Verification of Death
Aims and Objectives

• To understand the difference between verifying and certifying death

• To understand the responsibilities of the nurse in verifying death

• To understand when a nurse cannot verify death
Introduction

- Traditionally the role of verifying and certifying death was a medical one
- There is no legal requirement for a death to be VERIFIED by a medical practitioner (1)
Verification of Death

Definition:

‘deciding whether a patient is actually deceased’
Certification of Death

Definition:

‘is the process of completing the medical certificate of cause of death’

This must be completed by a medical practitioner.
“A registered medical practitioner who has attended the deceased person during his last illness is required to give a medical certificate of the cause of death to the best of his knowledge and belief....”

(Home Office 1971)
Expected Death

Definition:

‘An expected death is the result of an acute or gradual deterioration in a patient’s health status, usually due to advanced progressive incurable disease, which has been documented by a medical practitioner within the last two weeks’
English Law Does NOT Require a Doctor to:

- Confirm death has occurred or life is extinct
- View the body of a deceased person
- Report a death has occurred
English law DOES require the doctor who attended the deceased during their last illness to issue a certificate detailing the cause of death.
Rationale for Verification of Death Training

• To enable the death of a patient to be dealt with in a sensitive and caring manner, respecting the dignity of the patient, relatives and carers.
• It is in the interest of the patient and their family for nurses to exercise skills under the scope of professional practice.
• To enable the family to receive help in an efficient and caring way, minimising delays and reducing distress.
Who can verify an expected death?

- Registered nurses (RNs) who have undergone approved training are able to verify an expected death only.
- The RN has the option to contact medical staff if she/he is unwilling to verify death or if the relatives request it. However, they are not obliged to come out to verify a death.
- The RN’s first priority must be the care of the bereaved relatives.
- Verification of death should occur within 4 hours of the death.
• If the expected death occurs outside normal working hours, the patient’s GP should be informed the next working day.

• Any patient whose death is unexpected will be referred to the Coroner. In the case of an unexpected death the police must be called to investigate. They will then arrange for someone to verify the death and refer to the Coroner.
Nurses MUST NOT verify death in the following circumstances

• Death of a child
• Death of an unidentified person
• Death of a person not under obvious care
• Deaths within 24 hours of onset of illness or where no clinical diagnosis has been made
• Deaths following post-operative/post invasive procedures
• Deaths following an untoward incident, fall or drug error
• Deaths occurring as a result of negligence or malpractice
• Unclear/suspicious death
Any patient whose death should be referred to the coroner may be verified deceased by a nurse, but the body must be seen by a medical practitioner prior to the death being certified.
When to Report Deaths to the Coroner

- Doubt/complaint regarding care
- System/procedure failure
- Industrial disease
- Medical procedure
- Neglect/self neglect
- Detained patient/prisoner
- Falls/fractures
- Suicide
- Disease
Documenting Expectancy of Death

• Every case should have been discussed by the medical and nursing team caring for the patient. This should, where possible, include the patient and relatives.

• The nursing/medical notes must reflect the patient has advanced, progressive disease and that death is expected.

• This must be handed over at duty changes.
• A DNAR decision should have been recorded.

• If this is not clear then the duty Dr or 999 must be called.

• Out of Hours Form should have been completed

• Known absences of pulses, pacemakers and cataracts must be documented.
Procedure for Verifying a Death

Circulatory System

Respiratory System

Cerebral Function
Cessation of the Circulatory System

• No radial pulse
  • (Palpate radial pulse for 1 minute)

• No carotid pulse
  • (Palpate carotid pulse for 1 minute)

• No heart sounds
  • (listen with a stethoscope for 1 minute)
Cessation of the Respiratory System

- No respiratory effort
- (Observation)

- No breath sounds
- (Listen for 1 minute)
Cessation of Cerebral Function

- Pupils dilated
- Pupils not reacting to light
- No eye movements
Recording the Verification of Death

No pulses palpable

No heart sounds

No respirations heard for 1 min

Both pupils fixed and dilated

Date, time, circumstances of the death
After Death Documentation

On confirmation of the death the nurse must:

• Record the time and circumstances of the death in the nursing notes
• Complete the verification of death documentation
• Inform the Doctor and record the date and time this was done
• Clearly print and sign all verification of death documentation
• Complete verification of death documentation within 4 hours of death
Removal of the body

• Once verification of death has occurred the body can be removed to the mortuary or funeral directors.

• Funeral directors will often not take a body until verification has been confirmed.
Considerations

- Deactivation
- Complex issues

Defibrillating pacemaker

- Mimic death
- Fixed pupils/reduced cardiac output/cold

Barbiturate overdose

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What documentation must be completed? A reminder.

- RN must be deemed competent and have ‘nurse proficiency certificate’ signed.
- The patient notes reflect the death is expected.
- DNAR order.
- Document in patient notes that verification has occurred.
NMC Code

• RNs are bound by the The Code Standards of Conduct, Performance and Ethics for Nurses and Midwives. (May 2008)
• Reference to ‘Keeping your knowledge and skills up to date’
• You must recognise and work within the limits of your competence
• You must keep your knowledge and skills up to date
• You must take part in appropriate learning and practice activities that maintain and develop your competence
References

1. West Midlands Regional Local Medical Committee (2000) Recognition of Death in the Community.

2. Chief Nursing Officer (2004) Verification of Death