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SECTION 1: POLICY

1. Introduction

It is essential that all healthcare professionals involved in caring for the deceased, their relatives and next of kin do so in a compassionate and caring manner. This is often the last service provided for an individual and it may ease the distress of those who are bereaved if verification of the death is completed in a sensitive and timely manner.

When someone dies, their death needs to be verified and a Medical Certificate of the Cause of Death (medical certificate) needs to be issued so that the next of kin may register the death. Verification of death may legally be done by any competent person. The medical certificate must be issued by a doctor and normally by one who has cared for the patient.

Many deaths are expected particularly, but not exclusively, those of patients who are in receipt of palliative care. In many instances patients are being regularly cared for by teams of experienced nurses known to the patient and their immediate carers or next of kin. When the patient dies, a doctor, known by neither the deceased nor their relatives is called to verify the death. This can be intrusive and in many instances this doctor will not be in a position to issue the medical certificate.

This document details the circumstances in which an experienced and appropriately trained registered nurse may verify an expected death within NHS Lothian.

2. Aims of the Policy

- To provide an appropriate and sensitive service for relatives and next of kin of the deceased
- To provide a reference document for staff working within NHS Lothian in the event of an expected death
- To identify the associated documentation required to be used within NHS Lothian
- To identify the training requirements for registered nurses verifying an expected death
- To adhere to all legal requirements and the principles contained within the Nursing and Midwifery Council Code of Practice

This policy and procedure and associated documentation have been subject to literature review and comparison of evidence from other health boards across Scotland.
3. **Definition of an Expected Death**

An expected death is defined in the Scottish Office Health Department Guidance (1995) as ‘deaths occurring at a stage in the patient’s disease process at which death is inevitable and no active treatment is planned or appropriate...’

At the time of writing this policy and procedure no update to this guidance has been circulated by the Scottish Government.

4. **Key Objectives**

- To define criteria for an expected death
- To provide a consistent approach to nurse verification of expected deaths across NHS Lothian
- To achieve consistency in the documentation of nurse verification of expected deaths
- Where death has occurred and was expected, that the process of management is timely and compassionate.

5. **Scope of the Policy**

Death may be verified by a nurse employed to care for the patient. The nurse will have a minimum of six months post registration experience and will have undertaken the NHS Lothian Verification of Death Training Course or equivalent and completed the Competency Statement (Appendix 1).

This policy applies to expected deaths within NHS Lothian:
- in hospitals
- in care homes
- in patients’ own homes
- in hotels, hostels or other residential settings

6. **Key Requirements**

Expected deaths may occur in a variety of settings: the procedure identifies the circumstances in which further advice should be sought, the steps that must be taken and the documentation that must be completed.

7. **Training for Staff**

Registered nurses with a minimum of six months post registration experience and working in care settings in Lothian where expected deaths occur may attend the approved training provided by NHS Lothian.

There is no formal assessment provided with the training but those completing the training will be required to complete a competency statement before undertaking verification of death.
It is the responsibility of managers to determine how many registered nurses are required to undertake this role within their area of responsibility and to ensure they have access to the approved verification of expected death training offered by NHS Lothian.

8. Audit and Monitoring

The following arrangements will be made to audit and monitor the effectiveness of this policy:

- It will be the primary responsibility of clinical staff to initiate audits in their local areas, to measure the impact of the policy on practice.
- Clinical competence will be monitored locally as part of the Personal Development Planning and Review Process.
- Complaints involving bereavement issues and processes will be monitored through the NHS Lothian Complaints Procedure.
- The policy will be reviewed regularly.
SECTION 2: PROCEDURE

1. Introduction

This procedure details the arrangements including documentation which should be in place where an expected death is anticipated and where it is reasonable for an appropriately trained registered nurse to verify the death when it occurs. A Record of Intent Form (Appendix 2) should normally be completed by a doctor when a decision is taken that a death is expected.

When a death has been verified by a nurse, the Verification of Expected Death Form (Appendix 3) must be completed and filed in the deceased’s medical records or district nursing notes.

A nurse when verifying a death must be clear that there are circumstances which preclude verification of death by a nurse. All sudden, unexpected, unexplained or suspicious deaths, including those where causes might include accidents, errors, equipment failure or misuse must be verified by a doctor or in some circumstances by a paramedic.

