REGISTERED NURSE VERIFICATION OF EXPECTED ADULT DEATH

Education Team

St. Raphael's Hospice

Autumn 2021

DISCLAIMER

Guidance has been updated in November 2020 in response to the COVID-19 pandemic

This session does not assess competency, this needs to be achieved locally

WHAT IS REGISTERED NURSE VERIFICATION OF EXPECTED ADULT DEATH?

CONFIRMATION OF DEATH BY ASSESSING THAT THERE ARE NO SIGNS OF CARDIAC OUTPUT, RESPIRATION AND CEREBRAL ACTIVITY

THE TIME OF VERIFICATION IS RECOGNISED AS THE OFFICIAL TIME OF DEATH

IT OFTEN DIFFERS FROM THE TIME OF LAST BREATH

VERIFICATION IN THE HEALTHCARE SETTING SHOULD HAPPEN WITHIN 1 HOUR

VERIFICATION IN THE COMMUNITY SHOULD HAPPEN WITHIN 4 HOURS (FAMILIES SHOULD BE ADVISED ON KEEPING THE ROOM COOL/LYING PATIENT FLAT)

WHAT IS AN EXPECTED DEATH?

- Death is due to an acute or gradual deterioration in a patient's health, often as a result of advanced incurable disease (such as terminal cancer, dementia)
- Death is predicted, prognosis is often poor
- Advance care planning maybe in place
- There is a valid DNACPR order
- Death can be verified even if the patient has not been seen by the doctor in the last 28 days under The Coronavirus Act

CERTIFICATION OF DEATH

- Certification of death is the process of completing the 'Medical Certificate of the Cause of Death' (MCCD)
- Completed by a medical practitioner in accordance with The Birth & Deaths Act, 1953
- Under The Coronavirus Act, 2020 death can be verified even if the patient has not been seen by the doctor in the last 28 days
- Includes seeing the patient virtually or after death
- If a medical practitioner has not seen the patient they need to view the deceased in person.

INCLUSION CRITERIA

- Adults aged 18 years and over
- Death is not associated with any suspicious circumstances
- A valid "Do Not Attempt Cardio-Pulmonary Resuscitation" (DNACPR) form in place
- The death occurred in a private residence, hospice, care home, prison or hospital
- Patients who die under the Mental Health Act including DOL's can be verified if the other criteria is met

EXCLUSION CRITERIA

- Any expected adult death believed to have occurred in suspicious circumstances

EXPECTED/ UNEXPECTED

EXPECTED

- Known terminal prognosis
- Entered last days of life
- Terminal diagnosis – sudden event – GI bleed

'UNEXPECTED

- Long term condition, for example, diabetes
- LAS call, patient found dead – no known co morbidities

WHAT IF THE PATIENT DIES PREMATURELY DESPITE HAVING A TERMINAL ILLNESS?

- Sometimes patients with a terminal illness can die much quicker or suddenly due to an acute event such as a pulmonary embolism.
- If the patient has a valid DNACPR form a RN competent in RNVoEAD can verify the death provided the situation is discussed with the patient's doctor.

MEDICAL RESPONSIBILITIES

Doctor available to speak the family if necessary after the death of a patient

The responsible or delegated doctor can explain the cause of death they have written on the "Medical certificate of the Cause of Death" (MCCD)

Report any notifiable infectious disease, statements relevant for cremation & MCCDs

NURSING RESPONSIBILITIES

RNs must have read & understood 'Special edition: Care After Death guidance'

Aware of medical responsibilities

RN carrying out the procedure must inform the Dr of the patient's death as per local policy

RN must instigate the process of deactivation of the ICD

RN must inform funeral director/mortuary of any confirmed of suspected infectious diseases, radioactive implants, implantable devices & whether ICD is still active

RN can refuse to verify death & request attendance of responsible Dr/police if there is any unusual situation

PARAMEDIC RESPONSIBILITIES

- The Paramedic must check if the death is expected or unexpected and act accordingly.
- Complete a Recognition of Life Extinct (Verification of the Fact of Death) LA3 form for all deceased patients.

