Verification of Expected Death

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Welcome to the online training.

Aims:

- This module is designed to be completed as self-directed learning to help you to increase your knowledge and understanding to develop confidence and complete you competency documents.
- Understand the legal requirements of the role
- Outline the scope of your practice including the criteria for excluding patients who you cannot verify
- Correctly demonstrate the examination techniques to verify expected death

Learning Outcomes

- Be aware of your responsibilities and boundaries when verifying a death
- Demonstrate how to accurately identify and complete documentation for the patient in question
- Demonstrate how you would meet the needs of any cultural or religious preference
- Gain awareness of how to manage patients who have an industrial illness and when a coroner should be involved
- To be able to perform 5 vital signs of verification and understand when clinical equipment/devices can be removed

Time Out Session 1: 20 minutes

Jot down your thoughts on the following terms then carry on to the answers and supporting documents:

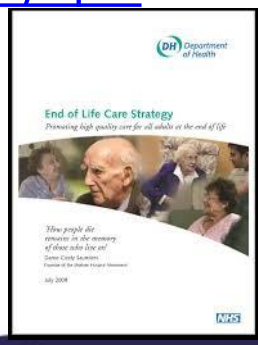
1. Recognising dying
2. Verification of Expected Death
3. Certifying death
4. Expected death
5. Sudden or unexpected death
6. Sudden or unexpected death within a terminal period

Time Out Session 1: Answers- here is the supporting evidence for the answers

- 1. **Recognising dying-** assessment and identification that the patient's condition is changing and agreement there is nothing in the clinical condition that is reversible. Involves inter-disciplinary communication between teams as well as sensitive communication with the patient and family .

Supporting documents to look at:

- **5 priorities of care** (from **One Chance to Get It Right- 2014**). Please read page 17-27 of the document.
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/323188/One_chance_to_get_it_right.pdf
- **End of Life Care Strategy (2008)** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/136431/End_of_life_strategy.pdf



- See more about the need for pre-planning in slide 9

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Time Out Session 1: Answers

- 2. **Verification of Expected Death**- the formal confirmation that death has occurred and involves examination of the body. Can be performed by a suitably qualified professional who has received training & been assessed as competent (could be an RN or paramedic). See your local policy, PTHC Policy or 'Registered Nurse Verification of Expected Adult Death' April 2020 https://www.hospiceuk.org/what-we-offer/publications

- 3. **Certifying Death –** process of completing the Medical Certificate of the Cause of Death- the MCCD and can only be competed by a medical practitioner

Time Out Session 1- Answers

4. **Expected Death**- Result of acute or gradual deterioration in a patient's health due to advanced progressive incurable disease and where no active intervention to prolong life is ongoing.

Individual may have been identified as 'end of life'; they may be on the end of life register with their GP; they may be known to the local Specialist Palliative Care Team; and they may have an EOL/Advance Care Plan and there **MUST** be a DNACPR in place. Important to plan ahead to have this documentation completed so the RN can verify. (see slide 9)

5. **Unexpected Death** – not anticipated or related to a period of illness that has been identified as terminal- RN would not be able to verify- police/coroner would need to be involved

Time Out Session 1: Answers

- **6. Sudden or unexpected Death within Terminal Period:**
- Patient has an identified life limiting illness, but death happened quicker than one expected following all conversations, eg PE or a bleed ….so if all documentation is in place you can still verify following GP conversation

Pre – Planning- Important so the RN can verify an expected death

I. Communication – timely and sensitive and with the patient and family. The doctor must have seen the patient in the last 28 days

II. Involve the dying patient in decisions and refer to Advance Care Plan/ Tissue donation requests. A ReSPECT/DNACPR form must be in place

III. **Recognition that they are dying** and nothing reversible- agreed by the clinical teams

IV. Planning documentation- GP/ MDT involvement 'EOL Priorities of Care and Key Planning'- see the handout in the resources provided

V. Religious and cultural differences are considered – see organisations 'Care after Death guidelines'

VI. Support family with expectations – a leaflet may be helpful

Exceptions when a nurse will not verify

Time Out Session 2: (5 minutes)

- Think about when it would not be possible for an RN to Verify expected death
- Write down your answers and compare to the following slides

Exceptions when a nurse will not verify [1]

- Patient is under 18 years
- Death is not expected
- Patient is unidentified and not known to your MDT
- Not seen by their GP / doctor within this period of advanced progressive irreversible illness (last 28 days)
- Death occurs within 24 hours of discharge from hospital **unless** documented as an expected death
- Death follows any post operative / invasive procedures
- Hypothermia to be reviewed in your policy if an exception

