

The verification of expected death in childhood

Guidance for children's palliative
care services

Together for Short Lives, 2012



The verification of expected death in childhood: Guidance for children’s palliative care services

First edition © Together for Short Lives, August 2012

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Together for Short Lives is the leading UK charity that speaks for all children with life-threatening and life-limiting conditions and all those who support, love and care for them. When children are unlikely to reach adulthood, we aim to make a lifetime of difference for them and their families.

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Note: Throughout this document the term “child” is used to mean child and young person and the term “family” acknowledges the many diverse relationships within a family, and includes carers.

Introduction

Effective end of life care does not stop when a child or young person dies but involves wide-ranging and sensitive care after death. Healthcare professionals must be familiar with best practice that includes care of the child's body, the roles of the medical practitioner and the coroner, and care of the family.

An important skill integral to the care pathway is verification of expected death when a child with life-threatening or life-limiting condition dies at home or in a hospice. Guidelines and clinical requirements that enable a practitioner to verify death are clearly highlighted by the Nursing and Midwifery Council (NMC), General Medical Council (GMC), the recently published *Guidance for staff responsible for care after death* (NHS 2011) and *Quality Standards for End of Life Care* (NICE 2011).

The purpose and aim of this document is to set out the policy and best practice principles which underpin effective verification of expected death, and to provide a framework for the process of verification, as well as the training of registered children's nurses. The guidance is primarily for nurses delivering children's palliative care services in the home and/or the hospice environment, but is relevant for other professionals, including GPs, community paediatricians, and hospice doctors.

The guidance draws together policy and available evidence to support best quality practice. The learning and application to practice is underpinned by a model of situated learning, where learning is situated in practice in contrast to classroom teaching. It is a process which enables the learner to be actively engaged in learning (Lave and Wenger 1991). Verifying the expected death of a child will be an infrequently practised skill for most practitioners whatever their discipline and it is important to recognise the opportunities for learning in practice to develop knowledge and in maintaining competence. A situated learning approach not only recognises this element of learning but also acknowledges the emotional dimension of the activity. Managing infrequently practised skills in the context of verification of expected death is an important aspect of training and assessment of competence.

Note: Verification of expected death sits within a wider context for supporting care after death for which there are a number of legal and policy variations between the different countries of the UK. These are highlighted throughout the document however; it is essential that practitioners are aware of local and national policy and recommended practice guidance.

Background

To verify death is increasingly recognised as a logical and practical extension of the nursing role.

Verification of expected death has historically been the responsibility of the medical practitioner because of the legal requirement for the medical practitioner to identify the cause of death and provide a certificate which states the cause of death.

However where there is an organisational policy and associated training and assessment of competence it can also be undertaken by nurses. Policy and procedures for verification of expected death by nurses in adult patients, especially in community environments such as home and hospice are now common place.

The advantage of nurse verification of expected death of a child either at home or in the hospice supports a significant point in the end of life care pathway for families. It often means that the family does not have to wait for a GP or hospice doctor, or an unknown, 'out of hours' GP at night. It can therefore avoid delays and promote continuity of care for families enabling them to carry out their wishes and preferences in the care of their child.

A recent series of workshops and seminars within the children's palliative care sector (*Care after death workshop*, Together for Short Lives, November 2011) identified that children's nurses lacked the knowledge, competence and confidence to verify expected death of a child. In addition, there is a lack of clarity around policy directives and no unified approach for the process of verification of the death of a child or for the training and assessment of competence.

This document establishes best practice guidance on verification of expected death for children's nurses and those working in children's services so that more children may be supported to die in the place of their choice. It aims to ensure that nurses are equipped with the skills to provide this support. Furthermore, it formalises current practice outside hospital.



Terminology

There is a clear distinction between verification and certification, both legally and in practice. However the lack of clarity in practice between the two has generated a tendency to misuse the word certification when performing verification. Understanding and using accurate terminology will support the safe and effective care of the family and enhance team working among professionals.

Verification of death is the procedure of determining whether a patient has actually died and is the physiological assessment to confirm the fact of death.

Certification of death describes the legal process of completing the medical certificate of cause of death and is the essential preliminary to registration of death. This process can *only* be carried out by a medical practitioner (Births and Deaths Registration Act (1953), Coroners and Justice Act (2009), and The Certification of Death (Scotland) Bill (2010)) and from April 2014 by a Medical Examiner (see *Changes to certification of death*, p.10).

The current legal position

When a child dies there are a number of steps that need to be completed to allow legal registration of death and for a funeral to take place.

Verification of death

There is no legal term for this first step and it can be referred to by different terms, including verification and/or confirmation of death. (The term “verification” is used throughout this document). There is no legal requirement for a medical practitioner to verify death. Registered nurses who are trained and competent may confirm that death has occurred. All registered nurses must be aware of their accountability in practice (NMC 2008 – fig 1) regarding their knowledge, skill and competence when performing verification of expected death procedures.

