VERIFICATION OF AN EXPECTED DEATH OF AN ADULT PATIENT IN A HOSPICE SETTING.

Contents

1.0 Introduction

1.1 These guidelines provides guidance for registered nurses in the Hospice setting to verify expected deaths of patients (aged 18 years and over) and additional related information for actions to be taken in circumstances, such as unexpected deaths, where responsibilities fall outside the registered nurses role.

1.2 The ability of the registered nurses to confirm the inevitable expected death of a patient will prevent delays and ensure appropriate timely aftercare to relatives and carers at a time of stress and anxiety. Respect, care, dignity and compassion for the dying, the deceased and the bereaved are fundamental in delivery of high quality patient care at this time.

1.3 Traditionally, the task of verifying and certifying a death has been the role of medical practitioners (Chief Nursing Officer, 2004). While someone other than a doctor cannot legally **certify** death, since law requires this to be performed by registered medical practitioners, there is no requirement, either legally or under the NHS Terms of service, for a Medical Practitioner to verify death.

1.4 A fundamental review of death certification and investigation in England, Wales and Northern Ireland (secretary of state for the Home Department 2003) recommends that nurses should be able to verify that a death has occurred, this is further backed by the Academy of Medical Royal College Code of Conduct (October, 2008).

1.5 The Nursing and Midwifery Council 'The Code' place specific responsibilities on Registered Nurses with regards to maintaining their accountability, knowledge, skills and competence for safe and effective practice (NMC 2015), and this extended skills supported by the National End of Life Programme (DoH 2012). The specific advice on verifying death given to nurses by the Nursing and Midwifery Council (NMC, 2012) is that: "In the event of death, a registered Nurse may confirm or verify death has occurred providing there is an explicit local protocol in place to allow such action. Nurses undertaking this responsibility must only do so providing they have received appropriate training and have been assessed as competent".

2.0 Purpose

2.1 The aims of the guidelines are to enhance the quality of care to the dying patient and the bereaved family, and reduce variation in practice within the Hospice. This guidance and associated training aims to provide registered nurses working for Lindsey Lodge Hospice to safely verify expected death and carry out final care to their patients who have died as expected.

2.2 Timely verification of death is a clear recommendation within the End of Life Strategy (DH 2008). Verification of death is an important stage in a process for relatives and carers as no further action can be taken with regards to the deceased without it taking place. Disconnection of devices delivering medication cannot take place until death has been verified. Prolonged connection to these devices may add to distress of relatives.

3.0 Area

The scope of the guideline is the Verification of an Expected Death of an Adult Patient in a Hospice setting.

4.0 Duties

The duties and responsibilities are detailed in the subsequent sections of the document.

5.0 Verification of Expected Death

5.1 General Information

5.1.1 When using the policy it should be remembered that dealing with the death of a patient in a caring, compassionate and professional manner is often the last service that can be provided for an individual and may help to ease the suffering of those who are bereaved. Where possible prior to death, a discussion with the patients family and carers should be undertaken, the family should be informed that in the event of the patients death verification of that death will be undertaken by a nurse within the Hospice.

5.1.2 Where death is expected it should be recorded in the patients' records the fact that the patient is suffering from illness which has been identified as terminal and they have been identified as not for resuscitation by the patient's General Practitioner(GP) or Hospice doctor or other relevant senior clinician. This should be recorded using the regional Do Not Attempt Resuscitation form. It should also have been documented in the patient's notes that a Registered Nurse can verify the patient's death.

5.1.3 A patient with a terminal diagnosis can have a sudden death, eg and embolism. Death can be verified by a Registered Nurse in these circumstances provided the DNACPR form is completed and the Doctor has documented that the Registered Nurse can verify the death and the circumstances discussed with the Doctor.

5.1.4 In considering undertaking verification of death, the practitioner must ensure that the death is expected as a result of chronic or terminal illness and is without any suspicious or unexpected circumstances *(Appendix A verification of death flowchart)*.

5.1.5 It is expected that the patient's spiritual, religious and cultural needs and requirements would be established on admission by the registered nurse and documented within the nursing care plan to ensure that all cultural, social and religious needs are met. The registered nurse will identify next of kin/partner/carer's needs where possible and document in nursing notes. These notes should be consulted prior to the verification of death taking place and discussed with the family members present at the time of the death.

5.1.6 The patient will not be undergoing active interventions to prolong life and under the active care of their General Practitioner/Hospice doctor and the death has occurred in the Hospice.