Certain deaths, including those referred to in the previous paragraph, must be reported to the Procurator Fiscal (Appendix 4). This list includes deaths related to occupation (e.g., mesothelioma due to asbestos exposure or pneumoconiosis in miners and others), deaths due to a notifiable infectious disease and deaths due to a healthcare acquired infection. In these instances the death, if expected, may be verified by a nurse. The requirement to notify the Procurator Fiscal rests with the doctor issuing the Medical Certificate of the Cause of Death (medical certificate). However, nurses must be aware of their duty to report concerns regarding suspicious sudden or unexpected deaths to the police or Procurator Fiscal.

Where an expected death has occurred and has been verified the nurse should conduct last offices in accordance with NHS Lothian policy including arrangements for the respectful removal of the deceased to an undertaker’s premises or an appropriate mortuary facility.

The doctor who will issue the medical certificate should be contacted as soon as possible. For deaths in hospital the deceased’s own general practitioner must also be notified of the death.

2. Aim of the Procedure

To provide guidance and direction for registered nurses who have been trained to verify expected deaths within NHS Lothian.
3. **Scope of the Procedure**

This procedure applies to all care settings within NHS Lothian in circumstances detailed in the preceding policy. It applies to the verification of expected deaths where no unexpected, unexplained or suspicious circumstances exist.

The subsequent provision of a medical certificate is the responsibility of a doctor as is the responsibility to notify the Procurator Fiscal when required or to seek permission for a post mortem.

4. **Description of Practice under the Procedure**

The following are applicable to all care settings within NHS Lothian.

4.1 **Prior to Death**

When a patient’s death is imminent the multi professional team should be in agreement that:

- the patient is expected to die in the near future
- no further active treatment is appropriate
- the next of kin are informed
- a DNAR decision has been made and has been documented in the patient’s healthcare records (in hospitals an NHS Lothian DNAR Form should be attached to the front of a patient’s healthcare records)
- the patient’s cultural and ethnic requirements have been considered and appropriate action planned.

A doctor, usually following a multidisciplinary discussion of the fact that death is expected, should indicate in the healthcare record that death is expected and that further intervention to prolong life would be inappropriate.

A Record of Intent Form (Appendix 2) should be completed and should remain with the patient and normally be filed in the patient's medical record or district nursing record as appropriate. If the Liverpool Care Pathway and associated paperwork is being used, a Record of Intent Form is not required.

A review date will be agreed between the multi-professional team. This will be documented on the record of intent form and will never exceed six months.

If the expected death has not occurred within six months from the initial discussion, then a doctor or multidisciplinary team, prompted by a nurse, will review the situation. This review date will be recorded on the Record of Intent Form.

In the event of the person surviving more than one year, a full review should take place and a new Record of Intent Form should be completed.

When a Record of Intent Form has been completed for patients in the community (including those in continuing care units and care homes), this information should be communicated to the Lothian Unscheduled Care
Service (LUCS). NHS24 will subsequently have access to this information via LUCS. However, all practitioners should be aware that such information may not be immediately accessed by NHS24 in the event of a 999 call by a relative. As with a 999 call direct to the Scottish Ambulance Service, a 999 call initiated by NHS24 reporting a death may result in simultaneous notification to the police unless it is clear that the death was expected.

4.2 Following Death

When the death occurs it may be verified by a registered nurse who has completed the approved Verification of Expected Death Training Course offered by NHS Lothian (or equivalent) and who has completed the Competency Statement.

The registered nurse must be clear that there are no circumstances in which the death is suspicious or unexplained. If this is the case, the area of death must be kept intact. All equipment, bedding, clothing and surrounding area must be left undisturbed until the death has been verified by a medical practitioner, or in some cases, paramedics.

Where a registered nurse who is suitably trained is not available to verify death then another suitably qualified professional should attend as soon as priorities allow.

The signed Record of Intent Form (Appendix 2) should normally be readily available. In the event that a nurse is aware that the death is expected and that this has been discussed with a doctor but the appropriate form cannot be located, the nurse may wish to discuss with the duty clinical manager whether or not circumstances allow verification of death by a nurse in this instance.

The identity of the patient should be confirmed adhering to the recognised method used for the safe administration of medicines e.g. wristbands, photographs, family identification etc. For patients who have died in their own homes systems for identification will be less formal.

The nurse will ascertain that death has occurred by observing the deceased for a period of five minutes to include checking the following signs:

- Absence of carotid pulse for over one minute
- Absence of heart sounds for over one minute
- Absence of respiratory movement and breath sounds for over one minute
- Absence of pupillary responses to light

The Academy of Medical Royal Colleges and other bodies suggest additional checks including testing for the absence of corneal reflexes and the absence of any motor response to supra-orbital pressure. These need not be routinely tested.