Fig. 1. Standards of conduct, NMC (2008)

- You are personally accountable for your practice, answerable for your actions and omissions, regardless of advice or directions from another professional.
- You must have the knowledge and skills for safe and effective practice when working without direct supervision.
- You must recognise and work within the limits of your competence.
- You must keep your knowledge and skills up to date throughout your working life.
- You must take part in appropriate learning and practice activities that maintain and develop your competence and performance.

Nurses should also understand their accountability around verification of expected death outlined by the NMC (2008 – fig 2).

Fig. 2. Confirmation of death for registered nurses, NMC (2008)

- A registered nurse may verify the fact that death has occurred if:
- There is an explicit local protocol including advice on when other authorities should be informed prior to removal of the body.
 - They have received appropriate education and training and have been assessed as competent.
 - They must also be aware of their accountability when performing this role.

Certification of death (Until 2014)

The law requires a medical practitioner to certify the cause of death. Indeed, the law does not allow anyone other than a medical practitioner to certify the cause of death. The certificate must be completed by the registered medical practitioner who attended the child before his or her death (Coroners and Justice Act 2009). This process requires the doctor to complete a ‘Medical certification of cause of death’ which includes a statement of the cause of death, the date the child died, the date the doctor last saw the child alive and whether they have seen the body after death. If the medical practitioner is unable to establish cause of death then the case must be referred to the coroner or procurator fiscal. There are minor variations to certification across the UK and therefore it is essential to know and understand local requirements. Certification of death can be carried out within 24 hours of death but there is no legal requirement for it to take place out of hours or at a weekend. However in order to satisfy family wishes and their religious and cultural needs, certification must be completed in a timely manner to comply with registration regulations. The details written on the death certificate will be entered in the Register of Deaths when the family register the death.

Changes to certification of death

There is currently a review and proposed reform to certification of death to simplify and strengthen the process of death certification. These changes are taking place across the UK with separate amendments in England and Wales, Northern Ireland and Scotland. It is likely that there will be a number of changes over the next two years with a proposed completion and roll out by April 2014. The purpose of the review is to make improvements and establish greater focus on bereaved people. The proposed changes will require the certified cause(s) of all deaths that are not investigated by a coroner or procurator fiscal to be independently scrutinised and confirmed by a locally appointed Medical Examiner (ME) or equivalent. For current information about the changes see: www.dh.gov.uk/health/category/policy-areas/nhs/resources-for-managers/death_certification or each country's updated information on their individual websites.

Notification of death

Notification of death is required within 24 hours or first working day after a weekend or Bank Holiday to the appropriate regulatory inspectorate.

Registration of death

All deaths must be registered within five days (England and Wales) and eight days (in Scotland) in order for the certificate of registration of death (death certificate) to be issued.

Other legal requirements must be followed depending on whether the patient is to be cremated or buried – for further information see *A Guide to End of Life Care* (Together for Short Lives 2012).

Expected and unexpected death

This guidance pertains to the verification of expected death in childhood and the processes involved to ensure safe and effective practice. It is therefore essential that the nurse understands the difference between expected and unexpected deaths and the process to follow for each situation.

Expected death is the natural and inevitable end to an irreversible terminal illness. Death is recognised as an expected outcome. The decision that death is expected should be clearly documented in the clinical records. Supportive and sensitive communication should have taken place between all those involved, and an end of life plan should be in place.

Unexpected death is the sudden and unforeseen death of a child. National and local policies will outline procedures for the Sudden Unexpected Death of Infants and Children (SUDI) and it is essential these policies are discussed in relation to children with life-limiting and life-threatening conditions.

For children and young people with a life-limiting or life-threatening condition, unexpected death can be described where death:

- ⦿ Was not anticipated as a significant possibility for example, 24 hours before the death; or
- ⦿ Where there was a similarly unexpected collapse or incident leading to or precipitating the events which led to the death (DSCF 2010).

It is expected that children with a life-limiting or life-threatening condition will die prematurely however, it is not easy to anticipate when, or in what manner they will die. There are likely to be a number of factors contributing to a sudden unexpected death and it is important to identify these factors by a detailed investigation. Therefore the unexpected death of a child with a life-limiting or life-threatening condition should be managed as for any other unexpected death so as to determine the exact cause of death and any contributory factors. If there has been no explicit advance decision for a 'do not resuscitate' order prior to collapse and the wishes of the child and family are unknown there is a presumption that every reasonable effort will be made to resuscitate unless the fact of death is unmistakable. Where nurses are involved with or called to an unmistakable unexpected death they should always follow principles that support best practice. Knowing whether the child has an Advance Care Plan (ACP) and 'do not resuscitate' order is essential for informing the process. Nurses must ensure that they are acting in line with their knowledge and scope of practice. For all unexpected deaths the nurse must contact the relevant medical practitioner for further direction.

