this is required to be carried out by a registered medical practitioner. Nevertheless there are some circumstances whereby a patient's death is inevitable and it may be appropriate for a registered nurse to pronounce that death has occurred (verified). A nurse can verify death at any point in time, irrespective as to whether the GP has seen the patient in the last 14 days or more as long as it is in line with the exclusion criteria (6.1) and the patient's death is expected (2.2, 4, 6.2).

2.2 A death may be expected in the following situations:

- The patient has a known terminal condition. The patient, family and carers are aware that the condition is terminal and primary health care and/or palliative care teams are involved.
- An elderly patient, who has had a period of deterioration and increasing frailty, are identified on the frailty register and felt that the inevitable outcome is death due to old age or existing medical condition.

2.3 The Nursing and Midwifery Council states "A registered nurse may confirm or verify that death has occurred providing there is an explicit local protocol in place to allow such an action. The protocol should however only be used where death is expected and should include guidance on when other authorities, e.g. the police or the coroner, should be informed prior to the removal of the body (NMC 2012).

2.4 This policy is intended to ensure the verification of the expected death of an adult patient is carried out in an appropriate and timely manner by a trained, competent registered nurse. This can occur following discussion with the medical staff, the

patient and their relatives and communicated that the patient does have a DNACPR in place and is approaching the end of their life.

2.5 The undertaking of verification of expected death by Registered Nurses may improve the experience of relatives and carers particularly if the patient is known to them and if the nurse has capacity to visit them in a timely manner.

2.6 Following verification of expected death by a Registered Nurse, it is still necessary for a doctor to complete a medical certificate of the cause of death.

3 STATEMENT OF INTENT

The purpose of this policy is to provide a framework to support and enable Registered Nurses working for CPFT to verify the expected death of a patient aged above 18 years old.

The policy sets out the legal requirements and prohibitions to support nurses verifying expected adult patient deaths.

4 DEFINITIONS/ ABBREVIATIONS

Expected death

For the purpose of this policy, expected death can be defined as death following on from a period of illness which has been identified as terminal and where there is no active intervention to prolong life (NMC 2012)

Unexpected Death

All unexpected deaths (e.g. when the cause of death is unknown) must be verified and certified by a medical practitioner, reported to the police and to the coroner.

Verification of Death

The purpose of verification of death is to determine that a person is actually deceased.

Certification of Death

Certification of death is the process of completing the “Medical Certificate of Cause of Death” (MCCD) and this must be completed by a medical practitioner (office for National Statistics 2010).

DNACPR

Do Not Attempt Cardio Pulmonary Resuscitation

CDP

Care of the Dying Patient guidance document

4. DUTIES

4.1 Registered Nurses

It is the responsibility of the individual Registered Nurse to ensure that they have received training and been assessed as competent before undertaking verification of expected death. It is also the Registered Nurses' responsibility to collect evidence of maintenance of competency. This will be done through reflective learning and case discussion at clinical supervision. This can be used as evidence for revalidation.

4.2 Line Managers

Line managers are responsible for identifying Registered Nurses who should undertake this role, releasing these nurses for training and ensuring there is a record of competence in the individual Registered Nurse's personal file / training record

5 VERIFICATION OF EXPECTED DEATH OF AN ADULT PATIENT

5.1 Exclusion Criteria

This policy **must not** be applied in the following circumstances.

- An unexpected death
- A child under 18 years of age
- An unidentified person
- A death within 24 hours of onset of illness or where no firm clinical diagnosis has been made
- A death occurring in the immediate post-operative period or post invasive procedure
- A death following an untoward incident i.e. fall, fracture or drug error
- A death in which there are concerns about clinical practice
- Any unclear or remotely suspicious death

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

A nurse can verify death in the following situations **only if the death is expected, the expected death should be discussed with the GP** and documented prior to the patient dying. Following verification the nurse must report it to the doctor as the case will need to be discussed with the coroner.

- The patient had a Deprivation of Liberty (DoLS) in place at the time of their death
- Industrial accident or related diseases

(Reportable deaths to the HM Coroner guidance: Appendix 1)

5.2 PROCESS FOR THE VERIFICATION OF AN EXPECTED DEATH OF AN ADULT PATIENT

The Nursing and Midwifery Council Code: Professional standards of practice and behaviour for nurses and midwives (2015) places specific responsibilities on registered nurse. The registered nurse is personally accountable for their practice and must acknowledge limitations in their knowledge and competence and decline any duties or responsibilities unless able to perform them in a safe and skilled manner. Registered Nurses must not deviate from the requirements of this policy for the verification of expected adult death.

