Procedure for the
Verification of Death by a Registered Nurse
Introduction

This procedure has been developed to respond to the extended scope of nursing practice in relation to the verification of patient death, and to enhance continuity of end of life care for patients, their families and relatives. The purpose of the procedure is to provide a framework within which registered nurses may safely verify an expected death, such as that resulting from a known natural process, without an unnecessary and potentially distressing delay.

- **Verification of death** sometimes referred to as pronouncing death or confirming death is the procedure of determining whether a person is actually deceased. **All** deaths should be subject to verification that life has ended. The verification of death must be recorded. Death can be verified by all doctors and, in situations where there is an explicit organisational policy, associated protocols and appropriate training and assessment, it can also be undertaken by nurses (DHSSPS 2008a, Nursing and Midwifery Council 2008).

- Certain situations can make the clinical confirmation of death more difficult especially where artificial interventions are maintaining cardio-respiratory function in the absence of the patient’s ability to breathe independently. Verifying life extinct in these situations requires more detailed procedures. Further information and advice for diagnosing death in these circumstances are described in “A Code of Practice for the Diagnosis and Confirmation of Death” (Academy of Medical Royal Colleges, 2008). Verification of death in these circumstances should only be undertaken by experienced medical staff.

- Verification of death is separate to the certification process.

- **Certification of Death** is the process of completing a Medical Certificate of Cause of Death or MCCD and **can only be carried out by a medical practitioner** in accordance with rules defined by the Births and Death Registration (Northern Ireland) Order 1976. This certificate details the cause of death and enables the deceased’s family to register the death and make funeral arrangements.

- **All deaths** must be reported to the medical doctor responsible for the patients care so that the protocol for action to be taken after a death can be followed e.g. completion of the MCCD, reporting the death to the coroner etc (SHSCT Guidelines for the Verification of Life Extinct 2009, appendix 2)

- Where resuscitative measures had been initiated prior to the patients death e.g. CPR or the death is **sudden, unexpected, or circumstances give cause for concern**, the nurse must immediately report the death to medical staff and complete related incident reporting procedures.
2. Southern Trust position on Registered Nurses verifying death

The Medical Director and Executive Director of Nursing have determined that the Hospital at Night Coordinators in Daisy Hill, Craigavon and Lurgan Hospitals and Senior Nursing staff in non-acute Trust Hospitals should receive training on the Verification of Death.

3. Procedure Guidelines: Verification of Death

**Equipment:**
- Stethoscope
- Pen Torch

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<tr>
<th>Action</th>
<th>Rationale</th>
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<td>1. Following a death, the nurse must determine if the patient’s death was expected and that the circumstances are compatible with nurse verification guidance</td>
<td>The death must have been the result of a natural process and there should be documentary evidence that the patient’s death is expected e.g. the patient is terminally ill and/or on an end of life care pathway</td>
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<td>2. The nurse verifying death must have completed additional training and be competent and confident to perform procedure</td>
<td>A registered nurse who has undertaken a programme of training which has given them the knowledge and skills to carry out this extended role and who can provide evidence of this may undertake this procedure (DHSSPS 2008a, NMC 2008)</td>
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<td>3. If family members are present, explain the procedure to them. relatives may wish to leave the bedside until the procedure is complete. If relatives wish to stay, carry out the procedure in a sensitive and dignified way. If they would prefer a doctor to verify the death, contact the doctor on call.</td>
<td>The feelings and wishes of the family should be explored and respected. They should be given appropriate explanation of the process of determining death in a sympathetic, timely and appropriate fashion by those concerned with the management of the patient (AMORC 2008, SHSCT 2009, NMC 2008)</td>
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<td>4. Verify death by examining all of the following systems:</td>
<td>In order to verify life extinct, cessation of circulatory and respiratory symptoms and cerebral function must be</td>
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### 1. Cessation of circulatory system
- **No pulses on palpation** (verified by absence of carotid pulse after palpation for a minimum of 1 minute)
- **No heart sounds** (verified by listening for heart sounds using a stethoscope or asystole on an ECG tracing for a minimum of one full minute).

### ii). Cessation of respiratory system
- **No respiratory effort observed.**
- **No breath sounds** (verified by observation and listening with a stethoscope for a minimum of one full minute).

### iii). Cessation of cerebral function
- **Pupils fixed, dilated and not reacting to light** (verified by shining torchlight into a patient’s eyes and observing for any change in size or shape. This should be repeated in both eyes)
- **No reaction to painful stimuli** (verified by rubbing the sternum for 10 seconds)

### 5. Verify Death and record the results of these observations in the verification of death proforma, sign and file in the patient's notes.

Offer support and condolence to the family

The verification procedure must be documented in the patient's nursing and medical notes, using the designated proforma (SHSCT Guidelines for the Verification of Life Extinct 2009)

### 6. Report the death to the medical practitioner responsible for the patient's care so that the Medical Certificate of Cause of Death can be issued as soon as practical

All staff must follow the “Protocol for Actions to be taken after a Death” in the Trust’s Verification of Death Guidance. Only a doctor can issue the Medical
## Procedure for the Verification of Death by a Registered Nurse

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<th>Certificate of Cause of Death. (DHSSPS 2008b)</th>
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<td>Allow the family to view the deceased as they wish</td>
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<td>8.</td>
<td>Provide the family with information on what will happen following the death. Support this with written information as required. They may also value information on registering the death, making funeral arrangements etc. The Trust’s booklet “Coping with Bereavement” contains this information and should be offered to relatives of the deceased.</td>
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<td>9.</td>
<td>Following a respectful period of time, Last Offices may be performed as per Royal Marsden procedure (7th Edition Chapter 22)</td>
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4. Algorithm: Nursing Procedure for Verifying an Expected Death

The nurse must determine if the patient’s death was expected

- YES

Nurse has completed additional training and is competent and confident to verify death

- YES

Are the circumstances of death compatible with nurse verification?

- YES

If family is present, do they wish to see a doctor?

- NO

Confirm no response to painful stimuli, determined by sternal rub for 10 seconds

- YES

Confirm absence of carotid pulse after palpation for minimum of 1 minute

- YES

Confirm absence of heart sounds, determined by stethoscope, after minimum of 1 minute

- YES

Confirm absence of respiratory activity, determined by observation and assessment with stethoscope, after minimum of 1 minute

- YES

Confirm fixed dilated pupils, which do not react to light. This is determined by shining a torch light into a patient’s eye and observing for any change in shape or size. This should be repeated in both eyes.

- YES

Verify death.

Record results of these observations in the Life Extinct Record Sheet and file in the patient's notes

- Report the death to the appropriate medical practitioner as soon as possible/practical
5. References

Staff must be aware of the relevant legislation and guidance that informed this procedure:

- Southern HSC Trust (2009) Guidelines for the Verification of Life Extinct
- DHSSPS (2008a) Verifying and Recording Life extinct by appropriate professionals. Circular HSS (MD) 8/2008. DHSSPS
- DHSSPS, Coroners Service for Northern Ireland, General Register Office (2008b) Guidance on Death, Stillbirth and Cremation Certification. DHSSPS
- Nursing and Midwifery Council (2008) Standards of Conduct, Performance and Ethics for Nurses and Midwives. NMC
- Academy of Medical Royal Colleges (2008) A Code of Practice for the Diagnosis and Confirmation of Death. AMORC