5.2 Exceptions and Unexpected Deaths

Where death occurs due to a cause other than the terminal condition, for example where trauma is present, or where the health care professional has doubts as to the cause of death these guidelines are not applicable as the death was not expected. The Registered Nurse should not verify death. Referral to a medical practitioner is the appropriate action. This includes if the patient has not been seen within the last 14 days by a doctor or who have no clear documentation as to the death being expected and recent liaison with the Hospice medical team.

5.3 Deprivation of Liberty Standards (DoLs)

There is no legal bar to a nurse verifying an expected death where the person is subject to a MCA DoLs authorisation at the time of death, providing they do so under the authority of a protocol. (Dimond B, 2004) The death would be reportable to a coroner by the Doctor at the earliest convenience. There is no guidance to suggest that where an individual is to be reported to the coroner, a registered nurse cannot verify death.

5.4 Clinical Verification of Death

5.4.1 Parental drug administration equipment **should not** be removed prior to verification of death.

5.4.2 Equipment:

- Pen torch
- Stethoscope
- A watch to time observations accurately
- Verification of death checklist *Appendix B*

5.4.3 Procedure for verification of death

5.4.4 The practitioner should verify the physiological signs of death by observing for physiological signs of death:

- **Eyes** – Check patients pupil reactions to light using a pen torch – the pupils should be fixed and show no reaction to light
- **Pulse** – Check for absence of carotid pulse and absence of heart sounds. The carotid may be hard to find – take time and observe for at least 1 minute. For checking absence of heart sounds – use a stethoscope and listen over the heart for 1 minute
- **Absence of Breathing** – place hand on chest and observe for chest movement for 1 minute then use the stethoscope to listen for 2 minutes to the chest. This check should be done last as often the patient can make a final gasp after their heart has stopped
- **Repeat** – all of the above after 5 minutes

5.4.5 The patient must show no response in all of the above tests. If there is any doubt the practitioner must not verify death but must consult an appropriate medical practitioner.

5.5 Actions following Verification of Expected Death

5.5.1 Once the practitioner has verified that death has taken place they should ensure they:

- Confirm with the relatives present that the person has died, and check/confirm if there are any known religious or personal requests for care of the person's body after death
- Any parental drug administration equipment such as syringe driver pumps and subcutaneous access devices attached to the patient should be removed and documented in the patients' notes

- Remove any urinary catheters and the nurse can carry out or allow the family to attend to any final care required. This will depend on the wishes of the family present. Document in the patient's notes
- The date and time of death must be recorded in the patients' notes, if the nurse is not present at the time of death, it is essential that the time of death be established as closely as possible from any person in attendance when the patient died
- If death occurs within GP working hours inform the patient's GP. If death occurs out of hours contact the GP at the earliest opportunity.
- The patient's relatives and carers should be advised of the death and support given as appropriate.
- Inform other members of all other relevant service providers.

5.5.2 Please refer to the Hospice Last Offices Policy for care after death.

5.5.3 Sensitivity and appropriate communication skills should be used to discuss the situation with relatives if they are present. This should be documented in the patients' notes. It would be appropriate to prepare them for the following procedure and explain what is to happen next.

5.5.4 Registered nurses working should make themselves aware of any religious beliefs or customs that may be required to be followed when the nurse handles the body of a patient who has died. Obtaining this information should occur when death is to be expected.

6.0 Competencies and Training

6.1 All RN's are registered professionals and as such must abide by their regulator professional code of practice and conduct. These require professionals to acknowledge the limits of their professional competence and only undertake practice and accept responsibility for those activities in which they are competent.

6.2 Staff groups with additional post registration qualifications in respect of autonomous and or advanced clinical practice particularly relating to clinical examination skills will be expected to have the competencies to verify the fact of death in line with this policy.

6.3 Staff without these post registration qualifications will be required to develop their skills and knowledge in order to equip them to verify the fact of death in line with the policy. All staff undertaking verification of death should have their line manager's approval and have completed appropriate training to become verifiers. Training should include assessment of the individual's knowledge and ability to determine the physiological aspects of death and explore accountability.

6.4 Training requirements:

- An understanding of the legal implications and requirements
- The procedure to follow when verifying death
- Clarification of the differences between certification and verification
- Explanation of Hospice protocol, procedures, policy and guidance
- Clarification of expected death and unexpected death
- Documentation of the fact of death
- Supporting the bereaved

- Information to give to the relatives/carers following a bereavement
- The role of the funeral director and coroner

7.0 Monitoring Compliance and Effectiveness

7.1 It is the responsibility of the individual undertaking the role to ensure that they comply with the policy.

7.2 Competence is reviewed annually as part of the personal development review process and clinical practice supervision.

