Verification and Certification of Death

Effective: February 2019

Gippsland Region Palliative Care Consortium Clinical Practice Group

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<th>Policy No.</th>
<th>GRPCC-CPG005_2.0_2018</th>
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<tr>
<td>Title</td>
<td>Verification and Certification of Death</td>
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<td>GRPCC Clinical Practice Group</td>
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<td>February 2021</td>
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<td>Purpose</td>
<td>This policy has been endorsed by the GRPCC Clinical Practice Group and is based on current evidence-based practice and should be used to inform clinical practice, policies and procedures in health services. The intent of the policy is to promote region wide adoption of best practice. Enquiries can be directed to GRPCC by email <a href="mailto:enquiries@grpcc.com.au">enquiries@grpcc.com.au</a> or phone 03 56230684</td>
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<td>Pages</td>
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Disclaimer

The intent of the GRPCC Clinical Practice Group endorsed clinical guidelines is to make them available to health services and clinical staff across the Gippsland region to promote evidence-based practice in when delivering palliative care.

Clinical guidelines are intended to provide general advice to the medical, nursing, and allied health staff working with clients with a life limiting illness. These endorsed clinical guidelines are not a substitute to comprehensive assessment and critical thinking relevant to the particular patient’s individual clinical circumstances and degree of symptom burden. There may also be strong clinical evidence for choosing a therapeutic intervention that may be different to what is recommended in these guidelines. Timely consultation and advice from the palliative care service is always recommended, if appropriate, when using these guidelines.

When developing clinical guidelines, the GRPCC ensures the guidelines content is accurate and based on evidence. The GRPCC takes no responsibility for new clinical evidence or information that become available or be published following guideline distribution or nominated review date.

The GRPCCS guidelines may be used by providers to develop similar protocols and procedures that can be customised according to the organising clinical context and requirements. Health organisations must also ensure that utilisation of these guidelines complement their organisational governance structure including health professional palliative care delivery scope of practice.
Policy Statement

All palliative care patients within Gippsland are to have timely verification of death.

All patients within Gippsland will have a death certificate signed by a qualified Medical Practitioner within 48 hours of the death, unless they are required to report the death to the Coroner.

Definitions

Certification of Death

The legislative requirement for a Medical Certification of Cause of Death (MCCD) under section 37 of the Births, Deaths and Marriages registration act 1996, states that the medical practitioner is required to make a diagnosis of the cause of death which requires specialist knowledge. The medical practitioner who was responsible for a person's medical care immediately before death, or who examines the body of a deceased person after death, to sign a death certificate unless required to notify the Coroner within 48 hours after the death.

Verification of death (refer to DHHS Guidance note for Verification of Death – February 2010)

Verification of Death refers to establishing that death has occurred after a clinical assessment of a body. The following people can verify the death:

- A registered Medical Practitioner
- A Registered Nurse (under the Health Practitioner national Law (Victoria Act 2009) or
- A midwife on the register of midwives, established under the HP national law above
- A Paramedic (a person credentialed by Ambulance Victoria as either an Ambulance Paramedic or a MICA Paramedic).

There is no legal requirement for the funeral industry to obtain written verification of death before moving the deceased body to a more appropriate location.

Verification by Registered Nurse in a community setting

1.1.

- At admission, deteriorating or terminal phase it shall be documented which health provider/service will be responsible for verification of death. (see appendix 1)
- The patient admission procedure identifies whether the LMO is willing to provide a death certificate for the patient, and whether available to provide verification of death.
- If a 24-hour contact number for the LMO is provided, staff shall contact the LMO, if not staff will make contact as soon as possible the next working day to ensure a Death Certificate is provided.
- The community team must establish if the funeral directors require verification prior to the removal of the deceased.
- If a Community Nurse attends the deceased patient, he/she must document verification of death in the medical record.
1.2. If the Registered Nurse is verifying death they must examine the patient for signs of life. The suite of clinical determinants below act as a minimum guideline for the clinical assessment necessary to establish that death has occurred. Professional clinical judgement is required to make this determination and unique circumstances may warrant additional checks over and above the minimum guidelines provided below:

- No palpable pulse, and
- No heart sounds heard for 2 minutes, and
- No breath sounds heard for 2 minutes, and
- Fixed (non-responsive to light) and dilated pupils, and
- No response to centralised stimuli (e.g. trapezius muscle squeeze, supraorbital pressure, mandibular pressure or the common sternal rub), and
- No motor (withdrawal) response or facial grimace in response to painful stimulus (e.g. pinching inner aspect of the elbow)
- Optional: ECG rhythm strip shows no rhythm.

1.3. Documentation of verification of death by a Registered Nurse must be filed in the patient’s history and include:

- Name and signature of the Registered Nurse verifying the death
- Professional title of the Registered Nurse verifying the death
- The clinical determinants used to verify the death (as above)
- The date of verification
- The time of verification
- The location of where the assessment took place.

1.4. Refer back to individual organisations policies and procedures regarding reporting of verification of death, and ongoing support and debriefing for staff.

Key Performance Indicators

100% of patients/clients to have a death certificate signed by a legally qualified medical practitioner within 48hrs of death, with the exception of reportable deaths to the Coroner.

Verification documentation will be compliant with Department of Health and Human Service, Victoria, guidelines.

References


Appendix 1

Palliative Care After Hours Plan

To be completed by the client’s treating General Practitioner on admission to the Community Palliative Care service and updated as required

Doctors Name ____________________ Clinic ____________________________

In order to facilitate after hours care the of above palliative care client please contact

☐ myself, by phone  Preferred number ____________________________

☐ Doctor on call at my clinic

☐ Other __________________________________________________________

Verification and Certification of Death

If _____________________________________ dies

☐ I wish to be contacted at the time and I will verify and certification of death

☐ I wish to be contacted at the time and I will arrange alternative arrangements for certification of death

☐ Please call the doctor on call at my clinic

☐ I wish that the community nurse verifies death and contacts me the next morning so that I can attend to complete the certification of death www.grpcc.com.au/health-professionals/resources/palliative-care-resources/

☐ Other __________________________________________________________

Further instructions of care

____________________________________________________________________________________

____________________________________________________________________________________

Doctors signature: __________________________ Date ______________

Acknowledgements: Central Gippsland Health HOME NURSING: Doctors Specific Orders

Put in table to record signs used for verification of death as appendix 2
Appendix 2

Verification of Death by Registered Nurse

Patient’s Name________________________________     DOB   _____________

Address at which death is verified
__________________________________________________________________________________

Date and Time of Verification of Death
__________________________________________

The Clinical Determinants used to verify the death

<table>
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<th>Initials</th>
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The verification of death is made by

Full Name of Registered Nurse ___________________________

Signature of Registered Nurse ___________________________