When to refer to a coroner or procurator fiscal

Deaths must be referred to the coroner (or the procurator fiscal in Scotland) if there is any doubt surrounding the cause of death (Coroners and Justice Act 2009).

Deaths reported to a coroner or procurator fiscal

- ⦿ Identity of deceased unknown.
- ⦿ Cause of the death is unknown.
- ⦿ Deceased wasn't seen by the certifying doctor *either after death or within 14 days before death.*
- ⦿ Sudden, unexpected, suspicious, violent (homicide, suicide, accidental) or unnatural deaths.
- ⦿ Deaths due to alcohol or drugs.
- ⦿ Deaths due to self neglect or neglect by others.
- ⦿ Deaths due to industrial disease related to the deceased's employment.
- ⦿ Death may be due to abortion (ie. doubtful stillbirth).
- ⦿ Deaths during surgery or before recovery from effects of anaesthetic.
- ⦿ Deaths within 24 hours of admission to hospital.
- ⦿ Deaths during or shortly after detention in police or prison custody.

If there are any concerns the nurse must discuss this immediately with his or her manager and relevant medical practitioner. In England, for children under the age of 18 if there is any doubt as to the cause of death the doctor must refer the case to the Child Death Overview Team. For further information around the role of the coroner and reporting child death see *A Guide to End of Life Care* (Together for Short Lives 2012).



Context and principles of practice

Understanding the principles of verification is essential in order to support safe quality practice. Equally important is that healthcare professionals understand the nature of verification, and where it fits within the care pathway, as a precursor to medical certification of the cause of death, and to ensure sensitive and timely support for the family. Verification of death requires a team approach and the agreement for nurses to verify should be taken by all those closely involved with the child including their family.

Organ and tissue donation

There may be an opportunity to consider organ and tissue donation in which case timely verification of death is essential, as is planning around place of death. Once an expected death has been verified and certified, families who have chosen to donate organs or tissue are able to move forward with the appropriate processes for retrieval.

Principles of verification of expected death

Verification of expected death by registered nurses can take place across hospital, community and hospice care. In addition, the care of children is increasingly embracing a community approach and the need for nurses to verify expected death is becoming an urgent priority. It is therefore important that policies and comprehensive training are in place to enable registered nurses to verify death in all these settings. Key principles underpinning verification of expected death enable policy to be adapted locally and ensure it is meaningful for professionals and families whilst maintaining consistent quality care across services and organisations.

Principles for safe effective nurse verification of expected death

- ⦿ Policy and processes are in place to support registered nurses in the verification of expected death.
- ⦿ Verification of expected death is understood in relation to the law.
- ⦿ Verification of death is recognised within the context of expected and unexpected death and there are clear safeguards in place within the context of life-limiting and life-threatening conditions in children. The process of verification is underpinned by quality standards and outcome measures.
- ⦿ Verification of expected death is an integral part of the end of life pathway.
- ⦿ There is clear, sensitive, and effective communication for the agreement for nurses to verify death which has been discussed and approved with the multi-professional team including the medical practitioner and family at an appropriate time before the death of the child.
- ⦿ Training is available for those nurses who take on the extended role of verifying death.
- ⦿ Nurses have the knowledge, skills and competence to verify expected death.
- ⦿ Nurse verification of death should avoid delays and prevent unnecessary call out of doctors, ambulance staff or coroner.
- ⦿ The death of a child can be managed in a sensitive, timely and caring manner respecting the dignity of the child and the family.
- ⦿ In England all deaths must be reported to the Child Death Overview Panel (CDOP). In cases of expected death there is a detailed process to follow and forms to complete.
- ⦿ If a death is unexpected or there is any doubt surrounding the death, nurses must be aware of local procedures and know how and when to refer to the medical practitioner, coroner or procurator fiscal (and CDOP in England).

Policy guidance for verification of expected death

The purpose of a robust and comprehensive policy is to ensure safe and effective practice and to set a framework for practice with the ultimate aim of improving care for the child and family. A well thought out policy and clear protocols for verifying death will provide support to families, set clear boundaries for staff and reduce delays.

(See appendix 1 for an example of a policy template).

Each policy should include:

- ✧ The context and principles of practice and local requirements.
- ✧ Accountability and responsibilities of the organisation, the medical practitioner and the nurse.
- ✧ The protocol—discussion and agreement between the medical practitioner and nursing team for the nurse to verify expected death is recorded in the clinical records.
- ✧ Sensitive discussion with the family to support them in preparing for their child's death, their expectations and wishes.
- ✧ Occasions when a nurse is required to refer to a medical practitioner and/or coroner or procurator fiscal.
- ✧ The clinical procedure for verifying expected death.
- ✧ Documentation (see appendix 2).
- ✧ Training, assessment, and competence.
- ✧ Practical considerations regarding moving the body.
- ✧ Management of medications including controlled drugs.
- ✧ The process and management of any medical devices and equipment.