7.3 The implementation of these guidelines will be monitored through patient's complaints, clinical supervision, record keeping audits and adverse incident reporting procedures.

7.4 Standards within this policy will be audited as part of participation in national and local end of life care audits.

8.0 Associated Documents

8.1 Hospice Last Offices Policy.

8.2 Hospice DNACPR Policy.

8.3 NLAG Guideline to Doctors on Reporting Deaths to the Coroner.

8.4 Policy and Procedure for Spiritual Care Standards, Academy of Medical Royal CollegeCode of Conduct (October, 2008).

9.0 References

9.1 Academy of Medical Royal Colleges (2008) A code of practice for the diagnosis and confirmation of death. PPG Design and Print Ltd: London.

9.2 Ayris, W (2002) Verification of expected death by district nurses. British Journal of community Nursing 7(7): 370-373.

9.3 Chief Nursing Officer (2004) Verification of a Death.

9.4 Department of Health (2008) End of Life Strategy. DOH: London.

9.5 Department of Health (2012) National End of Life Programme. DoH: London.

9.6 Dimond B (2004), The law and the certification, verification and registration of death.British Journal of Nursing 13(8).

9.7 Nursing and Midwifery Council (2015) The Code: Standards of conduct, performance and ethics for nurses and midwives. NMC, London.

9.8 Nursing and Midwifery Council (2012) NMC advice, Confirmation of death – Registered Nurses.

9.9 Secretary of state for the Home Department (2003) Death certification and investigation England, Wales and Northern Ireland: A report of a fundamental review Home Department.

9.10 NLAG Verification of an Expected Death of an Adult in Hospital and Community setting (2016)

10.0 Bibliography

10.1 CHS54 Verify an expected death. www.skillsforhealth.org.uk/get-competence.

10.2 Walton WJ (2009) Verification of death by nurses in community. End of Life Care. 3(2).

10.3 Dimond B (2004) The law and the certification, verification and registration of death.British Journal of Nursing 13(8).

10.4 McGeehan R (2007) Verification of expected death. Nursing Standard. 22(11).

10.5 Byron S and Hoskins R (2013) Implementing the 'Verification of expected death' policy in clinical practice. British Journal of Community Nursing 18(10).

10.6 Lincolnshire Community Health Service NHS Trust (2014) Policy for verification of death by an Emergency Care Practitioner, Autonomous practitioner or registered nurse.

10.7 The Newcastle Upon Tyne Hospitals NHS Foundation Trust (2013) Nurse verification of Expected Death for Adults policy.

10.8 Shropshire Community Health NHS Trust (2014) Verification of death policy.

11.0 Definitions

11.1 Registered Nurses

For the purpose of these guidelines and in the best interest of patients, a registered nurse who has been deemed as competent may undertake the extended skill of verification of death. This may be a band 5 registered nurse and above and working within the Hospice.

11.2 Verification of Death

Verifying a death is undertaking a series of physiological assessments confirming that a patient has died. It does not involve nurses deciding what caused death. By English Law an expected death can be verified by a registered nurse and must not be mistaken for the certification process.

11.3 Death Certification

Certification of death is the process of completing the 'Medical Certificate of cause of death'. This **MUST** be completed by a medical practitioner in accordance with The Births and Deaths Registration Act 1953 which underpins the legal position of recording a patient's death.

11.4 Expected Death

For the purpose of this policy **expected** death is defined as 'death following on from a period of illness which has been identified as terminal, and where no active intervention to prolong life is ongoing' (Ayris, 2002).

11.5 Unexpected Death

Unexpected death is a death that is not anticipated or related to a period if illness that has not been identified as terminal.

11.6 DNACPR
Do not attempt cardiopulmonary resuscitation.

12.0 Consultation
Senior Clinical Leads meeting, staff meetings and the Hospice Quality assurance Subgroup of the Council of Management. (Board)

13.0 Dissemination
This guidance will be presented in electronic and hard copy to the Hospice Quality Assurance meeting for final approval and also staff groups. It will be published on the Hospice L drive. (Policies)

14.0 Implementation
It is the responsibility of the Senior Nurses to identify relevant members of staff involved in patient care and to ensure that they are fully informed and competent in the practices outlined in this guidance.

15.0 Equality Act (2010)

15.1 In accordance with the Equality Act (2010), the Hospice will make reasonable adjustments to the workplace so that an employee with a disability, as covered under the Act, should not be at any substantial disadvantage. The Hospice will endeavour to develop an environment within which individuals feel able to disclose any disability or condition which may have a long term and substantial effect on their ability to carry out their normal day to day activities.