The Verification of Death Form (Appendix 3) should then be completed and filed in the deceased’s medical record or district nursing record.
Verification of death will enable local arrangements to take place which will include:

- Informing next of kin
- Discussion with family regarding removal of body to a mortuary
- Informing the doctor who will issue the medical certificate
- Conducting last offices as appropriate
- Notifying the undertaker or mortuary staff of any risk of infection.

Staff should spend appropriate time with the family or next of kin to help them with any immediate distress. The booklet ‘What to do after a death in Scotland’ should be made available to the family or next of kin wherever possible. They should be advised as to who will issue and when and where they may collect, the Medical Certificate of the Cause of Death (medical certificate).

When verification of death is undertaken by a nurse, the doctor who will issue the medical certificate should be contacted as soon as possible. If this is the patient’s general practitioner, when a death occurs during working hours the practice should be notified directly, when death occur out of hours the LUCS Hub should be notified and they in turn will have responsibility for notifying the practice by the start of the next working day.

For deaths in hospital, the GP surgery should be informed of the death as soon as possible. This may be done by telephone during working hours or via LUCS at other times.

A summary of the procedure is included as an algorithm in Appendix 5.

References:


Competency Statement
Verification of Expected Death Training

I have participated in the NHS Lothian Verification of Expected Death Training Course, completed all of the course requirements successfully and have the necessary theoretical knowledge and competencies to verify death.

Or

I have successfully completed an equivalent training course elsewhere and have the necessary theoretical knowledge and competencies to verify death.

I am satisfied that I am competent to verify expected deaths.

Name: ________________________________

Signature: _____________________________

Title/Grade: __________________________

Clinical Area: _________________________

Date: ________________________________
### Appendix 2

**VERIFICATION OF EXPECTED DEATH – Record of Intent Form**

<table>
<thead>
<tr>
<th>Name of Patient:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CHI Number</td>
<td></td>
</tr>
<tr>
<td>Address of Care Setting</td>
<td></td>
</tr>
</tbody>
</table>

I have examined the above patient and consider that he/she has reached a stage in their disease process where death is inevitable and any treatment being given is symptomatic ie to avoid distress. I consider it appropriate for a registered nurse, who is trained and competent, to verify death when it occurs.

- **Patient’s expected death discussed with next of kin? Yes Date:**
  
  *Please document with whom discussed*

- **Do not attempt resuscitation status documented? Yes Date:**

- **For patients in community settings, has the Lothian Unscheduled Care Service (LUCS) been informed? Yes/No**
  
  *Please make appropriate arrangements to inform LUCS.*

- **Any special cultural or religious requirements? Yes/No**
  
  *If yes please document in healthcare record and include in correspondence to LUCS.*

**Signature of doctor:** ________________________________

Name (BLOCK CAPITALS)______________________________

**Signature of nurse:** _______________________________

Name (BLOCK CAPITALS): ______________________________

Date: ___________________

The Nurse must prompt a review within six months

**Signature of doctor or nurse following review: __________________________**

**Review date: ______________**

This certificate should be filed in the patient’s healthcare records or district nursing notes.
Appendix 3

NURSE VERIFICATION OF EXPECTED DEATH

(for completion by an appropriately trained registered nurse)

Patient's Name:

CHI Number:

Address of Care Setting:

<table>
<thead>
<tr>
<th>Circulation</th>
<th>Respiration</th>
<th>Neurological Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent carotid pulse for over 1 minute</td>
<td>Absent respiratory effort</td>
<td>Absence of pupillary responses to light</td>
</tr>
<tr>
<td>Absent heart sounds on auscultation for over 1 minute</td>
<td>Absent breath sounds on auscultation for over 1 minute</td>
<td></td>
</tr>
</tbody>
</table>

I have verified the death of .................................................................
in accordance with the NHS Lothian Procedure for Registered Nurse Verification of Expected Death on

Date: ......................................................... Time: ..............................................

I anticipate that a Medical Certificate of the Cause of Death will be issued by Dr.................................who has been informed of the death directly/via the Lothian Unscheduled Care Service (please delete as appropriate) on

Date: ......................................................... Time: ..............................................

