NHS Lothian

# Confirmation of Death Recording Template

| Section 1 – Patient's details: Attach addressograph label or complete below | | |
|---|---|---|
| Tick as appropriate:<br>☐ Consultant<br>☐ Hospital<br>☐ GP Practice: | **First name:** | **Surname:** |
| | **CHI number:** | **Date of birth:** DD / MM / YYYY |
| | **Permanent address:** (NB. This may not be the place of death)<br>**Post code:** | |

| Section 2 - Clinical signs - observations and examination over minimum of 5 minutes | | Tick when absence is confirmed |
|---|---|---|
| Absence of carotid pulse over one minute confirmed, AND | | ☐ |
| Absence of heart sounds over one minute confirmed, AND | | ☐ |
| Absence of respiratory sounds/effort over one minute confirmed, AND | | ☐ |
| No response to painful stimuli (e.g. trapezius squeeze) confirmed, AND | | ☐ |
| Fixed dilated pupils (unresponsive to bright light) confirmed? | | ☐ |
| **Date and time clinical signs noted to be absent** | **Date:** DD / MM / Y | **Time:** hrs : mins (24 hr) |

| Section 3 - Place of death and witness | | |
|---|---|---|
| Place of death (address): | | |
| Person present at death /person who found the deceased* (delete as appropriate). | Name:<br>Contact details:<br>Relationship to the deceased person: | Approximate time of death estimated by witness:<br>**Date:** DD / MM / YYYY<br>**Time:** hrs : mins (24 hr) |

| Section 4 - Clinical information: to the best of your knowledge and belief | |
|---|---|
| Is there a potential risk of transmission of infection? | Yes ☐ Unknown ☐ No ☐ |
| Is the use of a body bag required as per Infection Control Policy? | Yes ☐ Unknown ☐ No ☐ |
| Are there any known hazards, e.g. indwelling medical devices, or equipment remaining with the deceased?<br>*If Yes, give details: | Yes* ☐ Unknown ☐ No ☐ |

**Section 5 - Communication** *(a summary can be provided here; more significant communication should be recorded in the patient's notes)*

| Next of kin present? | Yes ☐ No ☐ | If not present, have they been informed? | Yes ☐ No ☐ |
|---|---|---|---|
| If next of kin has not been informed, please detail reasons why: | | | |
| Name of person informed: | | | Date: DD / MM / YYY<br>Time: hrs : mins (24 hr) |
| Relationship to patient: | | | |
| Contact details (phone): | | | |
| Professionals informed (tick as appropriate):<br>☐ GP ☐ Consultant<br>☐ Out-of-Hours ☐ Community Team<br>☐ Funeral Director ☐ Other | Name/details of professional/s informed: | | Date: DD / MM / YYYY<br>Time: hrs : mins (24 hr) |
| Are you aware of any factors that may indicate need to report this death to Police Scotland/Procurator Fiscal? | Yes ☐<br>No ☐ | If Yes, inform doctor and give details.<br>Name of doctor informed:<br>Date: DD / MM / YYYY Time: hrs : mins (24 hr) | |

| Section 6 - Registered healthcare professional confirming death | | |
|---|---|---|
| Name (block capitals): | Designation: | |
| Signature: | Date: DD / MM / YYYY | **Time:** hrs : mins (24 hr) |



Approved: Jun 2024
Review: Jun 2027