Exceptions when a nurse will not verify [2]

- Death follows an untoward incident e.g. a drug error
- Within 24 hours of a fall (unless seen and no head injury)
- Death following unexpected manner or circumstance (self harm)
- Suspicion /concern of negligence or malpractice
- Suspicious or unclear circumstances, Trauma, violence etc.
- Result of an industrial injury/ disease e.g. mesothelioma, where there is NO strict instruction what to do with the body i.e. for post mortem
- Patient known to have a cardio defibrillator and there is no record that this has been deactivated (see organisation policy & there is a link to information below- discussion and deactivation should ideally have taken place) https://www.bhf.org.uk/informationsupport/publications/living-with-a-heart-condition/deactivating-the-shock-function-of-an-implantable-cardioverter-defibrillator-towards-the-end-of-life

Implantable Devices

Source: McKean S, Ross JJ, Dressler DD, Brotman DJ, Ginsberg JS: *Principles and Practice of Hospital Medicine*: www.accessmedicine.com

ICD and CRT-D-deactivate

Pacemaker, pacing CRT
do not need to deactivate

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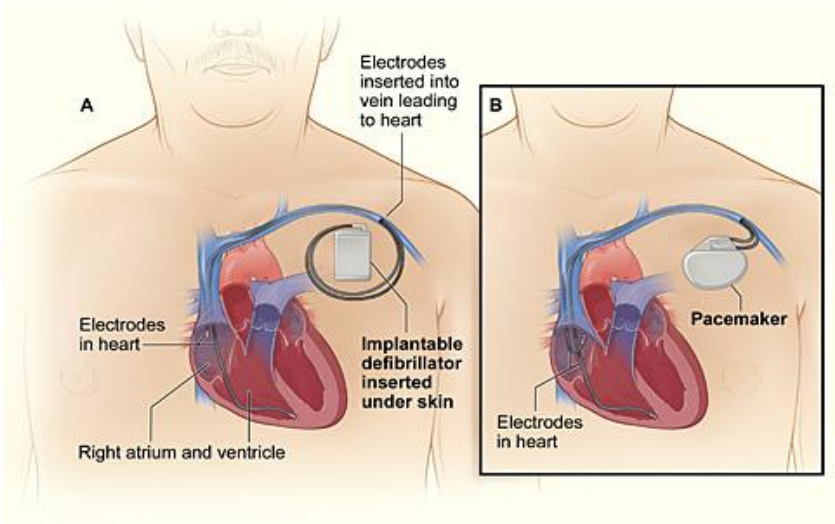


When the coroner will be involved

- In these cases an RN cannot verify expected death
- The cause of death is unknown
- No attending practitioner or practitioner unavailable within the period of this illness (28 days when last seen by GP)
- Death caused by violence, trauma or injury, even if unintentional
- Possibility of poisoning
- Intentional self Neglect or failure of care
- Related to a medical procedure or treatment
- Related to employment or industrial poisoning (RN can verify a death of a patient with mesothelioma as long as coroner and medical practitioner have discussed & agreed this- see planning)
- Death occurred in custody or state detention

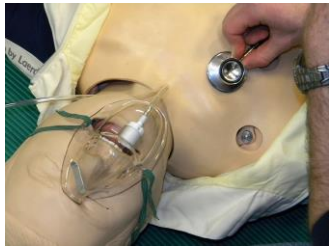
Medical Devices

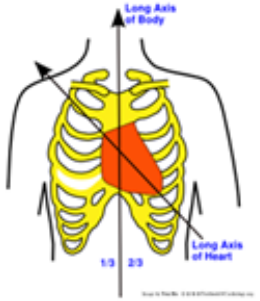
Some people will have medical equipment in place at the time of death.

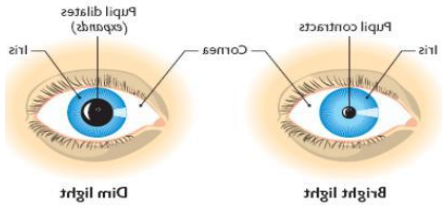
It must be left in place until after verification:

Equipment	Removal
Syringe Driver	Remove
Urinary Catheter	Check with Funeral Director
Colostomy	Remain in situ, replace as needed
Gastrostomy	Remain in situ

Verification of Expected Death







Five steps:

1. Carotid Pulse
2. Heart Sounds
3. Respiratory Activity
4. Pupil responses
5. Trapezius Squeeze – only practice this on yourself.

NB there are changes in recommendations with Covid-19- see videos

If there is any spontaneous activity or response, these check must be repeated for a further five minutes.