All other relevant tasks (information to relatives, cultural and religious issues, notification of risk of infection, disposal of controlled drugs dispensed to the patient) have been addressed in accordance with NHS Lothian policies and procedures.

Signature of Verifying Nurse: ____________________________________________

Print Name: ____________________________________________________________

Date: ____________________________

This form when completed should be filed in the deceased’s medical or district nursing record as appropriate.
Appendix 4

DEATH AND THE PROCURATOR FISCAL

Categories of deaths to be reported

The following deaths must be reported to the Procurator Fiscal.

(i) Sudden deaths

(a) any death where there is evidence or suspicion of homicide;
(b) any death by drowning;
(c) any death by burning or scalding or as a result of fire or explosion;
(d) any death caused by an accident involving the use of a vehicle including an aircraft, a ship or a train;
(e) any death resulting from an accident in the course of work, including voluntary or charitable work;
(f) any death where the circumstances indicate the possibility of suicide;
(g) any death following an abortion or attempted abortion whether legal or illegal;
(h) any death of a person subject to legal custody, including any death of such a person outwith a Police station or prison (for example during prisoner transport or in hospital);
(i) any death occurring in health premises in the community including a GP's surgery, health centre, dental surgery or similar facility;
(j) any death due to violent, suspicious or unexplained circumstances.

(ii) Deaths related to neglect or complaint

(a) any death where the circumstances seem to indicate fault or neglect on the part of another person;
(b) any death, if not already reported, where a complaint is received by a Health Board or NHS Trust and the complaint is about the medical treatment given to the deceased with a suggestion that the medical treatment may have contributed to the death of the patient.

(iii) Deaths of children

(a) any death of a newborn child whose body is found;
(b) any death which may be characterized as sudden unexplained death in infancy (SUDI) or the like;
(c) any death of a child from suffocation including overlaying;
(d) any death of a child in foster care;
(e) any death of a child in the care of a Local Authority;
(f) any death of a child on a Local Authority "at risk" register.
(iv) Public Health

(a) any death caused by an industrial disease or industrial poisoning;
(b) any death due to a disease, infectious disease or syndrome which poses an acute, serious public health risk including:
   - any form of food poisoning
   - Hepatitis A, Hepatitis B (with or without delta-agent coinfection (Hepatitis D)), Hepatitis C and Hepatitis E
   - any hospital acquired infection
   - Legionnaires Disease

(v) Deaths associated with medical or dental care

(a) any death which was unexpected having regard to the clinical condition of the deceased prior to his or her receiving medical care;
(b) any death which is clinically unexplained;
(c) any death which appears to be attributable to a therapeutic or diagnostic hazard;
(d) any death which is apparently associated with lack of medical care
(e) death which occurs during the administration of a general or local anaesthetic;
(f) any death which may be associated with the administration of an anaesthetic;
(g) any death caused by the withdrawal of life sustaining treatment to a patient in a persistent vegetative state (This is to be distinguished from the removal from a life-support machine of a person who is brain stem dead and cannot breathe unaided.) (See also Section 17 below);
(h) any death occurring as a result directly or indirectly of an infection acquired while under medical or dental care while on NHS premises, including hospitals, GP’s surgeries, health centres and dental surgeries.

These categories should not be regarded as exhaustive.

(vi) Any drug-related death (This category includes death as a result of ingestion of any drug where the death does not fall into any category above.)

(vii) Any death not falling into any of the foregoing categories where the cause remains uncertified or where the circumstances of the death may cause public anxiety.

If there is any uncertainty about whether a death should be reported the matter should be discussed with the Procurator Fiscal before any steps are taken to issue a death certificate.

COPFS (2008) Death and the Procurator Fiscal
Registered Nurse Verification of Expected Death

Appendix 5

Nurse Verification of Expected Death

Is the death expected?

YES

Are there any reasons why the nurse should not proceed?

YES

Contact doctor or manager for advice as appropriate.

NO

Has Verification of Expected Death Record of Intent Form been completed or has the Liverpool Care Pathway been used?

YES

Is there a nurse available to verify the death?

YES

Locate another suitably trained registered nurse who can verify expected deaths or contact manager for advice.

NO

Verify Death and Complete Verification of Expected Death Form.

Is the GP responsible for issuing the medical certificate?

YES

Inform GP Practice directly during practice hours or via LUCS out of hours

NO

Inform doctor responsible for issuing medical certificate.

Notify GP Practice of the death directly or via LUCS.

Diagram of nurse verification process.