Clinical signs and assessment

At the outset, the registered nurse will need to identify and ensure that all relevant information and discussions with colleagues have taken place to enable nurse verification of expected death. For an unexpected death the nurse must contact the relevant medical practitioner for further direction.

The nurse must be aware of the current circumstances surrounding the child's care plan, wishes and preferences of the family and the cultural and spiritual needs of the family. The registered nurse should ensure that the environment provides the maximum privacy and dignity for the family and ensure effective communication throughout.

In order for death to be verified the nurse's clinical assessment must confirm that there is cessation of circulatory, respiratory and cerebral function (see fig. 4). This written assessment must be recorded in the care record or medical notes (see appendix 2) and include the place, date and time of death, who was present, and the fact that death was verified. Written notification must be provided as soon as possible to the medical practitioner who has agreed to provide the medical certificate of cause of death.

Following verification, any parenteral drug administration, can be stopped and equipment removed with parental consent. Any controlled drugs must be recorded and the drugs retained (and disposed of) according to regulation and policy.

Notification to the wider team of professionals involved in the child's care should also be undertaken with parental consent.

Fig 4 – Clinical signs for verification of expected death (All of the following clinical signs must be confirmed before death is verified)

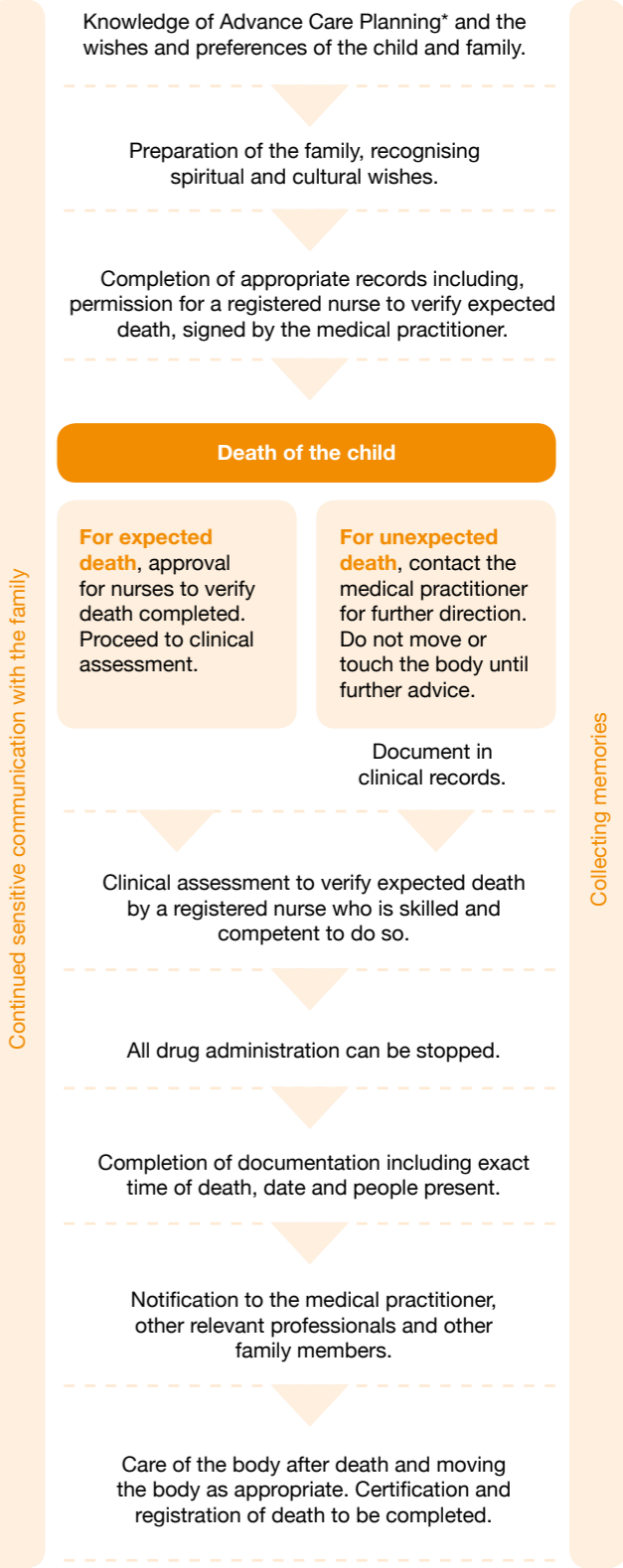
Circulatory
No radial pulse
No carotid pulse
Using a stethoscope no heart sounds for 1 minute

Respiratory
No respiratory effort
Using a stethoscope no chest sounds for 1 minute

Cerebral
No eye movements
Pupils fixed and dilated
Pupils not reacting to light – Using a pen torch
No response to painful stimuli (this can be a discreet pinch of the skin or nail bed pressure)

If there is uncertainty or there are circulatory or respiratory signs of life then, by definition death cannot be verified.

