

PRONOUNCEMENT OF EXPECTED DEATH AT HOME BY R.N.'S & R.P.N.'S

PREAMBLE

- One of the factors influencing grief resolution by survivors is the quality of death of the loved one. When death is enveloped by increased tension related to long delays until the physician arrives or even in trying to procure a physician to certify death in the home, large hurdles are added to the grief process.
- In relation to our physicians, this community has been made well aware of the fact that we are an under serviced area; we need to relieve some of the burden of care of our physicians.
- Community nurses are spending an inordinate amount of time (hence dollars), trying to find a physician who will come to the home to certify death.

Since the College of Nurses has established that the nurse may pronounce death when the death of a client is expected both in the community and health care facility and since the physician's only legal obligation is to sign the Certificate of Death, we propose that in the event of an expected death in the home, the nurse will pronounce death and then inform the physician. The partially completed unsigned Death Certificate will be in the home and will accompany the body to the funeral home. The physician will take responsibility for signing the Certificate of Death at the funeral home within 24 hours of removal of the body from the home.

POLICY:

It is the policy of Community Care Access Centre of Waterloo Region that Registered Nurses (R.N.'s) and Registered Practical Nurses (R.P.N.'s) may pronounce expected death in the community. See CNO Standards of Practice April 1996.

PROCEDURE:

1. Refer to the attached guidelines which provide definition of:
 - Expected Death
 - Pronouncement of Death
 - Certification of Death
2. Refer to reference regarding Advance Health Care Directives.
3. Refer to reference regarding "Getting Ready to Go Home"; "Finding Your Way on the Long Haul", etc.

Before Death:

4. The client's care team will mutually decide who will perform the following:
 - a) Document the client's wishes on the chart.
 - b) Encourage the client/family to make pre-arrangements with the funeral home.
 - c) Provide education to the family which includes:
 - Signs of impending and actual death.
 - A discussion of CPR, its effectiveness and the relevance of CPR to quality of life.
 - Discussion of why an ambulance or 911 should not be called when death is expected.

5. The Case Manager:
 - Confirms that the physician is aware of plan for nurse pronouncement and partial completion of unsigned Death Certificate.
 - Confirms that the physician will sign the death certificate at the funeral home within 24 hours of death.
 - Advises service provider/caregivers and physician that a nurse will pronounce death.

Note: Visiting nurse and physician will collaborate to ensure that a partially completed unsigned Death Certificate will be placed in an envelope in client's chart in the home.

After Death:

The Nurse:

- Assesses for absence of apical pulse, respiration, dilation and fixation of pupils,
- Documents the date and time of death.
- Notifies the funeral home, if family requests.
- Notifies the physician's office/answering service and documents time.
- Notifies CCAC.
- Requests the family send the partially completed unsigned Death Certificate with the body to the funeral home.
- Stays with the family, as appropriate, (i.e. up to approximately one (1) hour)

Note: Death Certificates (Form 16) are available at all the hospitals and funeral homes as well as from the Ministry of Attorney General, 1-800-461-2156.

DEFINITIONS:

Expected Death:

In the opinion of the attending physician, the client is irreversibly or irreparably terminally ill and there is no available treatment to resolve health. Expected death pertains to a terminal non-reversible condition in which the client does not wish to be resuscitated.

Pronouncement of Death:

The assessment of the absence of an apical pulse and respiration's.

Certification of Death:

The determination of the cause of death and the signing of the Death Certificate. **This may only be performed by a Physician.**

Additional Reference:

Guide to completing the Waterloo Region-wide Power of Attorney for Personal Care and Advance Directives.

Series: "Getting Ready to Go Home"; "Finding Your Way on the Long Haul", etc.