It must be recorded that the relatives of the patient are fully aware that the death is expected and may be imminent and that steps are no longer being taken to avoid death. This information must be conveyed to the relatives by a doctor and should be recorded in the medical and nursing notes and communicated to all members of the healthcare team. The registered nurse must **not** verify a patient's death if relatives have expressed a wish to see a doctor at the time of death.

During GP surgery opening times, GP's will remain the overall responsibility for verification of death. This is unless an alternative arrangement has been agreed between the GP and Registered nurse, on an individual case basis. A referral to a nursing team must consider the nurses prior knowledge of the patient or family and skill and expertise of the nurse. The verification of death is undertaken at the registered nurse's discretion, after discussion with the doctor, if they have had the appropriate training and been assessed as competent. (Appendix 3 and 4). Verification of death will be undertaken by the most appropriate person on duty and available at the time to reduce any delay.

For inpatients on a Community Hospital Ward the medic should be contacted.

In the OOH period all deaths will be logged with the OOH provider i.e. CHOC, to be triaged by a doctor. If the death is not excluded by the exclusion criteria (6.1) the case can be referred to a nursing team.

If the registered nurse is present at the time of death they may verify death if appropriate and then log the case with the OOH provider.

Verification can only be undertaken when death is the **expected** and inevitable outcome. The GP and nursing staff will have been attending the patient to provide medical and nursing support prior to death. The relatives of the patient should have been aware that death was expected.

5.3 CLINICAL EXAMINATION

Death will be verified using the following procedure:

Equipment required:

- Pen torch
- Stethoscope
- Watch with a second hand

Action	Rationale
1. Physical Examination	
<p>a. Once cardiorespiratory function has ceased the patient should be observed by the person verifying death for a minimum of five minutes.</p> <p>It is essential that the nurse takes time to observe the patient for any spontaneous movement or any reaction to the environment e.g. chest movement, swallowing, coughing, nasal flaring and eye movement, whilst in the process of verifying death.</p>	<p>To establish the irreversible cardio respiratory arrest has occurred</p>
<p>b. Check the absence of respiratory movement for one minute.</p>	<p>Absence of respiratory movement indicates death has occurred</p>
<p>c. Listen for heart sounds using a stethoscope for one minute</p> <p>In the healthy adult, the apex beat lies in the 5th intercostal space, within the midclavicular line. Various conditions may result in an abnormal position of the apex.</p> <p>If heart sounds are not heard at the apex, the pulmonary and aortic areas may also be auscultated. The pulmonary area is usually best heard at the second or third intercostal spaces to the left of the sternum and the aortic areas in a corresponding site to the right of the sternum.</p>	<p>Absence of heart sounds indicates that death has occurred</p> <p>Absence of a pulse in the carotid artery is the most important sign and should be favoured over absence of heart sounds. Peripheral pulses may be absent in spite of the presence of the carotid pulse, particularly in hypovolaemia. Palpation of the femoral artery is an alternative way of checking for the presence or absence of pulses.</p>
<p>d. Check the patient's pupil reaction with a pen torch. A very bright light is required and it may be necessary to darken the room. The nurse</p>	<p>Pupils that don't respond (fixed and dilated) indicate that death has occurred</p>

should direct the light from the side of the patient to avoid an accommodation response. Pupils should be fixed, dilated and unresponsive to light. Both eyes should be checked.	
e. Using a finger or thumb apply pressure in the supra-orbital groove, (the bony ridge at the top of the eye). No motor response should be observed	No response indicates that death has occurred
f. Repeat steps b-e again in 5 minutes and prior to last offices	Where the nurse is in any doubt she/he should liaise with the doctor.

6.4 NEXT STEPS

The Registered Nurse **must** notify the next of kin that the patient has died and the death has been verified. This may involve contacting them by telephone or ensuring nursing home staff will do so. Unless it is specified that relatives do not wish to be contacted, for example through the night.

The verifying nurse will complete the care after death section in the Care of the Dying Patient Document and record of Verification of Expected Death by nursing staff (Appendix 2) and file these in the patient's notes.