PROCEDURE GUIDE

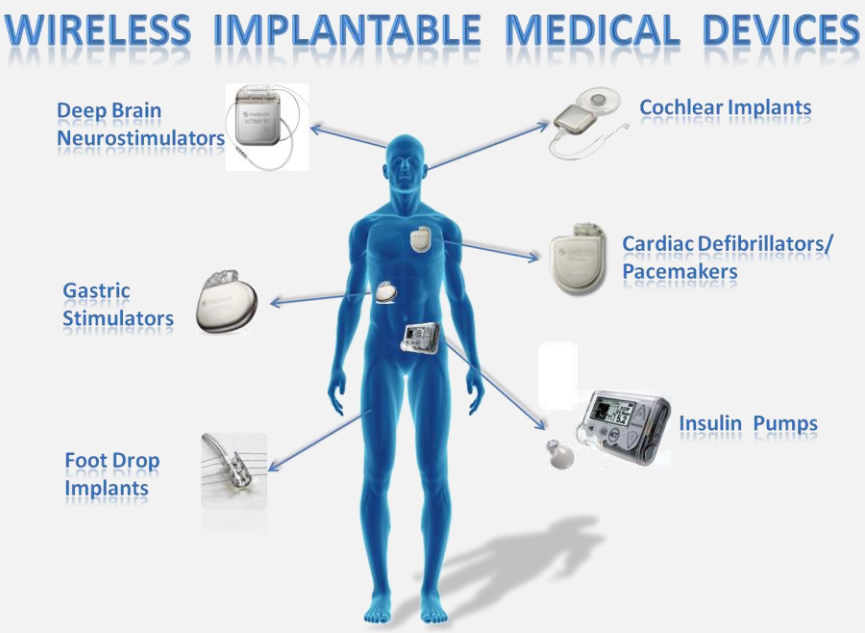
PROCEDURE: EQUIPMENT

- Clinell wipes
- Alcohol gel
- Pen torch
- Stethoscope
- Dressing pack/clean disposable sheet
- Watch with a second hand
- Waste bags x2
- X2 Non-sterile gloves
- Eye protection (if risk of splashing/suspected or confirmed COVID-19)
- FRSM
- Disposable apron/gown

PROCEDURE: SAFETY CHECKS

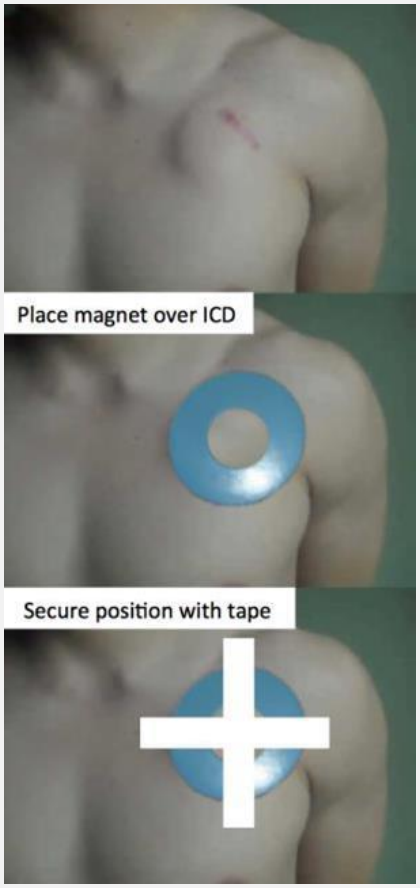
- Ensure there is a valid DNACPR form
- Where there is no DNACPR, ensure clear clinical judgement that death is irreversible (rigor mortis)
- Check NHS number of the patient's clinical records and check that the name band matches the patient's detail
- Check clinical record to establish if there are any infectious diseases, radioactive implants, medical devices

SAFETY CHECKS CONTINUED: IMPLANTABLE MEDICAL DEVICES



SAFETY CHECKS CONTINUED: IMPLANTABLE CARDIAC DEFIBRILLATORS

- Deactivation should have been discussed with the pacing team and patient's cardiologist whilst the patient was alive
- The ICD will only deliver shocks when the patient is in a shockable rhythm. Once the patient is no longer in a shockable rhythm, i.e asystole, the ICD will not fire.



PROCEDURE: INFECTION CONTROL

- Don PPE as per PHE guidance
- Open pack/clean disposable sheet on clean surface for cleaned stethoscope & pen torch
- Clean equipment – place on clean disposable sheet

PROCEDURE: PREPARATION

- Lie the patient flat
- Leave all tubes, lines, drains, medication patches & pumps in situ (turn off medication/fluid pumps)
- Spigot drains where present
- These can be removed after verification if the death is not being referred to the coroner

VERIFICATION OF DEATH EXAMINATION SHOULD LAST A MINIMUM OF 5 MINUTES TO ESTABLISH IRREVERSIBLE CARDIO-RESPIRATORY ARREST HAS OCCURRED

PROCEDURE: EXAMINATION

- Heart sounds: use a stethoscope to listen for heart sounds
- Neurological response: Use pen torch, test both eyes for the absence of pupillary response to light
- Respiratory effort: Observe for signs of respiratory effort over the 5 minutes
- DO NOT place your ear near the person's nose of mouth to listen for breathing

PROCEDURE: EXAMINATION

- Central pulse: Palpate for a central pulse (carotid)
- Motor response: After 5 minutes of continued CPR arrest, test for absence of motor response through trapezius squeeze

- **Any spontaneous return of cardiac or respiratory activity during this period of observation should prompt a further 5 minutes of observations**

PROCEDURE: INFECTION CONTROL

- Perform hand hygiene
- Don a pair of gloves
- Clean stethoscope and pen torch
- Remove PPE as per PHE guidance
- Dispose of waste as per policy

PROCEDURE: DOCUMENTATION

- Document on electronic patient record in a timely manner
- Notify the Dr of the death including date/time by secure email
- RN ensure bereaved are aware of "the next steps"
- RN should understand the potential and actual impact of the bereavement on surrounding patients & residents and offer support, ensuring carers are made aware of services available for patients and residents

SUPPORTING POLICIES & GUIDANCE

- Special Edition: Care After Death: Registered Nurse Verification of Expected Adult Death Guidance (HUK website)
- Follow local policies and guidance