Carotid Function

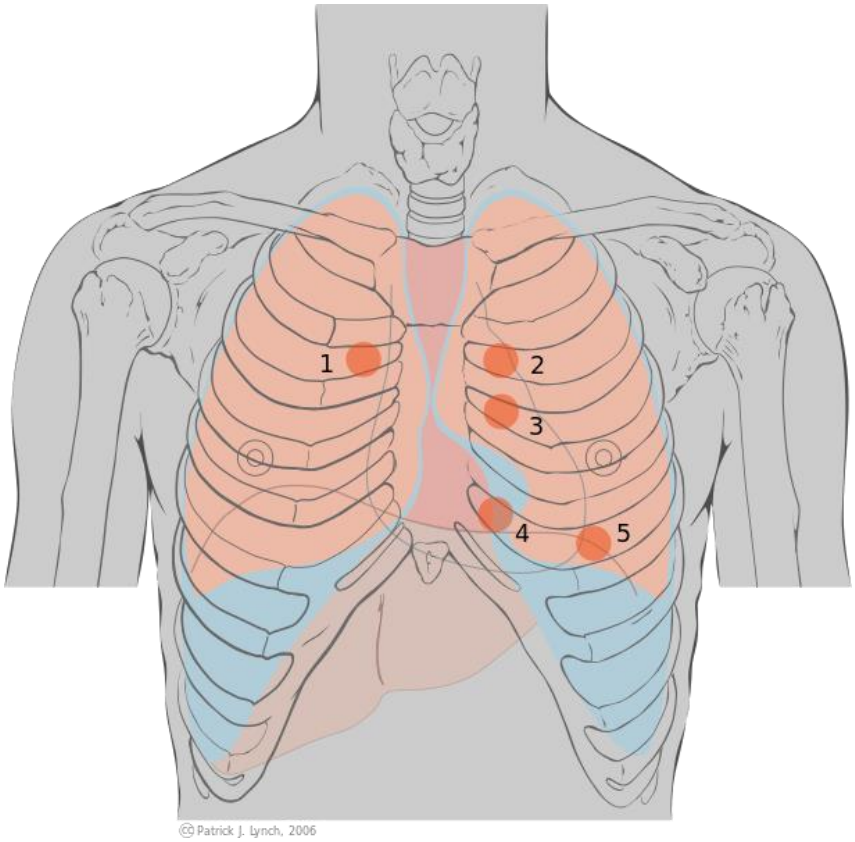
Examination

- Palpation of carotid pulses over 1 full minute timed by clock / watch

Positive criteria of death (1)

✓ Absent pulsation

Heart Sounds



Examination

- Listen for heart sounds over the cardiac apex
- In the healthy adult, the apex beat lies in the 5th intercostal space, within the mid clavicular line
- Various conditions may result in an abnormal position of the apex
- Listen over 1 full minute timed by clock / watch.

Positive criteria of death (2)