15.2 The Hospice will wherever practical make adjustments as deemed reasonable in light of an employee's specific circumstances and the Hospice's available resources paying particular attention to the Disability Discrimination requirements and the Equality Act (2010).

REFERENCES, BIBLIOGRAPHY AND ASSOCIATED DOCUMENTS: see paragraphs, 8, 9, 10

Lead Author: Karen Andrew

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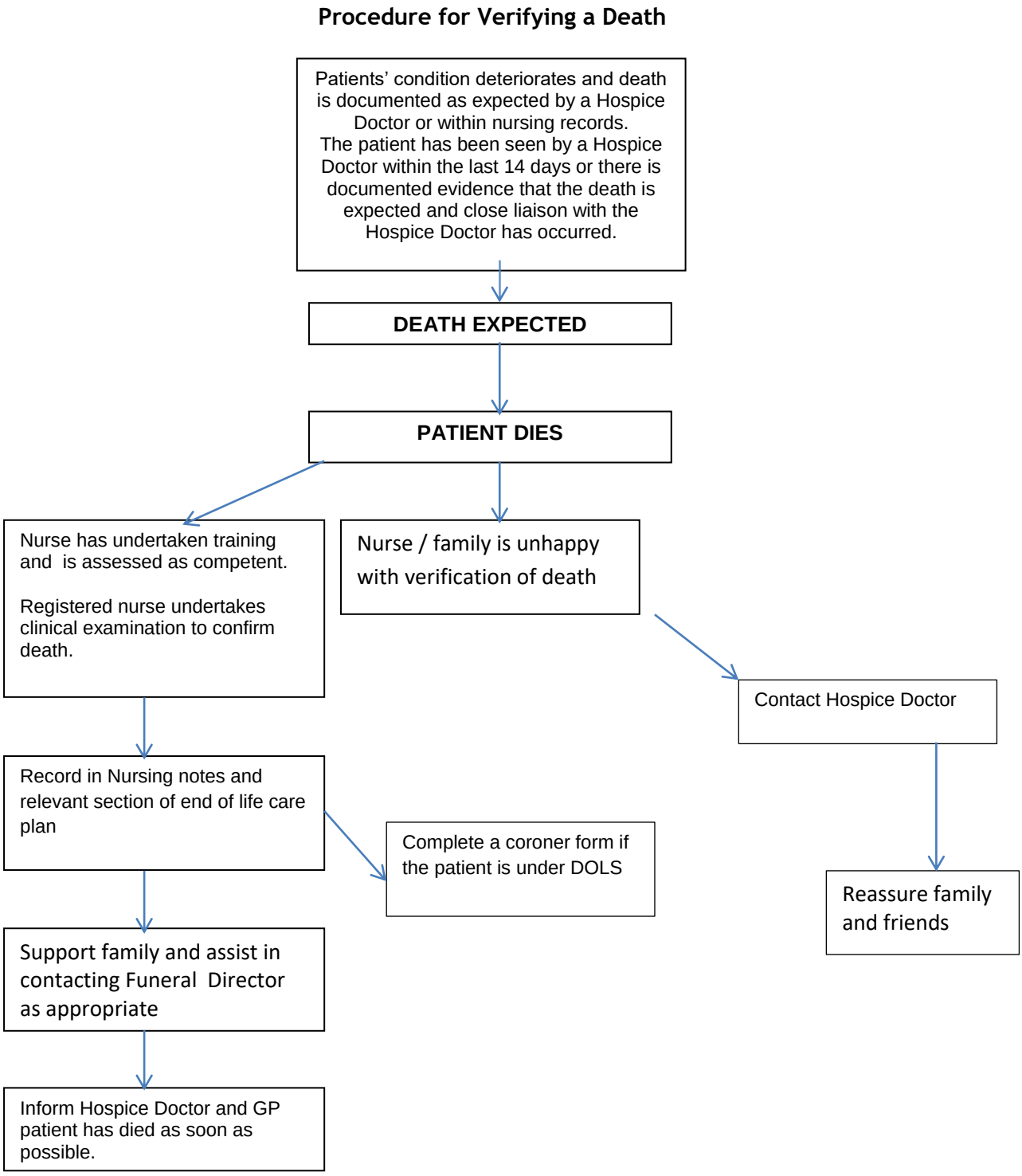
To Be reviewed	Review completed	By	Approved By	Circulation
October 2019				

