

Hospital Verification of Expected Death Form

Verification of Expected Death – <i>(Complete section 7 of the Care Plan for End of Life where this is in place)</i>		
Patient Name..... DOB.....		
NHS No.....Ward/Dept.....		
NB: BEFORE PROCEEDING ENSURE THERE ARE NO CAUSES FOR CONCERN REGARDING THE CIRCUMSTANCES OF DEATH <i>(follow local policy for procedures whereby concerns are raised)</i>		
Date of death Time of death		
Persons present at time of death & relationship to the deceased.....		
Notes/Comments		
If not present, has the individual's relative or significant other been informed?		
Name of relative informed: Yes <input type="checkbox"/> No <input type="checkbox"/> No relative/carer <input type="checkbox"/>		
Name of professional verifying death Signature		
Role Date/ Time of verifying		
Is discussion with, or review by, the coroner required Yes <input type="checkbox"/> No <input type="checkbox"/>		
The overall duration of the assessment of cardiac and respiratory function must be at least 5 minutes . Any spontaneous return of cardiac or respiratory activity should prompt another 5 minutes of checks.		
Vital signs checked:		
<ul style="list-style-type: none">• Carotid pulse absent on palpation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<ul style="list-style-type: none">• Heart sounds absent on auscultation	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<ul style="list-style-type: none">• Respirations absent for one minute	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>AFTER 5 minutes</u> of continued cardiorespiratory arrest the following checks should be made:		
<ul style="list-style-type: none">• Absence of pupillary response to light and corneal reflexes	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<ul style="list-style-type: none">• No motor response to painful stimuli (trapezius muscle squeeze)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date/Time	Care after death notes: record relevant issues/communications (including feedback from relatives)	Name <i>(print)</i> , signature & role

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Communication & support after death		Signature/date																																																												
Care & Dignity	<p>Initial care after death is undertaken in accordance with policy</p> <p>Consider:</p> <ul style="list-style-type: none"> • Spiritual, religious, cultural rituals/needs met • The facilitation of quality time with the deceased as appropriate for the care setting and to meet the needs of the family/ significant others • Individual is treated with respect & dignity if any care is provided after death • If CSCI/Syringe Driver in use, following verification of death, it is removed & drug contents disposed of in accordance with policy. 																																																													
Relative /Carer/ Information	<p>The relative/carer understands what is required to do next & given relevant written information</p> <p>Consider relative/carer information needs relating to the next steps, where appropriate:</p> <ul style="list-style-type: none"> • Contacting a funeral director, how a death certificate will be issued, registering the death • Acting on patient's wishes regarding tissue/organ donation • Discuss as appropriate, the need for a post mortem, or removal of cardiac devices or when discussion with the coroner required • Bereavement support/services, including child bereavement services • Disposal of drugs & equipment • Provision of supportive leaflet/booklets: • Local bereavement booklet/services contacts/other bereavement information • DWP1027 (England & Wales) 'What to do after a death' booklet or equivalent 																																																													
<p>The GP Practice is notified of the patient's death</p>		Enter date/time of notification:																																																												
Organisation Information	<p>Other services involved notified of patient's death:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Out of hour services (i.e. GPs, Nursing, other services)</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>Hospice</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>Macmillan Nurses</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>Other Specialist Nurse</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>Hospital</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>Out Patient Services e.g. Chemotherapy, endoscopy</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>Community Matron</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>Allied Health Professionals (i.e. Physio, OT, Dietician)</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>Social Services</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>Continuing Health</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>Other care agencies (i.e. Crossroads, Marie Curie)</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>Continence</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>Hospital Care at Home</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>Community equipment</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> </tr> <tr> <td>Other, please state:</td> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> <td>N/A <input type="checkbox"/></td> </tr> </table>		Out of hour services (i.e. GPs, Nursing, other services)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Hospice	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Macmillan Nurses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Other Specialist Nurse	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Hospital	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Out Patient Services e.g. Chemotherapy, endoscopy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Community Matron	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Allied Health Professionals (i.e. Physio, OT, Dietician)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Social Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Continuing Health	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Other care agencies (i.e. Crossroads, Marie Curie)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Continence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Hospital Care at Home	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Community equipment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	Other, please state:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
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