✓ Absent heart sounds

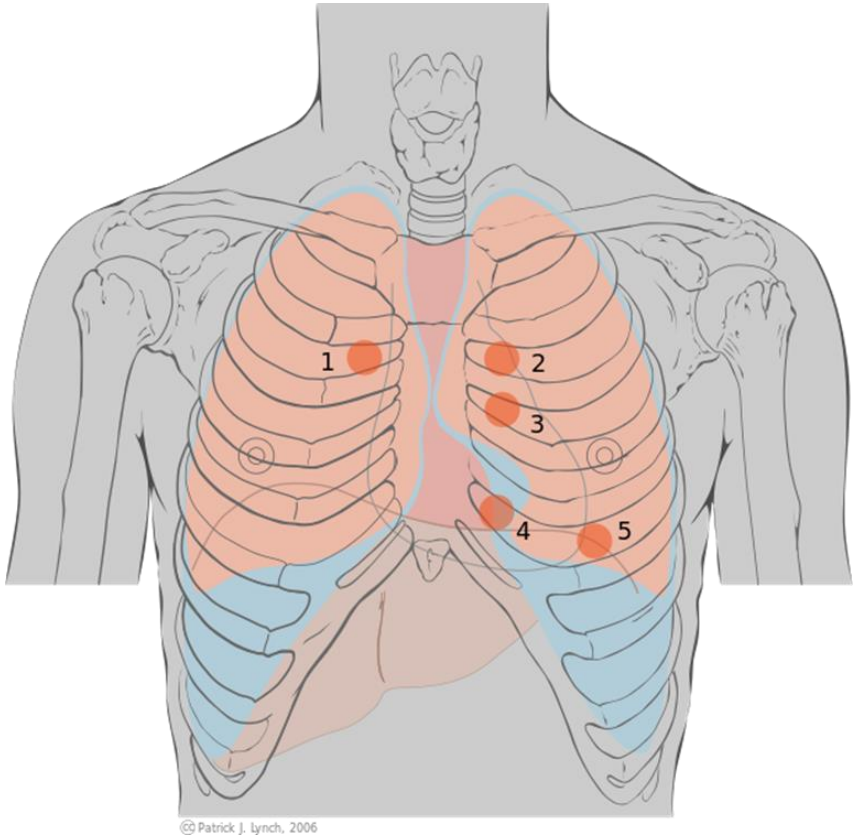
Chest sounds and movement

Examination

- **Look** for respiratory movement
- **Listen** for breath sounds mid axillary line 3rd intercostal space **bilaterally**
- Listen over 1 full minute timed by clock / watch **on both lungs fields and continue to watch over the 5 minutes**

Positive criteria of death (3)

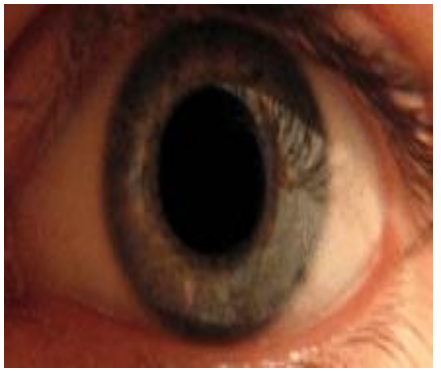
✓ Absent respiratory movement



Pupillary Reflex - Cessation of cerebral function

Examination

After five minutes of checking pulse, heart and breath sounds check the absence of pupillary responses to light.



The nurse should direct the light from the side of the patient to avoid an accommodation response.

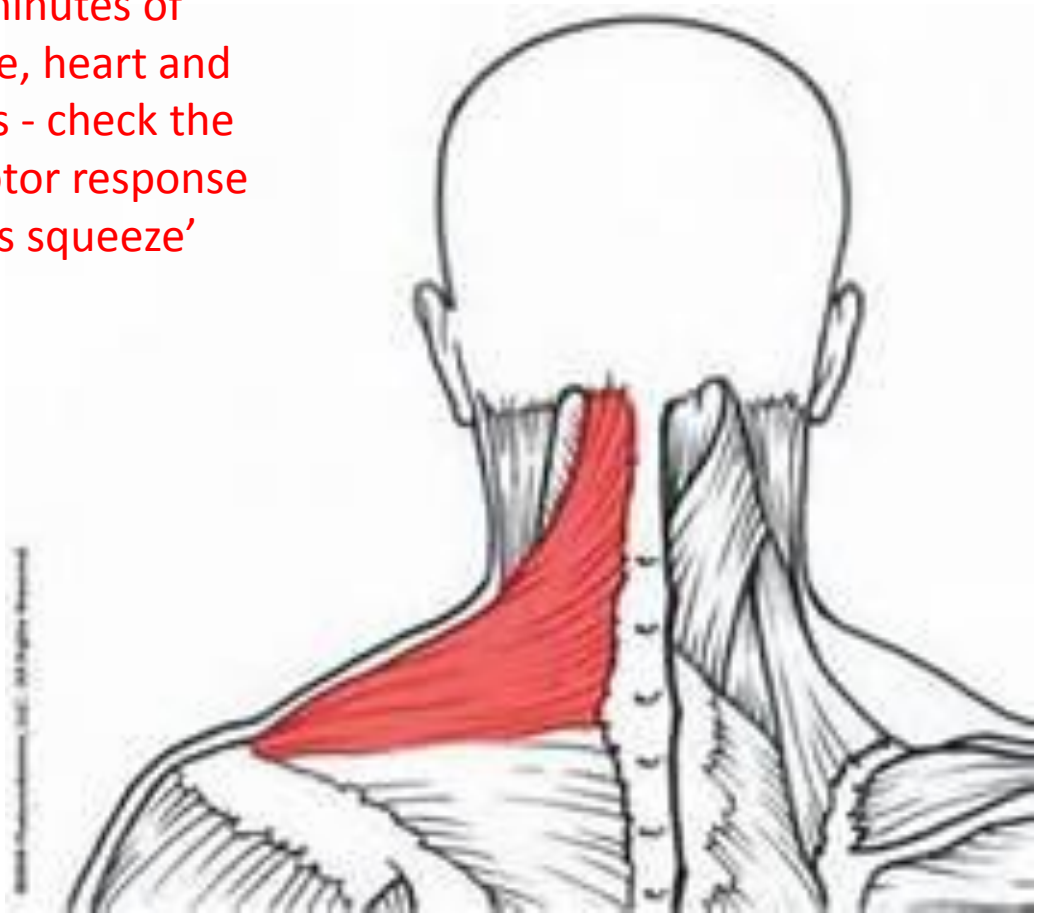
The reaction or absence of reaction of the pupils to the light should be assessed in each eye separately, shielding the other eye from the light whilst doing so.

