Confirmation of Death Procedure

Purpose of this procedure:

To describe the procedure for confirmation of death following cessation of cardiorespiratory function by suitably trained and competent registered healthcare professionals in NHS Lothian. This is to ensure that deaths are confirmed in a consistent, timely, sensitive and caring manner, respecting the dignity, religious and cultural needs and preferences of the patient, relatives and carers.

The Procedure:

1. Before confirming death

1.1 Decisions relating to Cardiopulmonary Resuscitation

When someone has been diagnosed with a life-limiting condition, there will most often be a plan of care that is carefully communicated and co-ordinated between all team members and the family or relatives of that person. This plan should include details of any known advance statement, advance directive and / or 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) form for an adult or 'Children / Young People Acute Deterioration Management' (CYPADM) form for a child or young person.

In the absence of a DNACPR or CYPADM form confirming that resuscitation should not be attempted, the healthcare professional will use professional judgement to assess whether life-preserving measures such as CPR should be initiated. When no explicit decision has been made about CPR before a cardiopulmonary arrest occurs, and no expressed wishes of the patient are known, the initial presumption is that staff will initiate CPR for the patient. However, there will be some patients for whom attempting CPR would clearly not be successful, for example a patient in the final stages of a terminal illness where death is imminent and unavoidable, or when there are signs of rigor mortis. Where CPR will not work it should not be attempted. Any healthcare professional that makes and documents a carefully considered decision not to start CPR in such a situation should be supported by their senior colleagues, employers and professional bodies [1].

1.2 Identify the appropriate healthcare professional to confirm the death.

The most appropriate registered healthcare professional should confirm the death. It is preferable, but not always necessary, for the healthcare professional confirming death to have known or provided care for the person in life. However they will require sufficient information to make informed judgements about whether or not to commence CPR and about the clinical process of confirming the death, as well as any further precautions, communication and / or notification that may be required e.g. the need to report to the police or procurator fiscal, any known infection risks or other hazards, and / or whether additional checks may be required to exclude potentially reversible causes of apnoea or coma.

The registered healthcare professional has the right 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.

[1] NHS Scotland (2016) Do Not Attempt Cardiopulmonary Resuscitation (DNACPR): Integrated Adult Policy

If an appropriate healthcare professional is not present at the time of death, they should attend promptly as confirmation of death should usually take place within one hour in a hospital setting and within four hours in a community setting[2]. Whilst recognising the need to attend to acutely ill patients as a priority, if confirmation of death is delayed for an extended time it can cause anxiety for the family or relatives, and in a communal setting, for other patients or residents. The deceased person cannot be transferred to a mortuary or funeral directors' premises until confirmation of death has been completed. Delays transferring a deceased person to appropriate cooled storage can hasten physical deterioration and may have an impact on the viability of donating tissue for transplantation, which can be a positive choice for many families. Therefore the shortest timeframe in which confirmation can be undertaken will reduce unnecessary distress to those who are bereaved.

1.3 Enquiries and actions prior to confirming death

- Check notes.
- Ask those present (staff / family) about circumstances surrounding the death.
- If family or friends are present, the healthcare professional confirming the death should:
    - Introduce themselves and show identification (if not already known to family).
    - Offer condolences (if they haven't already done so).
    - Explain the need to confirm the death and that this is different from certification which will be done later by a doctor.
    - Ask if the family have any concerns or questions. Provide further information as appropriate.
    - Check any religious, cultural or personal wishes or preferences.
    - Offer the family the opportunity to be present or to wait outside – respect their preference.
- Confirm the deceased person's identity (by checking ID band or identification / corroboration by other persons present e.g. next of kin or carer).
- Carry out a visual check and feel chest for implanted devices.
- In certain circumstances special consideration will be required to exclude potentially reversible causes of apnoea or coma when confirming death e.g. hypothermia, coma.

2. The clinical process for confirming death

2.1 The Scottish Government and a national Short Life Working Group on Confirmation of Death led by NHS Education for Scotland (NES) has agreed on the following observations as the clinical signs for confirming death. 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

In hospital the following additional criteria may be used if already 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.

