**Verification of Death SOP**

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Sometimes incorrectly called “certification” of death, Verification (or Confirmation) of death is the first stage in the bereavement pathway. This does not necessarily need to be undertaken by a medical practitioner (see UHB guidelines for nurse verification of death) but current practice on the Critical Care unit is for trainee medical staff or ACCPs to undertake this task. It is important that this is undertaken in a timely, structured way with appropriate documentation.

1. **Verification of death following irreversible loss of brain stem function**

Patients who have been verified as dead by formal brain stem testing do NOT require further examination. Verification of death by brain stem testing can only be completed by 2 appropriately trained and senior doctors following the Academy of Royal Colleges guidelines exactly as laid down. The time of death should be recorded as the time the first set of brain stem tests is completed. Ventilation can be discontinued as appropriate for organ donation / family etc.

1. **Verification of death following irreversible cessation of cardiopulmonary function**

To verify death in this way it is necessary to demonstrate that there has been irreversible loss of **neurological, cardiac and respiratory function**. If the patient does not have a DNACPR order then it will be necessary to undertake CPR to prove that this is an irreversible situation. Most patients who die on Critical Care will have DNACPR orders in place.

**In all cases (including after failed CPR) it is necessary to examine the patient for any signs of life for a minimum of 5 minutes**. If any signs of life are seen in this time (e.g. agonal breath or brief return of pulse) then the period of 5 minutes must start again from the beginning. You should remember that death is a “process” and not a fixed point. It is not unknown for cardiac activity to cease for a minute or two and then re-start spontaneously for a while. Staff should refrain from telling next of kin that their relative has died until a full 5 minutes of observation has been undertaken. This 5 minute period also ensures that there has been sufficient time for irreversible damage to the brain stem to have occurred - which is especially important when donation after cardiac death (DCD) is being undertaken.

Depending on the circumstances of the patient’s death you may be asked to verify the death of a patient who is still on a ventilator and may or may not still be attached to monitoring. A structured approach using the following plan is suggested:

1. **Introduce yourself to any next of kin in the bed area and explain tactfully that you need to verify that their loved one has died.** Offer them the opportunity to step outside if they wish.
2. **If practical make sure that full monitoring of ECG, Oxygen Saturation, RR and Arterial line (if present) are in place.**

It is not strictly necessary to have this monitoring to verify death, but it greatly reduces the chances of error. In some cases monitoring may have been removed as part of end of life care and you should use your judgment about whether it is appropriate to switch the monitors back on. If family are present it may be best to leave things as you find them. If you are unsure then discretely discuss and agree with the bedside nurse or Zone leader.

1. **Check that there are no pupillary reflexes**
2. **Check the central pulse (femoral and/or carotid)**
3. **If there are no sign of life on monitors, no spontaneous movements, unreactive pupils and absent pulse then discontinue invasive ventilation if ongoing by switching off the ventilator.** Disconnect the ventilator tubing from the endotracheal tube / trachesotomy. Leave any airway device in situ. If the patient is on non-invasive ventilation or supplemental oxygen then this should be removed at this stage also.
4. **Make sure that you now examine for a full 5 minutes.**

If any signs of life are seen then the full 5 minute period must be re-started.

1. **Repeatedly check for:**
	1. **Absent Central pulse**
	2. **Respiratory effort / breath sounds**
	3. **Heart sounds (be sure not to mistake bowel sounds for heart sounds. Bowel sounds tend to be prominent at this time and can be mistaken)**
	4. **Any signs of life either on monitoring or clinically**

Once 5 minutes have elapsed you can confidently verify the death. Monitoring can be discontinued and the next of kin informed.

**You should make an entry in the notes as below:**

“Asked to see to Verify death. I have examined (insert patient name) for 5 minutes and can verify that:

There are no signs of life

Pupils are unreactive

There are no respiratory efforts or breath sounds

There are no audible heart sounds or palpable pulses.

I can therefore verify that (insert patient name) has died.

The date and time of verification of death was (insert current date/time) and the place of death was (insert ward name). “

Sign and print your name neatly and give your GMC or NMC number.

If you know that the patient has an implant e.g. pacemaker please write this in bold type in the notes.

**FAQ: “Removal of lines”**

**Nursing staff may ask at this stage whether the “lines” can be removed.** This is no longer routine practice but can make the washing and transport of the deceased’s body easier and can be comforting for the next of kin. If you are CERTAIN that coroner’s referral will not be needed then all lines can be removed but be cautious if the patient had a coagulopathy as the wounds may “ooze” for some time after death. If the patient is likely to need a coroner’s post mortem then it is best to leave all lines in situ. The main difficulty often comes from the decision whether or not to remove an endotracheal tube. This is often good to do so that the family can see their loved one’s face without obstruction. If you are unsure then discuss with the consultant – it will probably be OK to remove the endotracheal tube as long as there is no concern that a misplaced tube lead to harm, and there is good documentation that the tube was in the correct place (CXR and end tidal CO2).

**Initial paperwork:**

Following verification of death the medical notes should be placed in the box in the trainee doctors’ office and a sticker and addressograph should be placed in the diary. The rest of the bereavement pathway (issuing of death certificates, coroners referral etc) are covered by separate SOPs.

**References:**

1. **“A code of practice for the diagnosis and confirmation of death” – Academy of Medical Royal colleges 2008**

<https://www.aomrc.org.uk/reports-guidance/ukdec-reports-and-guidance/code-practice-diagnosis-confirmation-death/>