VERIFICATION OF EXPECTED DEATH OF ADULTS BY REGISTERED NURSES POLICY

Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.

<table>
<thead>
<tr>
<th>Purpose of Agreement</th>
<th>This policy provides a framework for the verification of an inevitable and expected death by a competent Registered Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Type</td>
<td>Policy</td>
</tr>
<tr>
<td>Reference Number</td>
<td>Solent NHST/Policy/CSL10</td>
</tr>
<tr>
<td>Version</td>
<td>Version 2</td>
</tr>
</tbody>
</table>
| Name of Approving Committees/Groups | Verification of Death Working party  
Adult Community Services Governance group  
Community Hospitals Governance group |
| Operational Date      | September 2012                                                                                                                   |
| Document Review Date  | September 2014                                                                                                                   |
| Document Sponsor      |                                                                                                                                   |
| Document Manager      | Sarah Oborne                                                                                                                     |
| Document developed in consultation with | Janet Webster, Modern Matron  
Kathy Peake, Associate MacMillan Nurse Specialist  
Julie Southcott, Clinical Manager  
Carol Cove, Modern Matron  
Dr Sue Davidson |
| Intranet Location     | Policy/Clinical Policies                                                                                                         |
| Website Location      |                                                                                                                                   |
| Keywords (for website/intranet uploading) | Verification, Death, Nurses, End of Life, Confirmation, Expected death. |

One year extension to policy as agreed at the Assurance Committee on 28 March 2012
Verification of Expected Death

CONTENTS

1. INTRODUCTION AND PURPOSES - 3
2. SCOPE - 3
3. DEFINITIONS - 4
4. EXCLUDED ISSUES - 4
5. ROLES & RESPONSIBILITIES - 4
6. THE PROCESS - 5
7. EDUCATION AND TRAINING - 7
8. EQUALITY IMPACT ASSESSMENT - 7
9. SUCCESS CRITERIA - 7
10. REVIEW - 7
11. LINKS TO OTHER DOCUMENTS - 8
12. REFERENCES - 8

Appendices

Appendix 1 Competency framework
Appendix 2 Competency worksheet notes
Appendix 3 Competency Worksheet
Appendix 4 Suggested audit tool
Appendix 5 Verification of Expected Death Form
Appendix 6 Equality impact assessment form
Verification of Expected Death

1. INTRODUCTION & PURPOSE

1.1 For nursing teams who provide care to patients at the end of their life, being able to verify an expected death will allow them to provide appropriate after care to relatives and carers and continuity at a time of stress and anxiety.

1.2 The expected outcomes of this policy are:

- The death of the patient is dealt with in a timely, sensitive and caring manner, respecting the dignity of the patient and their relatives and carers
- The death of the patient is dealt with in accordance with the law
- There is appropriate use of Registered Nurses skills and competencies
- Reduction in delays following a patient’s death
- Prevention of unnecessary emergency ambulance or Out of Hours GP call outs

1.3 Legal position:

1.3.1 Certification of death is the process of completing the “Medical Certification of Cause of Death” which must be completed by a Medical practitioner who has attended the deceased during the last illness.

1.3.2 Confirmation or verification of the fact of death does not require a medically registered practitioner.

1.3.3 The certificate details cause of death should be issued within 24 hours or the next working day following the death.

1.3.4 The medical practitioner does not have to view the body of the deceased person prior to issuing the certificate and does not have to report the death if it is an expected death.

2. SCOPE

2.1 This document applies to all directly and indirectly employed staff within Solent NHS Trust and other persons working within the organisation in line with Solent NHS Trust’s Equal Opportunities document.