2.2 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] RCN Confirmation or verification of death by registered nurses. Advice guide. [Accessed 26/08/19].

3. Documentation of confirmation of death

3.1 Confirmation of death must be recorded contemporaneously in the patient's health records. In inpatient settings where the healthcare professional has access to TRAK, confirmation of death must be recorded electronically in the progress notes using the canned text command \deathver to generate a pro forma for completion. In community settings without access to TRAK, a paper form should be used to document confirmation of death.

3.2 It is good practice to document within the records:

- Observations in line with clinical process for confirming death.
- Time and date attended.
- The time and date that death was confirmed (subject to comments below).
- Time and date of presumed death reported by witnesses.
- The time and date that the appropriate medical practitioner, and/or other clinical team members (i.e. palliative care community team) was informed.
- The time and date of any communications with other parties such as funeral directors or police, or internal mortuary staff if the death occurs in a hospital.
- The time, date and a summary of any communications with family or carers.

3.3 The actual time and date of death should be recorded if the healthcare professional was present when death occurred. If the healthcare professional was not present when death occurred then information from others, such as family or carers, who were present at the time of death, may be taken into account and the time of death that they indicate can be recorded, together with the date and time the healthcare professional completed the clinical process for confirming death. This will appreciate and acknowledge the input of family and carers, and will ultimately assist the certifying doctor in completing the Medical Certificate of Cause of Death (MCCD). The information may also be required to be shared with the police if the death is reported to them or the Procurator Fiscal.

4. Communication following confirmation of death

4.1 Confirmation of death is the first step in a continuum of elements that will initiate further actions depending on the circumstances. Healthcare professionals must follow local Standard Operating Procedures and, for inpatient deaths, the Death in Hospital Policy & Procedure.

4.2 If the circumstances or context of the death give rise to immediate concern, then the registered healthcare practitioner should discuss the issues with a senior colleague or a medical practitioner. Following discussions, police attendance may be required to provide support and advice[3]. It is the role of the police or the relevant medical practitioner to decide whether a death is reportable to the Procurator Fiscal, therefore effective communication and information-sharing is required.[4]

4.3 Once the death has been confirmed, if there are no restrictions in place by police / Procurator Fiscal, staff may complete personal care after death ('last offices'). Following this, in an inpatient setting staff should

[3] http://www.sehd.scot.nhs.uk/cmo/CMO(2016)02.pdf
[4] http://www.copfs.gov.uk/images/Documents/Deaths/Reporting%20Deaths%20to%20the%20Procurator%20Fiscal%202015.pdf

arrange for the deceased person to be transferred to an appropriate facility for ongoing care (i.e. hospital mortuary or, for sites without mortuary facilities, the family's chosen funeral director / NHS Lothian's contract funeral director). In the community setting, staff should advise the family regarding ongoing care of the deceased person – this will usually involve the family making arrangements for transfer to the care of a funeral director.

4.3 Providing of support and information to people who have been bereaved is an important aspect of the role of the healthcare professional who attends to confirm death. The bereaved family should be offered a copy of the national bereavement booklet ***When Someone Has Died*** which contains advice on practical issues following bereavement as well as coping with the emotional impact of grief.

4.4 If the healthcare professional is made aware that the deceased had previously expressed a wish to donate tissues or organs, a Tissue Donor Coordinator can be contacted for further advice 24/7 through the switchboard or via pager on 07623 513987.

4.5 In certain circumstances there may be a desire for the funeral to be arranged quickly e.g. for religious, cultural, compassionate or practical reasons. Prompt communication with the certifying doctor will be required to ensure that this can be supported.

Associated materials/references:

NHS Lothian Confirmation of Death Policy

NHS Lothian Death in Hospital Policy, and Procedures

BMA, Resuscitation Council (UK) & RCN (2016) Decisions relating to cardiopulmonary resuscitation. 3rd Edition (1st Revision).

CNO Letter (August 2018): Confirmation of Death

NHS Scotland (2016) Do Not Attempt Cardiopulmonary Resuscitation (DNACPR): Integrated Adult Policy

Scottish Government (2018): Confirmation of Death Framework

Scottish Government DL (2017) 9: Verification of Death