Verification of expected death flow diagram



* The term Advance Care Planning is used in this context to incorporate all anticipatory care plans, wishes documents and emergency plans including local policies and guidelines.

Care of the family

The death of a child or young person is a significant event in the lives of all family members. Where death is expected, sensitive end of life planning including advance care planning (ACP) should have taken place.

Families should be aware of what is likely to happen prior to the death of their child. Even if expected, families may feel a variety of emotions; shock, confusion, bewilderment or numbness. Parents and siblings may wish to be with the child as they are dying, and for many parents they may wish to be holding or cuddling their child as they die.

When death is imminent, some families prefer to be on their own. When the child dies, it is important not to feel rushed to verify death but recognise that confirmation of death is a significant point in the process. Verification of death is a practical task, but is undertaken at a profound and spiritual moment for the family. It is important to be clear and open with parents and, if there are any doubts it is essential to seek advice. Whether the death is expected or unexpected it is important to provide a clear explanation of what is happening.

Effective communication and continuity of care is essential in supporting the family. Involvement of the child's key worker or lead professional, the family support/bereavement team or a faith leader can be extremely helpful. Once the death has been verified the family will be able to carry out their wishes for the care of their child's body and can arrange to move their child if they wish. If the death is unexpected the medical practitioner will provide further direction but it is equally important to provide care and support in a timely and sensitive manner and for the family to be fully informed.

Training and competence

Registered nurses are required to undergo training and be competent to enable them to take on the additional extended role of verifying the expected death of a child (NMC 2008).

Training must include the legal requirements, nurse accountability, clinical assessment to verify death and the circumstances which require referral to a medical practitioner, coroner or procurator fiscal. This will require a blended approach of theory and situated learning. Situated learning encourages a 'community of practice' where shared and collective learning, teamwork and reflective practice are given equal value. The importance of supervisory practice and clinical supervision in supporting the learning and professional development of nurses is also essential.

The learning objectives for verification of expected death are:

- To ensure that the registered nurse is fully aware of the process and their role within it, understanding their own accountability and the responsibility of others.
- To ensure competence and confidence of the procedure.

The training and assessment of competence should be completed with support from an experienced registered nurse or doctor who is already competent in the verification of expected death.



Learning Outcomes

Training should include the development of knowledge and skills so that the registered nurse is able to:

- ◉ Describe the legal, ethical and policy issues of verification of death.
- ◉ Explain the nurse's role in relation to accountability.
- ◉ Explain and demonstrate the process for verification of expected death.
- ◉ Demonstrate ability to communicate effectively and sensitively with the family, being alongside them whilst undertaking the task.
- ◉ Identify and complete the appropriate documentation.

Theory and practice will need to include:

- ◉ Professional considerations.
- ◉ The policy and processes involved.
- ◉ Definition of verification and certification and their place in the care pathway.
- ◉ A knowledge and understanding of expected and unexpected death.
- ◉ Legal and ethical issues.
- ◉ Accountability and responsibility.
- ◉ An understanding of the need for a record of discussion that includes knowledge of permission for registered nurses to verify expected death.
- ◉ When to contact the medical practitioner.
- ◉ Referral to a coroner.
- ◉ The verification procedure – clinical assessment.
- ◉ Communication with the family (including breaking bad news) and informing professionals.
- ◉ An understanding of and ability to incorporate the cultural and spiritual dimensions of caring for a family at this time.
- ◉ Documentation and record keeping.
- ◉ Bereavement support and advice.

Much of the learning surrounding verification of death can take place in practice. Working alongside a senior experienced registered nurse, reflecting on practice and engaging in critical discussions will provide learning opportunities that will support the development of knowledge and experience. A situated learning approach encourages learning that is embedded in practice that will enable the development of knowledge and skills and build confidence in practice.

Assessment of competence of verification of expected death

Assessment and observation of practice is a valuable tool to assist the development of competence in the verification of expected death and can include a number of different activities and approaches in the support of learning and assessment. It should be undertaken by a senior experienced and competent registered nurse or medical practitioner who is also a skilled facilitator and has the ability to support development in practice.

Maintaining competence

Maintaining practice and competence is an important part of the training and assessment programme, particularly as verifying death is an infrequently practiced skill. Consideration of maintaining confidence can be given through clinical supervision, workshops and simulated learning.