Legally the funeral directors cannot take the deceased out of the house unless it has been verified.

7. TRAINING

Training required to fulfil this policy will be provided in accordance with the Trust's Training Needs Analysis. Management of training will be in accordance with the Trust's Learning and Development Policy. (Appendix 2 and 3)

8. MONITORING COMPLIANCE WITH THIS DOCUMENT

The table below outlines the Trusts' monitoring arrangements for this policy/document. The Trust reserves the right to commission additional work or change the monitoring arrangements to meet organisational needs.

Aspect of compliance or effectiveness	Monitoring method	Individual responsible for the	Frequency of the monitoring	Group / committee which will	Group / committee / individual
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being monitored		monitoring	activity	receive the findings / monitoring report	responsible for ensuring that the actions are completed
Registered nurses are undertaking appropriate Verification of expected deaths.	Incidents will be monitored via the Ulysses reporting system	Quality and Safety Leads	Annually		

9. REFERENCES/ BIBLIOGRAPHY

This policy has been developed from the previous policies Procedure for verification of Expected Death by Cumbria PCT.

NICE (updated 2013) End of life care for Adults [QS13]

NICE (2015) Care of dying adults in the last days of life [NG31]

North Cumbria University Hospitals NHS Trust (2016) Verification of the expected death of an adult patient policy

NMC (2009) Record Keeping guidance for Nurses and Midwives

NMC (2012) Confirmation of Death for Registered Nurses.

NMC (2015) Code of Conduct, Professional Standards of Practice and Behaviour for Nurses and Midwives

Office for National Statistics (2010) Guidance for doctors completing medical certificates of cause of death in England and Wales.

RCN: A guide for members on confirmation or verification of death by a Registered Nurse

University Hospitals of Morecambe Bay NHS Foundation Trust (2015) Verification of Expected Death by Nurses (Standard Operating Procedure)

10. RELATED TRUST POLICY/PROCEDURES

None

Appendix 1- Coroner referral Criteria

NOTICE

Set out below are the contact details for the Coroner for the whole of Cumbria with effect from 23rd May 2016.

All Workday Enquiries:

Telephone: 01900 706902

Fax
Number: 01900 706915

Address: Fairfield, Station Road,
Cockermouth,
Cumbria. CA13 9PT.

E-mail: hmcroner@cumbria.gov.uk

Office hours: 9.00-12.30pm
1.30-5.00pm

Dated : May 2016.

**DAVID LLEWELYN ROBERTS
H.M. SENIOR CORONER**

REFERRALS TO CORONER

NOTES for the guidance of Clinical staff The Basic Rule

ALL deaths must be reported to the Coroner unless the death can be certified by a registered medical practitioner who *attended* on the deceased in his or her last illness from which he or she died. If the medical practitioner wishing to sign the death certificate has not seen the patient within the last fourteen days then the matter must be referred to the Coroner

IMPORTANT: The cause of death which the medical practitioner wishes to give must also be of a form acceptable to the Registrar General, for which the medical profession will have received separate guidance.

Referrals

The following list is not exhaustive, but indicates those deaths which should be referred to the Coroner.

Note:

It does not necessarily mean that there will be an autopsy nor an Inquest.

1. Any death which has occurred within 24 hours of admission to hospital.
2. Any death where the deceased was not attended during the illness from which they died by a Doctor.
3. Any death where the deceased was seen by a Doctor but more than 14 days before death.
4. Where the cause of death is unknown (this could be the case even where the deceased may have been in hospital for some weeks).
5. Where the death may have been:-

unnatural	due to industrial disease
caused by violence	due to (industrial) poisoning
caused by injury/trauma	due to an adverse reaction to drugs/medication
caused by abortion	due to the misuse of drugs (whether illicit or prescribed)
a stillbirth	
a peri or neonatal death	
a mother following a birth	
attended by any suspicious circumstances	as the result of a fracture (however old)
during an operation during the post operative period	where the deceased has died in or has come to hospital from Police or prison custody

Subject to a Deprivation of Liberty Authorisation or Order (D.o.L.S.) On section under the Mental Health Act In custody	where the family have complaints about the patient's care or treatment (this may be complaints about people outside the hospital eg. Care home or others)
before recovery from anaesthetic	

How to avoid problems

1. Ensuring that the medical practitioner completing the death certificate complies with the guidance given by the Registrar General.