Appendix A
Procedure for Verifying a Death



Appendix B

Verification of Death Checklist

Name:	NHS Number:
Date of birth:	Address:

Verification of death		
Was death expected?	Yes ☐	No ☐
Was patient on end of life care plan?	Yes ☐	No ☐
Did patient have DNACPR order?	Yes ☐	No ☐
Date and Time of actual death:		
Observe for physiological signs of death and please document record of clinical examination below:		
Eyes – check pupil's reactions to light.		
Pupils are fixed and non-reactive to light	Yes ☐	No ☐
Pulse – check carotid pulse and heart sounds		
Absence of carotid pulse for at least 1 minute	Yes ☐	No ☐
Breathing – Check for chest movements and sounds		
Absence of chest movement for at least 1 minute	Yes ☐	No ☐
Absence of breathing sounds for at least 2 minutes	Yes ☐	No ☐
Repeat all of the above after 5 minutes		
All remain absent	Yes ☐	No ☐
Name of professional: Signed: Date: Time: Position:		

Appendix C
Assessment of Competence

Appendix 2: Assessment of competence for Registered Nurse Verification of Expected Death

Name of registered nurse:
Name and signature of trainer:
Date of training:
Date of first clinical assessment:
Name and signature of clinical assessor:
Date of second clinical assessment:
Name and signature of second clinical assessor:

Assessor guidance:

- The competencies are a mixture of practical skills and knowledge and understanding.
- All criteria must be achieved during training to achieve competency ahead of two clinical observations.
- Registered nurses (RNs) will self assess at the completion of the two observed clinical practice that they feel competent to perform this skill independently.
- It is recommended that RNs reflect on this skill within their clinical practice at least annually during the appraisal process.

		In training		In observed clinical practice			
	Criteria	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
Standard 1: The registered nurse is aware of their role and associated guidance							
	Guidance for staff responsible for care after death						
	Guidance re RN verification of death						
Standard 2: The registered nurse is aware of the following definitions							

		In training		In observed clinical practice			
	Criteria	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
	Who can recognise a death						
	Who can verify a death						
	Who can certify a death						
	What is an expected death						
	What is a sudden or unexpected death						
	What is a sudden or unexpected death in a terminal period?						
	Indications for DNACPR and the correct completion of documentation.						
	What is the definition of the official time of death						
	Deaths requiring coronial involvement						
Standard 3: The registered nurse is aware of the medical and nursing responsibilities							
	The four medical responsibilities The four nursing responsibilities						
Standard 4: The registered nurse understands the procedure for verification of a patients death							
	There is documented evidence that the medical practitioner has authorised RNVoED, and there is a completed DNACPR form						
	The patient and associated clinical record is correctly identified						
	Infections, implantable devices and radioactive implants are identified from the medical notes						
	To instigate the process for deactivation of implantable cardio defibrillator if not already de-activated						
	For universal infection control precautions						
Standard 5: The registered nurse is able to follow the procedure and carry out a patient examination to verify death							
	How to position the patient for examination and verification of fact of death						

		In training		In observed clinical practice			
	Criteria	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
	What to do with tubes, lines, drains, patches and pumps						
	To check the carotid pulse for one full minute						
	To monitor heart sounds for one full minute						
	To listen to the chest for at least one full minute, and observe to ensure no respiretory effort.						
	To ensure checks take place over five minutes To check that pupils are fixed and dilated						
	To apply trapezius squeeze						
	That any spontaneous return of cardiorespiratory function, or doubt should prompt an additional five minute observation						
Standard 6: The registered nurse completes appropriate documentation in a timely way							
	How to complete the verification of death form in the clinical notes						
	To record the time of death						
	To notify the doctor						
Standard 7: The nurse know how to support and provide appropriate information to the bereaved family and friends							
	Understands the potential/actual emotional impact of a bereavement on the family, and friends						
	Can demonstrate how they would support the bereaved at the time of death						
	Understand the potential / actual impact on surrounding patients and residents in communal setting						
	Can demonstrate how they would support						

		In training		In observed clinical practice			
	Criteria	**Pass**	**Fail**	**Pass**	**Fail**	**Pass**	**Fail**
	surrounding patients / residents without breaching confidentiality						
	Understands the potential/ actual emotional impact of a bereavement for colleagues and paid carers						
	Can demonstrate how they would support colleagues and paid carers						
	Knows the support and written information available for bereaved family and friends						
	Knows how to signpost relatives to where to collect paperwork / what the next steps are						

Competency statement

I.....(name and designation) feel competent to perform RNVcED unsupervised.

Signed..... Date.....