Support for practice educators

Key skills and principles to be able to support others in practice:

- ◉ An understanding and awareness of the wider picture.
- ◉ Ability to engage in discussions and support a culture of learning in practice.
- ◉ Effective management and leadership skills (Advanced Practice RCN).
- ◉ Effective communication skills.
- ◉ Dealing with the unexpected and extraordinary.
- ◉ Signposting.
- ◉ Seeking advice through correct clinical and management processes and structure.

Audit and Conclusion

Audit

All records should be kept in accordance with governance procedures within the organisation. The audit of notes and professional practice, including records of training and competency assessment for the verification of expected death should be undertaken, as part of the organisation's cycle of quality improvement processes, to monitor compliance with guidelines and policy.

Conclusion

This guidance has set out the policy and best practice principles which underpin effective verification of expected death of a child, and provides a framework for the process of verification training for registered children's nurses.

It is intended to support nurses working across all settings within the hospice and community to ensure best practice and improve the care of children and families at the time of death.



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Appendix 1

Policy template for verification of expected death by a registered nurse

(To be completed according to local policy and local policy template)

Heading	Comment
Introduction	Integral to the care pathway, legal and clinical requirements.
Purpose and scope	<p>To enable registered nurses to perform verification of expected death – of children and young people – in hospice, hospital or community settings.</p> <p>To support the sensitive and timely care for the family.</p>
Target audience	For all nurses, doctors.
Related policies	e.g. resuscitation, advance care planning, end of life.
Legal position	Verification Certification Notification Registration
Key principles	<p>Including, terminology/definitions process and clinical assessment of verification.</p> <p>When a nurse must refer to the medical practitioner, the coroner or procurator fiscal.</p>
Accountability and responsibilities	Doctors and nurses.
Documentation and record keeping	Aligned to local policy for record keeping and data protection.
Training and competence	An ongoing programme for training is available to ensure nurses are able to maintain competence.
Care of the family	
Monitoring, evaluation and audit	
Key references	

Appendix 2

Clinical assessment of verification of expected death form

Agreement for nurses to verify expected death must have taken place and been recorded in the child's records.

Name of Child:

DoB:

NHS Number:

Verification of Death

Cessation of:

Circulatory Function		Respiratory Function		Cerebral Function	
No radial pulse		No respiratory effort		No eye movements	
No carotid pulse		No respiratory movement for 1 minute		Pupils fixed and dilated	
No heart sounds for 1 minute		No chest sounds for 1 minute		Pupils not retracting to light	
				No response to painful stimuli	

Who was present at time of death?

I have verified the death of the patient named above following the protocol for the verification of expected death.

Print Name

Date

Time

Signature of competent practitioner/registered nurse (including designation):

Report to certifying doctor

Date

Time

Fax to GP and/or certifying doctor

Fax no:

Appendix 3

Competency for verification of expected death for registered nurses

Core competencies: Communication, assessment and ethics are inherent in this competency. Further information on core competencies can be found in *Right People, Right Place, Right Time* (ACT and Children’s Hospices UK 2008).