NOTE

That the Registrar of Deaths will not register an improperly completed form, this can cause delay, distress to the family and additional work and possibly an unnecessary referral to the Coroner

2. **IF IN DOUBT** always contact the Coroner's Office, which will always be happy to discuss a death and such a telephone call can often avoid difficulties which would otherwise occur. The Coroner's contact details are set out on the reverse of this form.

Edition: May 2016.

APPENDIX 2- RECORD OF VERIFICATION OF EXPECTED ADULT DEATH BY NURSING STAFF

Identification of Patient

Name:
D.O.B.:.....
Hospital Number/NHS Number:.....

	The Patient died at	Time	Date	
	Persons present at death			
	Patient has died in the absence of a doctor		Yes	No
	GP and relatives aware of expected death		Yes	No
<p>Exclusion criteria:</p> <ul style="list-style-type: none"> • An unexpected death • A child under 18 years of age • An unidentified person • A death within 24 hours of onset of illness or where no firm clinical diagnosis has been made • A death occurring in the immediate post-operative period or post invasive procedure • A death following an untoward incident i.e. fall, fracture or drug error • A death in which there are concerns about clinical practice • Any unclear or remotely suspicious death <p>If any of these criteria apply, please discuss the case with a GP</p> <p>A nurse can verify death in the following situations only if the death is expected, the expected death should be discussed with the GP and documented prior to the patient dying. Following verification the nurse must report it to the doctor as the case will need to be discussed with the coroner.</p> <ul style="list-style-type: none"> • The patient had a Deprivation of Liberty (DoLS) in place at the time of their death • Industrial accident or related diseases 				
Clinical Signs				
			Initial	5 mins

	Lack of spontaneous activity		
	Absence of respiration		
	Absence of carotid and brachial sounds		
	No response to painful stimuli		
	Pupils not responding to light		
	Relatives informed		
	OOH provider i.e. CHOC informed		
	Signature of nurse verifying Death		
	Print name of nurse verifying death		

Please retain in patient's medical/nursing notes

APPENDIX 3 – EDUCATION OUTLINE FOR WORKSHOP ON VERIFICATION OF EXPECTED DEATH POLICY

Name of Workshop:

Verification of Expected Death in the Community

Aim of Study Day:

To introduce and prepare participants to implement the verification of expected death policy in their clinical practice.

Learning Outcomes

At the end of the day participants should be able to:

- Define what is meant by 'expected death'
- Demonstrate an understanding of the policy and why it is needed
- Identify and recognise the clinical signs of death and conduct a clinical examination of the 3 systems – eyes, heart, respiratory – and verify death as per policy. Auscultation of normal heart and breath sounds will be included.
- Demonstrate the knowledge to provide bereaved family with supporting and appropriate information so that they know what to do next
- Demonstrate the ability to record the fact of death correctly (Appendix 1)
- To have increased understanding of the legal and professional framework in relation to the verification of expected death
- To have an increased understanding of the role of the Coroner and the related legal issues and identify the situations and circumstances when nurses should not verify death

Who is it for?

Registered nurses working for CPFT who wish to extend their scope of practice to verify death. Assessment of competence is mandatory before a Registered Nurse can verify expected deaths in the community.

Programme Information

One 2 hour workshop

Certificate of attendance will be given

**APPENDIX 4 – ASSESSMENT OF COMPETENCE REGISTERED NURSE
 VERIFICATION OF EXPECTED ADULT DEATH**

Name of RGN:.....

Base:.....

Competency	Satisfactory	Unsatisfactory
The registered nurse demonstrates a clear understanding of their own responsibilities and accountabilities		
The registered nurse demonstrates a clear understanding of the CPFT Verification of Expected Death Policy		
The registered nurse is able to recognise potential clinical signs of death		
The registered nurse can indicate anatomical landmarks to identify absence of: 1 signs of respiration 2 signs of circulation 3 heart sounds		
The registered nurse is aware of anatomical regions suitable to administer painful stimuli		
The registered nurse to demonstrate the ability to examine the response of the pupil to light		
The registered nurse to demonstrate completion of appropriate documentation		

I certify that the above named Registered Nurse has demonstrated a satisfactory level of verification of Expected Adult Death for patients in CPFT

Assessor's signature:

Date: