EPP 064

Verification of Death by Registered Nurses

Trainee name:	
Title:	
Ward or department:	
Method of assessment:	

Clinical assessor:	
Name:	
Title:	

Professional assessor:	
Name:	
Title:	

Supervision Record

Please detail your clinical supervision activity.

Date	Activity	Suggested learning activities	Clinical assessors signature

Skill criteria		**Knowledge criteria**	
No errors observed	5	Evaluation: *articulates response, what, when how and why*	5
Occasional errors, corrected by trainee	4	Synthesis: articulates the *connections between the parts*	4
Frequent errors, corrected by trainee	3	Analysis: *able to examine how parts relate to the whole*	3
Frequent errors, not corrected by trainee	2	Application: *can relate facts to another situation*	2
Trainee unable to proceed without instruction/prompting	1	Knowledge and understanding: *provides examples and distinguishes differences between examples*	1

K= knowledge S= skill (minimum level 4)

Observable criteria	**Tick level of achievement**						**Outcome**		**Assessors Signature and Date**
	k/s	**1**	**2**	**3**	**4**	**5**	**Pass X**	**Fail X**	
Professional issues									
1. Discuss accountability issues in relation to the expanded role	K3								
2. In relation to professional accountability and responsibility appraise the "Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoEAD)" guidance *(standard 1 & 3)*	K4								
3. In relation to professional accountability and responsibility appraise the Royal College of Nursing. "Confirmation of verification of death by registered nurses" guidance *(standard 1 & 3)*	K4								
4. In relation to professional accountability and responsibility appraise the Trusts "Decisions Relating to Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)" Policy *(standard 3)*	K4								
5. Discuss the exclusion criteria in relation to the expanded practice *(standard 2)*	K2								

Observable criteria	Tick level of achievement						Outcome		Assessors Signature and Date
	k/s	1	2	3	4	5	Pass X	Fail X	
Legal issues									
6. State who is able to recognise that death has occurred *(standard 2)*	K1								
7. State what constitutes a patients official time of death *(standard 2)*	K1								
8. Explore the terms “verification” and “certification” of death *(standard 2)*	K4								
9. Discuss the term “expected death” in relation to the expanded practice *(standard 2)*	K2								
10. Explore the term “Sudden or unexpected death” *(standard 2)*	K4								
11. Discuss the concept of a sudden or unexpected death in a terminal period *(standard 2)*	K4								
Anatomy									
12. Discuss the location of the central pulses in the body	K2								
13. Discuss where to place a stethoscope in order to listen for heart sounds	K2								
14. Discuss the physiological basis of fixed and dilated pupils									
Infection Control Procedures									
15. Applies standard precautions for infection control and adhered to hand hygiene policy procedures *(standard 4)*	S5								

Observable criteria	Tick level of achievement						Outcome		Assessors Signature and Date
	k/s	1	2	3	4	5	Pass X	Fail X	
16. Understands the four components required for infection transmission	K4								
17. Recognizes the routes of transmission of infectious organisms	K4								
18. Understands and demonstrates use of appropriate personal protective equipment (PPE)	S5								
19. Discuss how to appropriately prevent and manage occupational exposures to sharps, blood and body fluids	S5								
Procedure									
20. The practitioner confirms that the patient is wearing a correctly completed name band *(standard 4)*	S5								
21. The practitioner confirms the patient's healthcare record against name band	S5								
22. The practitioner verifies that the patient has a confirmed diagnosis *(standard 4)*	S5								
23. The practitioner verifies there is a signed entry in the medical notes that the patient is not for resuscitation or escalation of treatment *(standard 4)*	S5								
24. The practitioner confirms documentation in the medical notes that a nurse may verify this person's death *(standard 4)*	S5								
25. The practitioner verifies documentation in the medical notes that death is an anticipated outcome of this admission *(standard 4)*	S5								

Observable criteria	Tick level of achievement						Outcome		Assessors Signature and Date
	k/s	1	2	3	4	5	Pass X	Fail X	
26. The practitioner verifies the presence or absence of implantable devices and radioactive implants *(standard 4)*	S5								
27. The practitioner examines the patients and confirms that there are no suspicious circumstances or concerns	S5								
28. If applicable, the practitioner deactivates the implantable cardio defibrillator *(standard 4)*	S5								
29. The practitioner prepares the environment and positions the patient for examination *(standard 5)*	S5								
30. The practitioner assesses for any obvious signs of life	S5								
31. The practitioner assesses patients reaction to pain by applying a trapezius squeeze *(standard 5)*	S5								
32. The practitioner checks the absence of a carotid pulse for 1 minute *(standard 5)*	S5								
33. The practitioner checks the absence of a heart sounds for 1 minute *(standard 5)*	S5								
34. The practitioner checks for the absence of respiratory effort and breath sounds for 1 minute *(standard 5)*	S5								
35. The practitioner checks pupillary response *(standard 5)*	S5								
36. The practitioner rechecks the examination after 5 minutes if there are any concerns following examination *(standard 5)*	S5								
Communication and Documentation									
37. Completes the “Checklist for the Verification of Expected Death by Registered Nurses” documentation *(standard 6)*	S5								

Observable criteria	Tick level of achievement						Outcome		Assessors Signature and Date
	k/s	1	2	3	4	5	Pass X	Fail X	
38. Communicates any concerns to the designated healthcare professional	S5								
39. Demonstrates effective team working to achieve desired patient care outcomes	S5								
40. Discusses potential/actual emotional impact of a bereavement on the family, and friends *(standard 7)*	K2								
41. Can demonstrate how they would support the bereaved at the time of death *(standard 7)*	S4								
42. Understand the potential / actual impact on surrounding patients and residents in communal setting *(standard 7)*	K2								
43. Can demonstrate how they would support surrounding patients / residents without breaching confidentiality *(standard 7)*	S4								
44. Understands the potential/ actual emotional impact of a bereavement for colleagues and paid carers *(standard 7)*	K2								
45. Can demonstrate how they would support colleagues and paid carers *(standard 7)*	S4								
46. Knows the support and written information available for bereaved family and friends *(standard 7)*	K3								
47. Knows how to signpost relatives to where to collect paperwork / what the next steps are *(standard 7)*	K3								

Learning log

To be completed by the assessor when all the sections above have been signed confirming that the above named person has been assessed as competent.

Assessment outcome: Pass ☐ Refer ☐

Assessed by:

Name: Grade: Date:

Please place one copy in your professional portfolio and give a second copy to the ward leader.

Assessors Guidelines

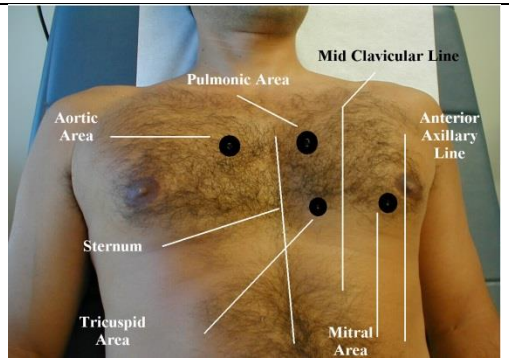
Observable criteria	Knowledge
Professional and legal issues	
1. Discuss accountability issues in relation to the expanded role	• **Law:** defines the concept in relation to civil law, to the state via criminal law, to the employer via employment (contract) law and to the profession via professional guidelines. • **Accountability:** throughout the procedure the practitioner is able to justify his/her actions and provide answers for them. • **Responsibility:** The practitioner discusses how they will keep themselves developed professionally. • **Negligence:** the practitioner is able to define the term negligence and understands their duty of care to the patient.
2. In relation to professional accountability and responsibility appraise the "Care After Death: Registered Nurse Verification of Expected Adult Death (RNVoEAD)" guidance *(standard 1 & 3)*	The practitioner is able to discuss the SIX nursing responsibilities: • The need for appropriate competency training • The importance of communicating the death using agree local systems • The need to communicate any concerns regarding unusual findings i.e. bruising, petechial haemorrhage • The importance of documenting the date and time of the death • The need to notify the mortuary of any infections, radioactive implants, implantable devices and status of the device • That the nurse may decline to carry out the if there is any unusual situation The practitioner is able to discuss the FOUR medical responsibilities: • The medical practitioner must document in the patient's clinical

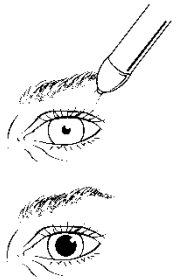
	record that an RN can verify the death • A DNACPR decision is documented in full using the Trust DNAR form • A medical practitioner should be available to speak to families after death of the patient upon request • The responsible doctor (or if necessary a delegated doctor) will always be available to explain the cause of death written on the medical certificate.
3. In relation to professional accountability and responsibility appraise the Royal College of Nursing. "Confirmation of verification of death by registered nurses" guidance *(standard 1 & 3)*	The practitioner is able to discuss the main content of the document in relation to the Trust policy • Criteria for nurse verification o death is expected and not accompanied by any suspicious circumstances o 'Do not attempt cardio-pulmonary resuscitation' document is signed in line with current guidance o Death does not require reporting to the coronial service o With a death occurring on or after 3rd April 2017 any person subject to a DOL (deprivation of liberty formally authorised under the MCA 2005) is no longer 'in state detention' for the purposes of the 2009 Act. Discuss the local arrangements in place with the coroners in respect of Deprivation of Liberty Safeguards (DoLs). o The need for verification should be completed within 1 hour of death o Standards for documentation

4. In relation to professional accountability and responsibility appraise the Trusts "Decisions Relating to Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)" Policy *(standard 3)*	• Able to discuss the clinical decision making tree within the DNACPR policy

5. Discuss the exclusion criteria in relation to the expanded practice *(standard 2)*	• Death of a child
	• Death of an unidentified person
	• No medical entry in the healthcare record confirming that a registered nurse is able to verify the death
	• No medical entry in the healthcare record confirming a diagnosis and that the patient is expected to die
	• No evidence of a DNARCRP form
	• The patient's death will need to be reported to the coroner:
	• The cause of death is unknown
	  ○ The death may have been caused by violence, trauma, or physical injury, whether intentional or otherwise
	  ○ The death may have been caused by poisoning
	  ○ The death may be the result of intentional self-harm
	  ○ The death may be the result of neglect or failure of care
	  ○ The death may be related to a medical procedure or treatment
	  ○ The death may be due to an injury or disease received in the course of employment or industrial poisoning
	  ○ The death occurred while the deceased was in custody or state detention, whatever the death

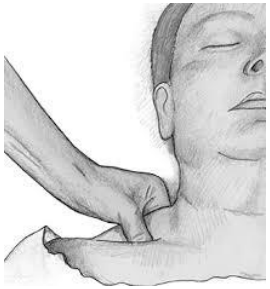
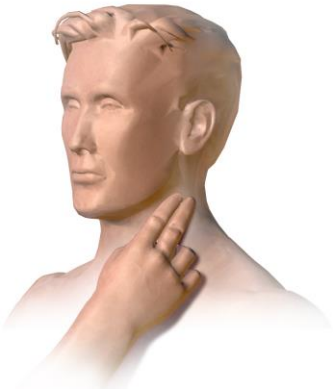
Legal Issues	
6. State who is able to recognise that death has occurred *(standard 2)*	• Anyone is able to confirm that the patient has died
7. State what constitutes a patients official time of death *(standard 2)*	• The official time of death is recorded following verification
8. Explore the terms “verification” and “certification” of death *(standard 2)*	• **Verification of the fact of death:** This is the procedure carried out to determine whether a patient has died and is separate to the certification process. All deaths are subject to professional verification in line with the Secretary of State for the Home Department, 2003 guidelines. The medical practitioner does not have to view the body of the deceased person prior to transfer to the mortuary or issuing the death certificate. • **Certification of death:** In law certification of death can only be carried out by a medical practitioner in accordance with The Births and Deaths Registration Act 1953. This process involves completing the ‘Medical Certificate of the Cause of Death’ (MCCD) which should be issued within 24 hours or the next working day following the death
9. Discuss the term “expected death” in relation to the expanded practice *(standard 2)*	• An expected death is the result of an acute or gradual deterioration in a patient’s health status • Death is usually due to advanced progressive incurable disease • The death is anticipated, expected and predicted • The patient must have been seen by a doctor in the last 14 days
10. Explore the term “Sudden or unexpected death” *(standard 2)*	• This is a death that is not anticipated or related to a period of illness that has been identified as terminal

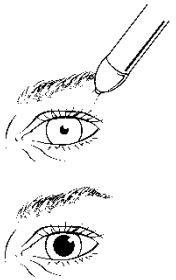
11. Discuss the concept of a sudden or unexpected death in a terminal period *(standard 2)*	• A patient who has been identified as suffering from a terminal illness can die suddenly e.g. an embolism. • Technically death can be verified by an RN provided that the correct documentation has been completed
Anatomy	
12. Discuss the location of the central pulses in the body	• Peripheral pulses are assessed by palpating the radial, brachial, posterior tibial or dorsalis pedis • Central pulses are assessed by palpating the carotid or femoral artery To palpate the carotid artery: • Gently tilt the head to relax the sternomastoid muscle. • Palpate the carotid artery by placing your fingers near the upper neck between the sternomastoid and trachea roughly at the level of cricoid cartilage
13. Discuss where to place a stethoscope in order to listen for heart sounds	
14. Discuss the physiological basis of fixed and dilated pupils	• Pupillary constriction and dilation are controlled by the oculomotor nerve (cranial nerve 3). Impaired pupillary response indicates that the midbrain may be failing, due to pressure being

	exerted on this nerve. Unrelieved compression of the nerve will result in death and fixed dilated pupils Unilateral fixed and dilated pupil can be seen in the following circumstances: • Pharmacological blockade– receiving topical mydriatic drugs that make the pupil of the eye dilate e.g. atropine, cyclopentolate, tropicamide and phenylephrine • Oculomotor nerve palsy (3rd cranial nerve) • This may be seen in patients with diabetes mellitus or aneurysms in the ocular blood vessels • Post-traumatic iridocyclitis following direct facial trauma • Acute closed-angle glaucoma • Ocular prosthesis – the normal pupil may be relatively constricted due to ambient light
Infection Control Procedures	
15. Applies standard precautions for infection control and adhered to hand hygiene policy procedures	

	• BEFORE PATIENT CONTACT WHEN? Clean your hands before touching a patient when approaching him or her • BEFORE AN ASEPTIC TASK WHEN? Clean your hands immediately before any aseptic task • AFTER BODY FLUID EXPOSURE RISK WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal) • AFTER PATIENT CONTACT WHEN? Clean your hands after touching a patient and his or her immediate surroundings when leaving • AFTER CONTACT WITH PATIENT SURROUNDINGS WHEN? Clean your hands after touching any object or furniture in the patient's immediate surroundings, when leaving - even without touching the patient http://www.icid.salisbury.nhs.uk/clinicalmanagement/infectioncontrol/pages/standardprecautions.aspx
16. Understands the four components required for infection transmission	Can identify the three components required for infection transmission: • presence of an organism • route of transmission of the organism from one person to another • a host who is susceptible to infection • Equipment
17. Recognizes the routes of transmission of infectious organisms	Discusses the routes of transmission of infectious organisms and how they move from one person to another i.e., contact, droplet, airborne routes
18. Understands and demonstrates use of appropriate personal protective equipment (PPE)	Universal precautions should be taken i.e. gloves and aprons should be worn for all procedures where there is risk of exposure to body fluids. Safety glasses should also be worn where there is a risk of

	ocular contamination. http://icid/ClinicalManagement/InfectionControl/Pages/StandardPrecautions.aspx
19. Discuss how to appropriately prevent and manage occupational exposures to sharps, blood and body fluids	• As per Trust policy
Procedure	
20. The practitioner confirms that the patient is wearing a correctly completed name band *(standard 4)*	• Observed by assessor
21. The practitioner confirms the patient's healthcare record against name band	• Observed by assessor
22. The practitioner verifies that the patient has a confirmed diagnosis *(standard 4)*	• Written in the healthcare record and confirmed by assessor
23. The practitioner verifies there is a signed entry in the medical notes that the patient is not for resuscitation or escalation of treatment *(standard 4)*	• Written in the healthcare record and confirmed by assessor
24. The practitioner confirms documentation in the medical notes that a nurse may verify this person's death *(standard 4)*	• Written in the healthcare record and confirmed by assessor
25. The practitioner verifies documentation in the medical notes that death is an anticipated outcome of this admission *(standard 4)*	• Written in the healthcare record and confirmed by assessor
26. The practitioner verifies the presence or absence of implantable devices and radioactive implants *(standard 4)*	• Written in the healthcare record and confirmed by assessor • Palpates for implantable defibrillator
27. The practitioner examines the patients and confirms that there are no suspicious circumstances or concerns	• Unexplained bruising