Positive criteria of death (4)

- ✓ In death both pupils should be fixed and unresponsive to bright light.

Trapezium Squeeze Painful stimuli

After five minutes of checking pulse, heart and breath sounds - check the absence of motor response by ‘trapezius squeeze’



Covid 19 Changes to Verification Examination

- As outlined on competency document
- Follow Public Health England/local guidelines for PPE
- Lay patient flat. Removal of jewellery etc at this point
- Double glove to enable subsequent cleaning of stethoscope and torch before leaving area
- Double bagging of waste and leave 72 hours in house (as per COVID waste guidance)
- Use of dressing pack as a clean surface for equipment- will have a sterile sheet, clean waste bag and gloves in readiness

Verification examination order changed to minimise cross infection- see videos

- Heart sounds – place stethoscope on sterile towel
- Neurological Response- Pupils- place pen torch on sterile towel
- Respiratory Effort- Place barrier across patient's mouth and nose. Observe for movement over 5 minutes; Do not listen (with stethoscope) for breathing to avoid risk of contamination.
- Central pulse (Carotid)
- Motor Response – AVPU

(Alert (A), Response to verbal stimuli (V), Response to physical stimuli (P) or Unresponsive (U) to Trapezius squeeze

Medical Devices- Covid 19

- After verification- spigot and leave lines or cannulae in situ to prevent leakage (avoids risk of contamination when removing)
- Remove outer pair of gloves and discard in waste bag
- Clean stethoscope and pen torch with 70% alcohol devices wipe and place in clean bag to take out of room/home
- Remove syringe driver. Record and discard medication as per waste policy. Clean syringe driver with 70% alcohol devices wipe- place in clean bag
- Remove PPE in correct order and place in disposal bag
- Double bagging of waste and leave 72 hours in house (as per COVID waste guidance)

Documentation

The Verification of Expected Death form records the following:

- Date and Time of death (when verifying not when told they died)
- Identify the patient –'identified to me as' name, DOB, Address, NHS number
- Place of death
- Persons present
- NOK and whether they have been informed
- Your name and designation
- Date and time doctor informed
- Presence of infections /devices

Documentation to be captured in various forms

You must document all actions and conversations including:

- VoED form
- A written entry into the notes +/-
- Electronic patient records
- CQC death notification form

- Be aware of the organisation process and responsibility to ensure that the above is captured.

Following verification need to ensure:

- Inform the family
- GP
- Inform the identified funeral director
- Liaise with Tissue/ Organ donation team if part of persons plan after death –changes with Covid 19
- Liaise with religious leaders (if appropriate)
- Complete CQC notification of death form
- Medications to be taken to pharmacy by family
- Records of all of these steps

Information for Funeral Directors

- Date and Time of death
- Implantable devices
- Current radioactive treatments
- Notable infections- Covid 19
- Jewellery insitu
- Name and contact details of verifying nurse
- (Check with local Services)

Accountability

Professionals must take responsibility for:

- Maintaining competency
- Taking part in reflective learning
- Ensuring adequate training/development
- Keeping up-to-date with changes in practice

Reflect on learning

- List 5 things to be addressed in preparation of the person dying
- When should the Dr have seen the dying person before they die?
- List 6 reasons why you wouldn't verify?
- What is required in the verification practical, in which order and timings.

Be clear in your answers as if you were teaching someone else.

Next steps

- Read policy and other resources provided in this pack/ follow up links to documents in this presentation.
- Identify assessor in your organisation
- Complete competence document- it has questions and expected answers based on these education materials
- Arrange Zoom sessions with PTHC Education team for follow on support education@pth.org.uk

References

Care after death guidance for registered nurses (updated 2015/17] available from: https://www.hospiceuk.org/what-we-offer/publications?cat=72e54312-4ccd-608d-ad24-ff0000fd3330 accessed 8/1/2020

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Human Tissue Act (2004) Part 1 Removal, storage and use of human organs an other tissue for scheduled purposes http://www.legislation.gov.uk/ukpga/2004/30/section/3 accessed 8/1/2020

Confirmation of death: RCN advice guide. Available from https://www.rcn.org.uk/get-help/rcn-advice/confirmation-of-death accessed 8/1/2020