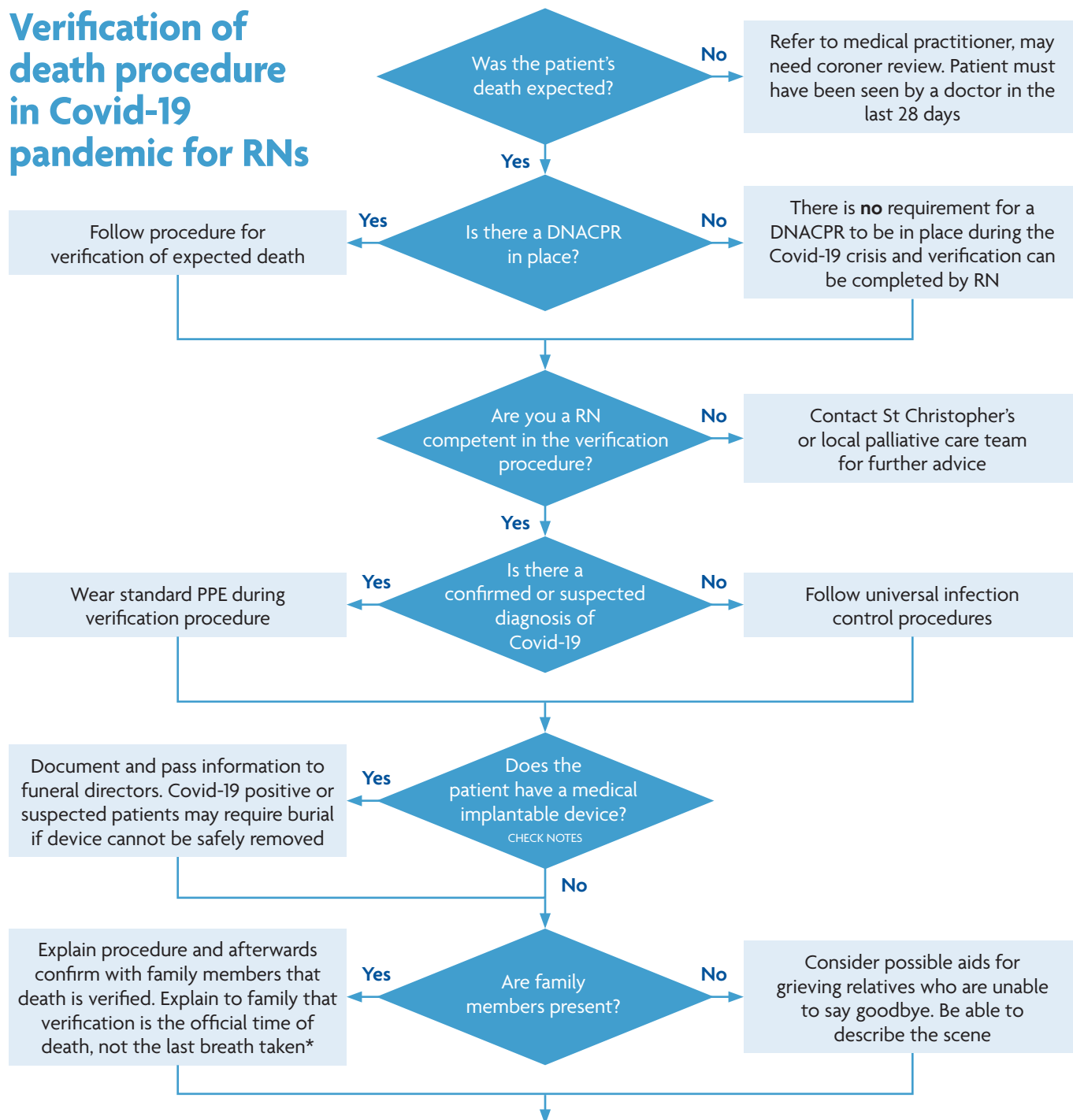


Verification of death procedure in Covid-19 pandemic for RNs



Verification procedure

- Does the patient have a carotid pulse? Check for **one full minute**
- Can heart sounds be heard with a stethoscope? Check for **one full minute**
 - Can breath sounds be heard? Listen for **one full minute**
- Are pupils are fixed and dilated? (not reacting to light – use a pen torch)

Verification of expected death will require the nurse to assess the patient for a minimum of **five minutes** to establish that irreversible cardio-respiratory arrest has occurred, as well as specific additional observations. Any spontaneous return of cardiac or respiratory activity during this period of observation should prompt further five minutes observations.

After death is verified

- Complete the pro forma (see next page), leave this form with the patient and add a copy to the local record
- Notify medical practitioner who will issue medical certificate of death
 - Patient's body can be moved to a mortuary.

References

- Royal College of Nursing. Confirmation of verification of death by registered nurses. Available at www.rcn.org.uk/get-help/rcn-advice/confirmation-of-death
- *Hospice UK (2015). *Care after death: guidance for staff responsible for care after death (second edition)*. Available at www.hospiceuk.org/what-we-offer/publications
- House of Commons Library Briefing Paper Number 08860 25 March 2020 Coronavirus Bill: Managing the deceased
- Department of Health and Social Care, Coronavirus bill: summary of impacts, 19 March 2020, Section 4 – Managing the deceased.

www.stchristophers.org.uk

StChristopher's
More than just a hospice

Verification of death form

Patient name	
NHS number	Date of birth
Date and time of death	
Place of death	
People present at time of death	
Verification of death	Death verified by
<input type="checkbox"/> Pupils fixed and dilated	Name
<input type="checkbox"/> No pulse detected for one minute	Qualification
<input type="checkbox"/> No respiratory effort for one minute	Signature
Is patient fitted with a pacemaker or defibrillator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
People contacted at time of death	
Any other comments	

Please scan the completed form to your electronic document system.