



Appendix 3
Information regarding expected death:

Name
D.O.B
NHS number

Trained person able to verify?: Yes No

GP or RGN Signature.....

Name Authorising.....Date.....

*The GP or RGN should update Systmone clinical record with regard to assessment and authorisation at the earliest opportunity and update EPaCCS register **RED** last days page.*

Preference for Burial or Cremation:.....

* Name of Preferred Undertaker.....

Address.....Contact number

* **IMPORTANT** :If the undertaker is situated out of the registered GP's practice area, please highlight this asap to the GP so that a plan for viewing the body PRIOR to removal can be made. Where necessary a local undertaker can be asked to look after the person until their GP has been able to view their body.

* Action for care home staff to facilitate GP to view body when cremation is needed and the undertaker is out of area.....

Any other Information (eg personal, cultural, social or faith based considerations relevant to care of the deceased person)):

Verification of expected death - procedure

Check trained staff member available to verify death? **YES / NO**

If not, please contact GP surgery or SPA line where the District Nurses have been assisting with care or if OOH, ring NHS 111 #6 to request verification.

Any unusual or cause for concern (please refer to Coroners guidance)? If any concerns ring GP or OOH GP for further advice.

Check the identity of patient and name band if applicable (if any doubt seek ID from another source).

a. Check **carotid pulse** for ONE full minute

Present Absent

Listen with stethoscope for heart sounds for ONE full minute Present Absent

Watch for signs and sounds of respiration for ONE full minute Present Absent

Assessment time for a, b, and c. checks should total 5 minutes

Any spontaneous return of cardiac or respiratory activity during this period of observation should prompt a further 5 minute observation.

Fixed and dilated pupils

Present Absent

Reaction to painful stimuli (e.g. trapezius squeeze, ear lobe pinch) Present

Absent

Switch devices off and remove the device e.g. syringe driver (for return to source).
Contents disposed of in accordance with controlled drugs policy.

Any catheter can also be removed.

Prostheses: (specify if known) pacemaker, implantable defibrillator, limb.

Jewellery on Patient:

Family members present:

Life verified extinct at: DateTime

Verified by: Name Designation:.....

Signature:.....

Witnessed By: Name Designation:..... Signa-
ture:.....