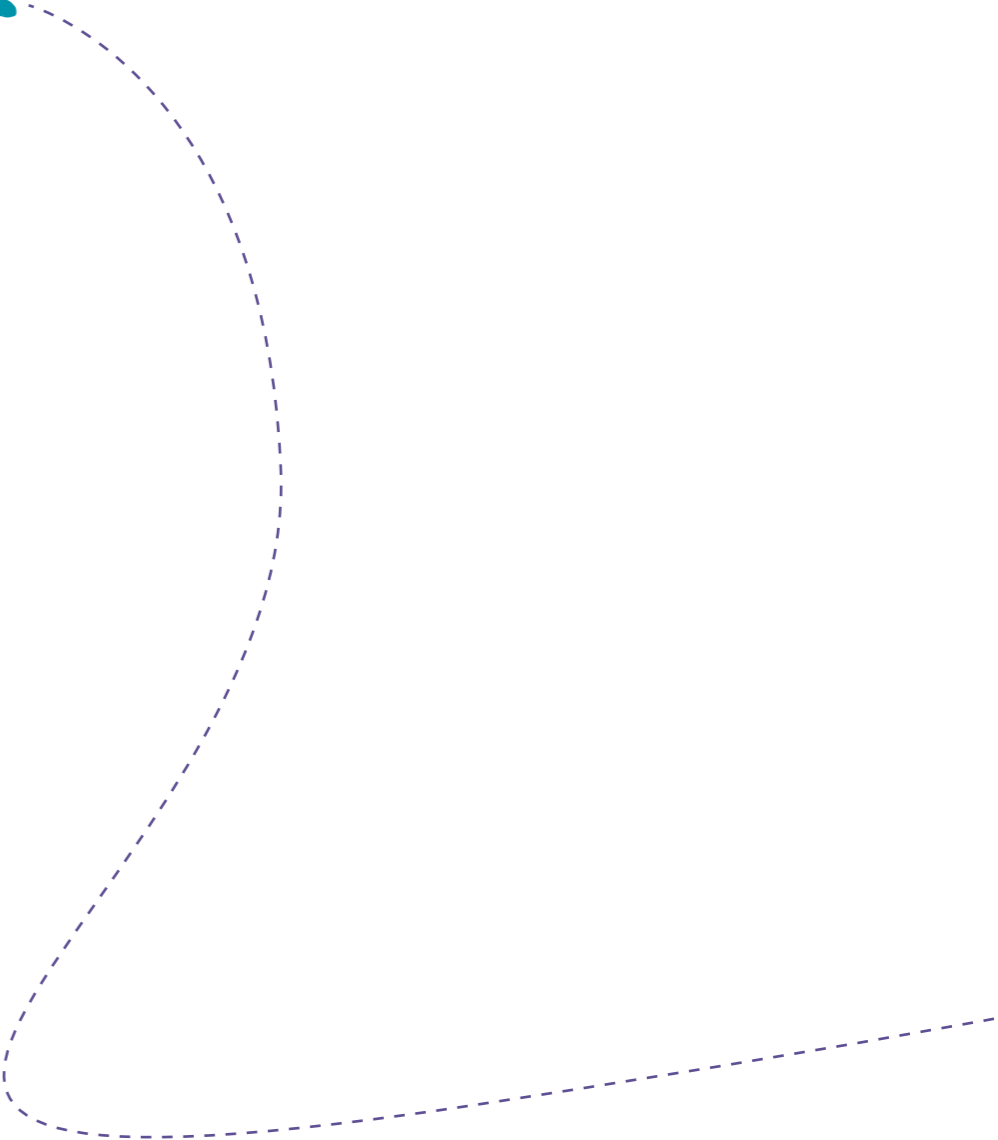
Knowledge and skills	Rationale
1. Defining death	
Able to explain the difference between an expected and unexpected death.	To ensure adequate prior knowledge that allows registered nurses to verify expected death. To ensure knowledge surrounding boundaries of the nurse role.
Understand the process of best practice for expected and unexpected death.	To ensure adequate knowledge concerning death by different causes.
Able to identify when to refer to a medical practitioner.	
Able to explain what is (or might) constitute unnatural death.	
2. Legal and policy	
Able to describe the steps that need to be completed to allow legal registration of death.	To ensure accurate knowledge of legal issues underpinning verification.
Able to demonstrate knowledge of the difference between verification and certification of death.	To ensure accurate knowledge and process of the legal requirements following death.
Able to demonstrate knowledge of where verification fits within end of life care.	To ensure safe and effective practice.
Able to demonstrate knowledge of processes for notification and registration of death.	
Able to describe the action required if there are any concerns or doubts surrounding the death or the verification of death procedure.	
3. Role and accountability	
Demonstrate an awareness of personal accountability regarding verification including NMC guidance and NMC code of conduct, performance and ethics (2008).	To ensure nurses are practising according to their professional code.
Able to demonstrate knowledge concerning the nurse’s role in reporting deaths to the coroner/police/GP/lead medical consultant.	
Able to demonstrate awareness of the ethical issues related to verification of death.	To ensure accurate knowledge and understanding of boundaries within the nurse’s role.
Able to demonstrate an awareness of the responsibility of others.	To ensure an understanding of the wider issues inherent within the procedure.