28. If applicable, the practitioner deactivates the implantable cardio defibrillator *(standard 4)*	• As per Trust policy
29. The practitioner prepares the environment and positions the patient for examination *(standard 5)*	• Considers issues related to privacy and dignity of patient • Considers other patients
30. The practitioner assesses for any obvious signs of life	• Observed by assessor
31. The practitioner assesses patients reaction to pain by applying a trapezius squeeze *(standard 5)*	• Uses the thumb and two fingers to grasp the trapezius muscle where the neck meets the shoulders and twists  Observed by assessor
32. The practitioner checks the absence of a carotid pulse for 1 minute *(standard 5)* NB: Assess the patient for a minimum of five minutes to establish that irreversible cardio-respiratory arrest has occurred as well as additional observations. Any spontaneous return of cardiac or respiratory activity during this period of observations should prompt a further five minutes of observation.	 Observed and timed by assessor

33. The practitioner checks the absence of a heart sounds for 1 minute *(standard 5)*	• Observed and timed by assessor
34. The practitioner checks for the absence of respiratory effort and breath sounds for 1 minute *(standard 5)*	• Observed and timed by assessor
35. The practitioner checks pupillary response *(standard 5)*	 • Switches off any direct light • Moves the torch towards the patient from the side and shine it directly into the eye • Observes the reaction of the pupils
36. The practitioner rechecks the examination after 5 minutes if there are any concerns following examination *(standard 5)*	• Observed by assessor
Communication and Documentation	
37. Completes the "Checklist for the Verification of Expected Death by Registered Nurses" documentation *(standard 6)*	• Documentation completed as per Trust policy
38. Communicates any concerns to the designated healthcare professional	• Any concerns regarding the assessment outcome should be reported immediately to the medical practitioner
39. Demonstrates effective team working to achieve desired patient care outcomes	• Promotes the concepts of team work and inclusivity with all members of the team • Establishes effective relationships and communicates effectively • Understands the effects of human factors on the abilities of the

	team and the effect on patient safety • Appropriately and promptly shares relevant information with team members • Provides feedback to other team members in a constructive and prompt manner • Engages in reflective practice as an individual and as a team to identify positive outcomes and quality improvements • Manages conflict situations in a timely and effective manner
40. Discusses potential/actual emotional impact of a bereavement on the family, and friends *(standard 7)*	• Understands attachment and loss theory • Understands grief reactions such as shock, numbness and disbelief. • Knows the range of emotional responses to grief such as: anger, guilt, sadness and fear. • Can identify people who may be at risk of complicated grief responses. • Understands different people will react in different ways and that this is unpredictable. • Understands the support needs of young people under 18 • Knowledge of Hospice and local bereavement support services
41. Can demonstrate how they would support the bereaved at the time of death *(standard 7)*	• Effective Communication skills particularly active listening skills • Knows how to treat people with compassion, care and kindness
42. Understand the potential / actual impact on surrounding patients and residents in communal setting *(standard 7)*	• Has awareness of the other patients and relatives who may have made relationships with the patient and their family and what their needs may be
43. Can demonstrate how they would support surrounding patients / residents without breaching confidentiality *(standard 7)*	• Knows how to respond sensitively to enquiries by others without providing information about the cause or reason for death.

44. Understands the potential/ actual emotional impact of a bereavement for colleagues and paid carers *(standard 7)*	• Recognises grief reactions in colleagues
45. Can demonstrate how they would support colleagues and paid carers *(standard 7)*	• Effective communication skills • Knows how to signpost colleagues to support services in the Trust
46. Knows the support and written information available for bereaved family and friends *(standard 7)*	• Effective sensitive communication skills to explore if patient is for cremation • Knows local processes to be followed after death including out of hours. • Understands the content of Trust 'What to do when someone dies in hospital' or Hospice 'What do I do now' guide
47. Knows how to signpost relatives to where to collect paperwork / what the next steps are *(standard 7)*	• Knows the process to be followed after death including how to collect the Medical Certificate of Cause of death (MCCD). • Understanding of how the bereavement suite operates including times and contact details. • Understands how to register a death.