2.2 Solent NHS Trust is committed to the principles of Equality and Diversity and will strive to eliminate unlawful discrimination in all its forms. We will strive towards demonstrating fairness and Equal Opportunities for users of services, carers, the wider community and our staff.
3. DEFINITIONS

3.1 **An expected death** is “a death where a patient’s demise is anticipated in the near future and the doctor will be able to issue a medical certificate as to the cause of death (i.e. the doctor has seen the patient within the last 14 days before death)” *Home Office 1971*

3.2 **Inevitable expected death** is “a death following on from a period of illness that has been identified as terminal and where no active intervention to prolong life is ongoing. The patients GP/Doctor will have been attending regularly to provide medical support”

3.3 **Verification of death** is the procedure of determining whether a patient has died. All deaths should be subject to professional verification *(Secretary of State for the Home Department, 2003)*. It is separate to the certification process and can be performed by either a medical practitioner or other suitably qualified professional

3.4 **Certification of death** is the process of completing the Medical Certificate of cause of death and can only be carried out by a medical practitioner according to rules defined by the *Births and Death Registration Act 1953*

3.5 For the purposes of this document, the term **Verification of Death** is used, and this is interchangeable with the term **Confirmation of Death**

4. EXCLUDED ISSUES

4.1 Any death which is not expected or which raises concerns

4.2 Any death where the medical practitioner has not attended the patient during their last period of illness and has not formally identified a patient as expected to die

5. ROLES & RESPONSIBILITIES

5.1 Medical responsibilities:

- The patient’s GP or doctor will formally identify patients whose death is expected. The doctor will communicate with the nursing staff regarding those patients identified as an expected death and confirm whether s/he has agreed to allow the nursing team to confirm death.

- The discussions will include the views, if appropriate, of the patient, relatives and nursing staff responsible for the patient

- The decision that death is expected will be documented in the medical and nursing clinical notes.

- The doctor of the deceased patient will complete the death certificate at the first reasonable opportunity in readiness for collection by relatives. Exceptions to this will occur when an expected death must be reported to the coroner e.g. death due to asbestos related disease
5.2 Nursing Responsibilities:

- Nurses will acknowledge the limits of their professional competence and only undertake practice and accept responsibilities for those activities in which they are competent and act according to the Nursing and Midwifery Council Code (NMC 2008).

- All registered nurses confirming death must have the competencies, skills and knowledge to enable them to determine the physiological aspects of death. It is expected that staff undertaking this procedure will have obtained the Physical Assessment and History Taking module at level 5 or above and/or have attended the Clinical Upskilling Course. This is a pre-requisite for attendance at Verification of Death training.

- S/he should be aware of the legal issues and accountability that relate to this extended scope of professional practice (Royal College of Nursing 2004, National End of Life Care Programme, 2011). Training to achieve these competencies will be provided by the Trust.

- This document containing the Guidelines and Procedure for Confirmation of Death by Registered Nurses will be available on the Trust Intranet and in clinical areas. All new staff should be made aware of this procedure during induction into the workplace and will receive appropriate training if required to confirm death within their role.

- A member of the primary care/nursing team should always be prepared to speak to relatives when they collect the certificate.

6. THE PROCESS

6.1 The nurse should:

- Ensure the patient’s records reflect that the death is expected.

- Note the exact time of death where possible.

- Check for clinical signs of death, using a stethoscope and penlight or ophthalmoscope.

- Cessation of circulatory and respiratory systems and cerebral function must be confirmed and documented. These should be checked for a minimum of one minute and then a second check for a minimum of one minute after five minutes have elapsed.

- The following are the recognised clinical signs used when verifying death:

  **Cessation of circulatory system**
  - No carotid pulse.
  - No heart sounds – verified by listening with a stethoscope for a minimum of 1 minute.
Cessation of respiratory systems
- No respiratory effort.
- No chest sounds – verified by listening for a minimum of 1 minute.

Cessation of cerebral function
- Pupils fixed and dilated.
- Pupils not reacting to light.
- No eye movements.

If the results are inconclusive, contact the patients GP or Doctor for Verification.

6.3 Following verification of death
- The nurse must record in the patients’ records:
  - The date of death
  - The time of death
  - Identity of any person present at the death or, if the deceased was alone, the person who found the body.
  - Time of verification
  - Place of death
  - Clinical signs of death
  - Name of doctor informed and the time and date this took place
  - Confirmation of the identification of the deceased person using the term “identified to me as…”

- A form for recording is included as Appendix 5

- The record of the nurse’s visit should be formally communicated to the patient’s GP as soon as possible, to the surgery during normal working hours and to the Out of Hours Service at other times, who should notify the GP by Fax the next working day.

