

2. Confirmation of Death

- 2.1 Deaths following cessation of cardiorespiratory function must be confirmed in accordance with NHS Lothian's Confirmation of Death Policy, Confirmation of Death Procedure and any relevant local Standard Operating Procedures. Death following irreversible cessation of brain stem function using neurological criteria must follow the NHS Scotland process and documentation for the Diagnosis of Death using Neurological Criteria. If a death has been diagnosed using neurological criteria then further confirmation of death following withdrawal of treatment is not required.
- 2.2 If formal confirmation of death following cessation of cardiorespiratory function is not possible immediately, staff should record the observed time of death as identified by staff or family.
- 2.3 Confirmation of death following cessation of cardiorespiratory function should usually take place within 1 hour, and must be completed before personal care after death (last offices) and transfer of the deceased person to the mortuary or other appropriate facility (e.g. funeral director).
- 2.4 In general, deaths following cessation of cardiorespiratory function may be confirmed by any suitably trained and competent registered healthcare professional in accordance with NHS Lothian policy. It is the right of a registered healthcare professional to refuse to confirm the death and to request the attendance of the responsible doctor / police if there are circumstances around the death that raise concerns.
- 2.5 The Scottish Government and a national Short Life Working Group on Confirmation of Death led by NHS Education for Scotland (NES) have agreed on the following observations as the clinical signs for confirming death following cessation of cardiorespiratory function. Over a minimum of 5 minutes, the practitioner should confirm:
- Absence of carotid pulse (over 1 minute) and
 - Absence of heart sounds (over 1 minute) and
 - Absence of respiratory sounds and respiratory effort (over 1 minute) and
 - No response to painful stimuli (e.g. trapezius squeeze) and
 - Fixed dilated pupils unresponsive to bright light *.
- *Where there are defects in the eye e.g. blind, cataracts, false eye, etc, then practitioner may undertake corneal reflex test if competent to do so.*
- In some hospital settings, the following criteria may also be used if available but are not essential:
- Asystole on continuous ECG monitoring
 - Absence of pulsatile flow on an intra-arterial monitoring
 - Absence of contractile activity of the heart on echocardiogram
- 2.6 Extreme care must be taken in cases where confirmation of death may be more difficult, e.g. hypothermia, certain types of drug overdose and narcolepsy.
- 2.7 Confirmation of these criteria must be recorded contemporaneously in the patient's healthcare records. If the healthcare professional has access to TRAK, confirmation of death must be recorded electronically in the progress notes using the canned text command \deathver