CareVille
CARE TAILORED TO YOU

Confirmation of Death Policy

CM11

Date: [ ]

Date Written	
Author(s)	
Version	
Date Signed Off	
Reviewed by	

Review Data

Initial Production

Name	Role/Department	RACI	Date

R = Responsible for writing the policy; **A** = Accountable; **C** = Consulted; **I** = Informed

Change History

Version	Date	Details of Change	Author

Emergency Contact Details

Name	Email	Mobile

CQC Fundamental Standards

Regulation Number	Regulation Details
Regulation 16: Notification of death of service user	The registered person must notify the Commission without delay of the death of a service user.

Key Lines of Enquiry

KLOE	How this applies to Confirmation of Death
Caring	Responding appropriately to the death of a service user demonstrates caring.
Well Led	Defining clear responsibilities and accountability is part of a well led service.

Related Documents

This policy should be read in conjunction with our:

- CM14 - Death of a Service User Policy
- CMN07 - Notifications Policy

Policy Aims

- Ensure a single approach to the nurse confirmation of adult deaths across Careville Ltd.
- Contribute to the quality provision of end of life care for adults in all care settings across Careville Ltd.
- Support emotional closure for all staff involved in the provision of end of life care.
- Provide explicit direction for registered nurses involved in the confirmation of adult death.

A registered nurse cannot legally certify death. This is one of the few activities required by law to be carried out **by a registered medical practitioner.** In the event of death, **a registered nurse may confirm a death has occurred,** providing there is an explicit local protocol in place to allow such an action, which includes guidance on when other authorities, e.g. the police or the coroner, should be informed prior to removal of the body (NMC May 2012).

Careville Ltd recognises that all deaths, whether expected or not, need to be managed effectively.

Key Question: What are the roles of the nursing team when dealing with death?

Careville Ltd nursing teams provide palliative and terminal care on a regular basis. The ability of nurses to confirm the death of a patient and also provide appropriate timely aftercare to relatives and carers, will reduce anxiety and support the bereavement process at a time of great stress and personal loss. (RCN, End of Life Care Programme 2011).

Definitions and an Explanation of Terms Used

Death

Death is where there are no physical signs of life in a person and/or there are signs of irrefutable death.

Death often follows a period of illness which has been identified as palliative, end stage, or terminal, which indicates that the patient's death may be imminent.

Active intervention to return life through cardio pulmonary resuscitation (CPR)) is not appropriate because the treatment may be futile, unethical, cause harm or be unlawful (where there is the presence of an advanced decision to refuse treatment, (ADRT) in place.

Confirmation of Death

Confirmation of death is the procedure of determining whether a patient is actually deceased.

It is not legally necessary for a doctor to document that a nurse may confirm the death but this would be considered to be good practice.

All deaths should be confirmed by following the identified process in Section 6 below.

The process of confirmation can be performed by either a medical practitioner or other suitably qualified professional who has received confirmation of death training.

Certification of Death

The process of completing the Medical Certificate of Cause of Death can only be carried out by a medical practitioner according to rules defined by The Births and Death Registration Act 1953.

Full Details of the Policy

This policy only applies to adults (aged over 18 years) where the Service User will normally have been reviewed by the GP in the two weeks prior to death. Conformation of the death should be recorded in the Service User's notes as soon as possible following the death.

Wherever possible the relatives should have been made aware of the Service User's deteriorating condition and the Service User's current treatment and care plan.

The nurse must only confirm death where:

- There is no indication to perform CPR. There is a clear and current advance statement that resuscitation is not to be attempted which is documented on a DNACPR form, or an advanced decision to refuse treatment (ADRT) is in place).
- There are signs of irrefutable death - Clinical signs of irrefutable death must be clearly documented within the Service User's records.

The nurse must not confirm the death where:

- There no indications to perform this act, (i.e. there are signs of life).
- Deaths of people not seen by a doctor in the 2 weeks prior to death.

- Deaths which occur within 24 hours of onset of illness or where no firm clinical diagnosis has been made.
- Deaths following post-operative or post invasive procedures, i.e. cannulation, investigative procedures such as angiograms, surgical intervention where an anaesthetic has been used.
- Deaths which follow an untoward incident, fall, hospital acquired infection e.g. MRSA, Clostridium Difficile (C. Diff) or drug error.
- Deaths which occur as a result of negligence (pressure ulcer) or malpractice.
- Any unclear or remotely suspicious death.

In all cases where the nurse has any concerns that the death may not be from natural causes, their immediate line and or senior manager must be informed. An incident form must be completed in line with Careville Ltd's Incident Reporting and Serious Untoward Incident Policy.

A nurse may confirm the death of a Service User even in the presence of an indication to refer to the Coroner's Office. In these conditions (where death has been confirmed) the nurse must contact the doctor in charge of the person's care to consider death certification. The nurse should refer to the Coroner themselves should they have any concerns.

Process

1. On suspicion that the Service User has died and that CPR is not indicated, the Registered Nurse responsible for confirmation of death must examine the Service User for

- Absence of a radial pulse for one minute.
- Absence of a carotid arterial pulse for one minute.
- Absence of heart sounds for one minute.
- Absence of breath sounds for one minute.
- Absence of respiratory effort for one minute.
- Bilateral fixed and dilated pupils.
- Bilateral unresponsive pupils to a light source.
- Unresponsive to a painful stimulus – N.B The only advocated painful stimuli is trapezium squeeze.

2. The nurse must ensure that all these observations are repeated after 10 minutes if the nurse believes the patient to be dead and not for cardio pulmonary resuscitation (CPR).
3. When the nurse is satisfied that there has been a correct confirmation of death, they must make an entry in the Service User's notes. The entries must be clearly signed and the registered nurse's name printed in full after each entry. It must show details of those observations leading to confirmation of death, including time and date of death. The time of death will be after the first full set of negative observations.
4. Details of the date, time and method of when the GP practice was informed of the death should be added to the records.
5. Parenteral drug administration equipment, or any life prolonging equipment, should not be removed prior to confirmation of death.

6. When removing parenteral medication, documentation should also include the drugs delivered by this route and the amount of drugs remaining still to be infused,
7. The time of discontinuation and disconnection must be recorded.
8. If there are any signs or concerns that there has been an unnatural death, either by incorrect admission of medicines or criminal intent to harm or kill the Service User by the wilful administration of medicines, a senior manager must be called immediately, leaving in place all equipment and drugs/treatments or other potential evidence at investigation. This includes intravenous administration lines, part infused bags of fluids or syringes from syringe drivers.
9. A decision re-contacting the police to inform them of the death should be made in discussion with the clinical team involved in the care, and the senior manager informed of the death.

This policy should be read in conjunction with Death of a Service User policy.

Policy Review

A Director will review this policy at least once a year to make any updates needed.

Key Points to Take Away

- A registered nurse cannot legally certify death. Only confirm it.
- This policy only applies to adults (aged over 18 years) where the Service User will normally have been reviewed by the GP in the two weeks prior to death
- Wherever possible the relatives should have been made aware of the Service User's deteriorating condition and the Service User's current treatment and care plan.
- The Nurse must only confirm death when there are no signs of life, and no indication to perform CPR.

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of Careville Ltd. All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature

Director