- The nurse should advise the deceased’s relatives that except in exceptional circumstances the patient’s own doctor will issue a medical certificate of the cause of death within 24 hours of the patient's death, except at weekends and bank holidays when the certificate should be produced on the next working day.

- Parenteral drug administration equipment or any life prolonging equipment should not be removed prior to confirmation of death, but may be removed after verification except in the case of deaths reported to the coroner (see appendix 3).

- Advise relative or next of kin that the patient has died and give information regarding what to do after death.
6.4 **Organ donation**

- The NHS Blood and Transplant service has a 24 hour national helpline available for advice on 0300 123 23 23 or via [www.uktransplant.org.uk](http://www.uktransplant.org.uk)

- When a person dies at home, tissue donation may be able to be made depending on diagnosis and cause of death but it is not possible to donate organs. This will have been pre-arranged and documented in the patients record.

- Tissue including corneas, skin and bone can be made within 24 hours of death, donation of heart valves can be made within 48 hours of death.

7. **EDUCATION AND TRAINING**

7.1 Training will focus on the following areas:

- Legal aspects
- Skills of verifying death
- Application of the policy
- Meeting the needs of relatives and carers

7.2 Training will be given to those staff identified as appropriate as in 7.5 below, including prior successful completion of Physical Assessment and History Taking module at level 5 or above and/or have attended the Clinical Upskilling Course

7.3 Training will comprise a 2 hour session comprising theoretical input followed by an observation assessment of competency in the classroom setting

7.4 A copy of the competency framework is included as appendix 1, the competency worksheet notes as appendix 2 and the worksheet as appendix 3

7.4 Update sessions will be run if staff identify to their line manager that their competencies have not been maintained by undertaking the procedures contained in this document.

7.5 Solent NHS Trust recognises the importance of appropriate training for staff. For training requirements and refresher frequencies in relation to this policy, please refer to the Training Needs Analysis on the intranet.

8. **EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY**

8.1 As part of the development of this Policy, an Equality Impact assessment was completed. A copy of this assessment is attached as Appendix 6. The result of this assessment was “no negative impact”
9. SUCESS CRITERIA/MONITORING EFFECTIVENESS

9.1 Each service with staff verifying death under this policy will perform yearly audit using the audit tool included as appendix 4

9.2 Any non-compliance with this policy must be reported using the non-compliance form found in the Policy on Procedural Documents Policy on the intranet.

10 REVIEW

10.1 This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed twelve months from initial approval and thereafter on a bi-annual basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review

11. LINKS TO OTHER DOCUMENTS

11.1 This policy links to:
   • Deprivation of Liberty Standards and Mental Capacity Policy
   • Unified Do Not Attempt CPR Policy
   • Management of Resuscitation Policy
   • Information Governance Policy
   • Advanced Decision to Refuse treatment Policy

12. REFERENCES

   Academy of Medical Royal Colleges 2008, Associated code of practice for diagnosis and confirmation of death

   British Medical Association, April 1999 Confirmation and Certification of Death


   JRCALC March 2003. Recognition of Life Extinct (ROLE) by Ambulance Staff. The Joint Royal Colleges Ambulance Liaison Committee (JRCALC)

   Milton Keynes End of Life Care Team, 2011 Verification of death by Registered Nurses

   National End of Life Programme and National Nurse Consultant Group (Palliative Care), 2011, Guidance for staff responsible for care after death
NMC 2000, NMC Advice, *Confirmation of Death*

NMC 2008 *The Code: Standards of Conduct and performance and ethics for Nurses and Midwives*

North Somerset Community Trust, Feb 2010 *Verification of death by Registered Nurses*

RCN 2004, *Confirmation (verification) of Expected Deaths by Registered Nurses*, Royal College of Nursing available at RCN Direct online


With thanks to The Rowans Hospice for the use of some of their documentation, Lisa Barton, End of Life Co-ordinator and Milton Keynes Community Health Services, and North Somerset NHS Trust.
## Competency Framework for Registered Nurse Verification of Expected Adult Death in the Community Setting