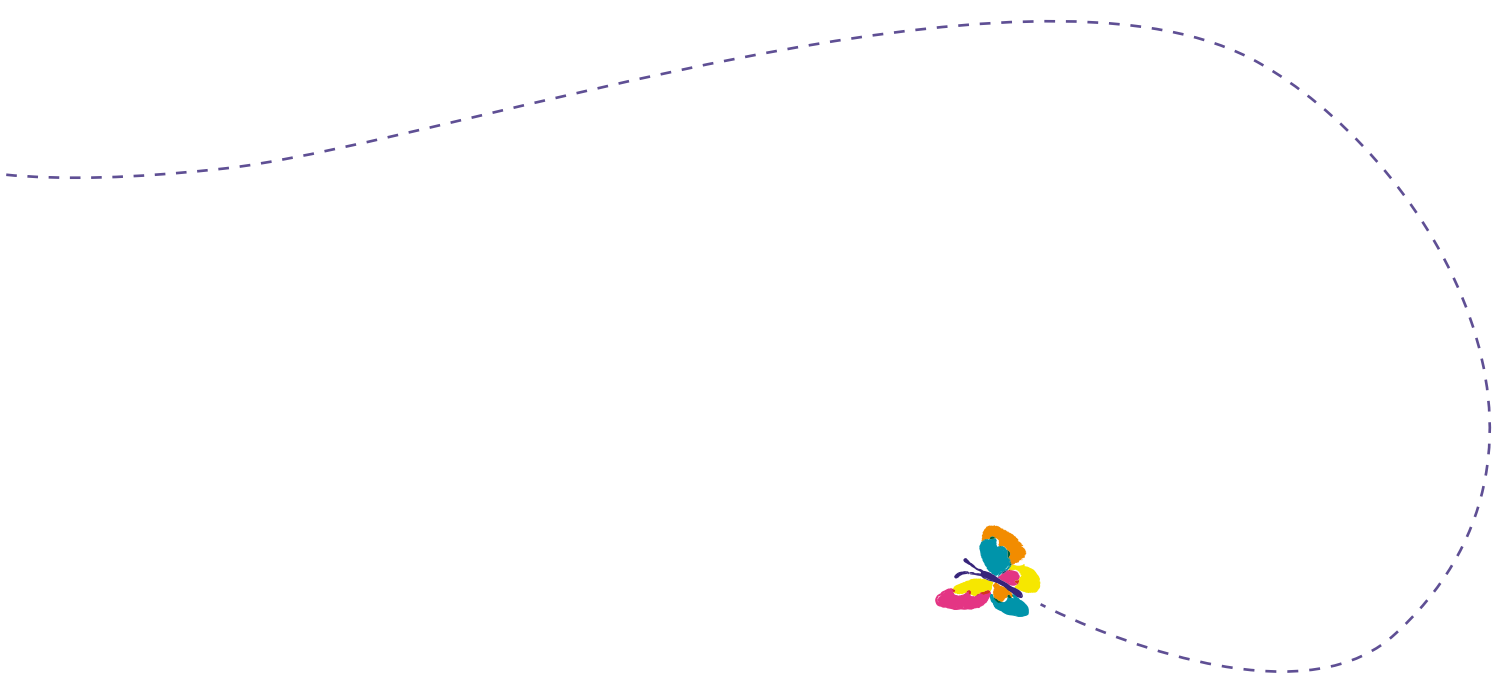
Knowledge and skills	Rationale
4. Procedure	
Able to correctly describe and undertake verification of expected death procedure. To include:	To ensure safe and effective practice and compliance with local policy and procedures.
✧ Using the correct method for patient identification. ✧ Explaining and demonstrating the correct method used for assessing absence of cardiac output to include checking for carotid pulse and heart sounds. ✧ Explaining and demonstrating the correct method used for assessing the absence of respiratory activity. ✧ Explaining and demonstrating the correct method used for assessing absence of central nervous system activity, to include pupil reaction and response to painful stimuli (nail bed pressure).	To ensure no cardiac output is present. To ensure no respiratory effort is being made. To ensure no brain activity is present.
Able to carry out a physical examination/overall assessment of the body (e.g. for any suspicious circumstances).	To further confirm death has occurred and identify any suspicious circumstances.
Able to communicate effectively with all family members – for example, able to discuss with the family the events leading up to the death if the nurse was not present.	To further confirm death has occurred and identify any suspicious circumstances.
Able to demonstrate the importance of the cultural and spiritual dimensions of care at this time.	
Able to demonstrate knowledge of when it is appropriate to remove any drug administration equipment or any life prolonging equipment or any feeding equipment.	To demonstrate knowledge of the procedure for verification of death.
5. Documentation and record keeping	
Able to correctly identify and complete the appropriate documentation.	To ensure knowledge and understanding of a team approach to agreement for nurses to verify.
Able to recognise what information should be included when recording and documenting action.	To ensure knowledge of accurate documentation.
Able to explain the importance of specifying the exact time and date that death was verified.	
Able to explain and demonstrate correct process for notification to medical practitioner with responsibility for completion of medical certificate of cause of death.	To ensure correct and safe record keeping and appropriate audit trail.
Able to identify where documents following verification of expected death should be kept.	

Appendix 4

Core assessment for registered nurses to perform verification of expected death

All registered nurses will be able to:	Signature and Date
Describe the difference between expected and unexpected death.	
Demonstrate the legal and clinical requirements for verification of death.	
Demonstrate skilled and effective communication.	
Demonstrate the process for unexpected death.	
Demonstrate the process for verification of expected death.	
Demonstrate how to check there are no signs of life.	
Identify the location of carotid pulse.	
Use of stethoscope to listen for breath and heart sounds.	
Undertake an examination of pupils.	
Demonstrate the use of painful stimuli.	
Describe the procedure following assessment.	
Describe the procedure to inform doctor responsible for completion of cause of death certificate.	
Understand the requirements surrounding documentation and record keeping.	





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