Name:  
Date of completion:  

<table>
<thead>
<tr>
<th>Competency</th>
<th>Trainers signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Registered nurse demonstrates a clear understanding of their own responsibilities and accountabilities including legal implications for nurse verification of expected death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The registered nurse can advise on the relevant documentation and equipment required to complete the verification</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is able to recognise potential clinical signs of death</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can locate the carotid pulse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can use a stethoscope to listen for heart sounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can use a stethoscope to listen for breath sounds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates the ability to examine the response of the pupil to light</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The registered nurse is able to indicate anatomical regions suitable to administer painful stimuli and assess response</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The registered nurse demonstrates completion of relevant paperwork and actions following examination</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify that the above named Registered Nurse has demonstrated a satisfactory level of competence in the verification of Expected Adult Death.

Name of assessor:  
Signature of assessor:  
Date:  

---

Verification of Expected Death Policy Version 2
**Competency Worksheet Notes**

1. Ensure the registered nurse’s name is recorded on sheet.

2. Date of completion of competency important, from that date the nurse is deemed competent to carry out this procedure if required and that she/he is happy to do so.

3. It is important that the nurse has an awareness of why the training is needed and the background to it. This should include:
   - Improving end of life care for patients.
   - The reduction of delays that lead to distress for relatives
   - The prevention of potentially distressing and unnecessary ambulance call outs where resuscitation would be inappropriate.

4. Consider:
   - Who wants to be present
   - Their understanding of the nurse’s role
   - Any language or communication barriers that will impede the understanding of the key persons involved
   - Privacy and prevention of interruption.

5. Legal implications - The NMC guidance should be quoted so the assessor is certain the nurse has full awareness of their role.

6. List equipment required: - stethoscope, torch, patient notes, all documentation pertaining to the procedure. **List appendices**

7. Checking identity - ensure that this is the patient, according to local guidelines. (name, address, NHS number, date of birth)

8. Check no signs of life: observation of the chest, calling their name, holding their hand to stimulate a response.

9. Check where a carotid pulse can be found, and other reasons why it may be difficult to find. The nurse to indicate where their carotid pulse is.

10. Use of a stethoscope - ensure nurse knows how to use one and where heart sounds should be heard, and to listen to their own.

11. Use of stethoscope - nurse to show where breath sounds can be heard and to listen to his or her own.

12. Examination of pupils-why they are fixed and dilated, nurse to demonstrate how this would be carried out.

13. Considerations for the completion of the procedure:
   - Ensure written documentation is completed inline with Trust Policy.
   - Last offices are undertaken according to policy and procedure
   - The primary health care team/GP is notified of the death
   - The patient’s death is communicated to appropriate services across organisations
   - The relatives/carer can express an understanding of what they will need to do next and are given relevant written information

Once the trainer/assessor is happy that the nurse is competent they can sign off the competency. In some circumstances this can take more than one time.
Competency Work sheet for Registered Nurse
Verification of Expected Death following training.

Name................................................
Date................................................

1. What is the difference between Verification and Certification?

2. In what circumstances can Verification of death NOT be carried out?

3. What is required to carry out Verification of death?

4. What are the clinical signs of death?

5. What actions should be taken following Verification of death?

6. How does the NMC code of conduct influence this extended role?
### Appendix 4

**Suggested audit tool Verification of Expected Death**

<table>
<thead>
<tr>
<th>Name of area/service</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of audit</td>
<td></td>
</tr>
<tr>
<td>Time frame covered by audit</td>
<td></td>
</tr>
<tr>
<td>Number of staff who have attended verification of expected death training</td>
<td></td>
</tr>
<tr>
<td>Number of staff who have completed verification of expected death training competencies</td>
<td></td>
</tr>
<tr>
<td>Number of patients whose death has been verified</td>
<td></td>
</tr>
</tbody>
</table>

An extension audit could be completed to check accurate completion of the verification form (Appendix 5)
Nurse Verification of an Expected Death

The patient has been identified to me as:

Patients Name:     Date of Birth: 
Address: 

GP:       NHS No: 

<table>
<thead>
<tr>
<th>Place of Death:</th>
<th>Time:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons present at death/person who found the deceased*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* please delete as appropriate</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient has died in the absence of a doctor</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP has documented in patients notes that consent given for nurse verification of expected death</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Patient is known to the primary care team</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical signs</th>
<th>Initial</th>
<th>5mins</th>
</tr>
</thead>
<tbody>
<tr>
<td>No response to painful stimuli (e.g. sternal rub) confirmed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absence of carotid pulse over one minute confirmed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absence of heart sounds over one minute confirmed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Absence of respiratory movements and breath sounds over one minute confirmed?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fixed dilated pupils (unresponsive to bright light) confirmed?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Relative or carer present</th>
</tr>
</thead>
<tbody>
<tr>
<td>If not present have they been notified</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of person informed:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to patient:</td>
</tr>
<tr>
<td>Contact Number:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GP/Out of Hours informed (name of doctor)</th>
<th>Time informed</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Nurse verifying death</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
<tr>
<td>Time of verification</td>
</tr>
<tr>
<td>Status</td>
</tr>
</tbody>
</table>

PTO
In the event of the patient having drugs administered continuously via a syringe driver complete the following:

<table>
<thead>
<tr>
<th>Infusion removed from (state site)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of drug(s)</td>
<td></td>
</tr>
<tr>
<td>Amount of fluid remaining in syringe</td>
<td></td>
</tr>
<tr>
<td>Set up at (date and time)</td>
<td></td>
</tr>
</tbody>
</table>

I confirm the infusion was calculated and was delivering the correct amount.

I confirm that the contents of the syringe have been made unusable.

<table>
<thead>
<tr>
<th>Verified by</th>
<th>Witnessed by</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>Status</td>
<td>Status</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>Time</td>
<td>Time</td>
</tr>
</tbody>
</table>
**Appendix 6**

**Equality Impact Assessment**

**Step 1 – Scoping; identify the policies aims**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What are the main aims and objectives of the policy?</td>
<td>This policy sets out the required standard to be delivered by Solent NHS Trust staff for verifying expected death</td>
</tr>
<tr>
<td>2. Who will be affected by it?</td>
<td>All Registered nurses who train to perform Verification of death and verify death. Patients who are at end of life and expected to die</td>
</tr>
<tr>
<td>3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?</td>
<td>Currently little verification occurring. This is a rewritten policy from a previous Southampton policy. We would like to be able to provide this activity for appropriate patients to improve care immediately after death</td>
</tr>
<tr>
<td>4. What information do you already have on the equality impact of this policy?</td>
<td>None</td>
</tr>
<tr>
<td>5. Are there demographic changes or trends locally to be considered?</td>
<td>No</td>
</tr>
<tr>
<td>6. What other information do you need?</td>
<td>None</td>
</tr>
</tbody>
</table>

**Step 2 - Assessing the Impact; consider the data and research**

<table>
<thead>
<tr>
<th>Step 2 - Assessing the Impact; consider the data and research</th>
<th>Yes</th>
<th>No</th>
<th>Answer (Evidence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Could the document unlawfully discriminate against any group?</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>2. Can any group benefit or be excluded?</td>
<td></td>
<td>x</td>
<td>Only exclusions are those outlined in the policy. Verification of death by Registered Nurses will only occur if there are appropriately trained staff available</td>
</tr>
<tr>
<td>3. Can any group be denied fair &amp; equal access to or treatment as a result of this document?</td>
<td></td>
<td>x</td>
<td>Generic Policy for all appropriate patients with proviso of appropriate availability of staff</td>
</tr>
<tr>
<td>4. Can this actively promote good relations with and between different groups?</td>
<td></td>
<td>x</td>
<td>Promotion of improved care and communication at end of life for appropriate patients</td>
</tr>
</tbody>
</table>

Verification of Expected Death Policy Version 2
5. Have you carried out any consultation internally/externally with relevant individual groups? | x | Working Party
---|---|---
6. Have you used a variety of different methods of consultation/involvement | x | E-mail, face to face, working group

**Mental Capacity Act implications**

7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information) | x | Not applicable

---

No negative impact, end of assessment