

Pronouncement of Expected Death

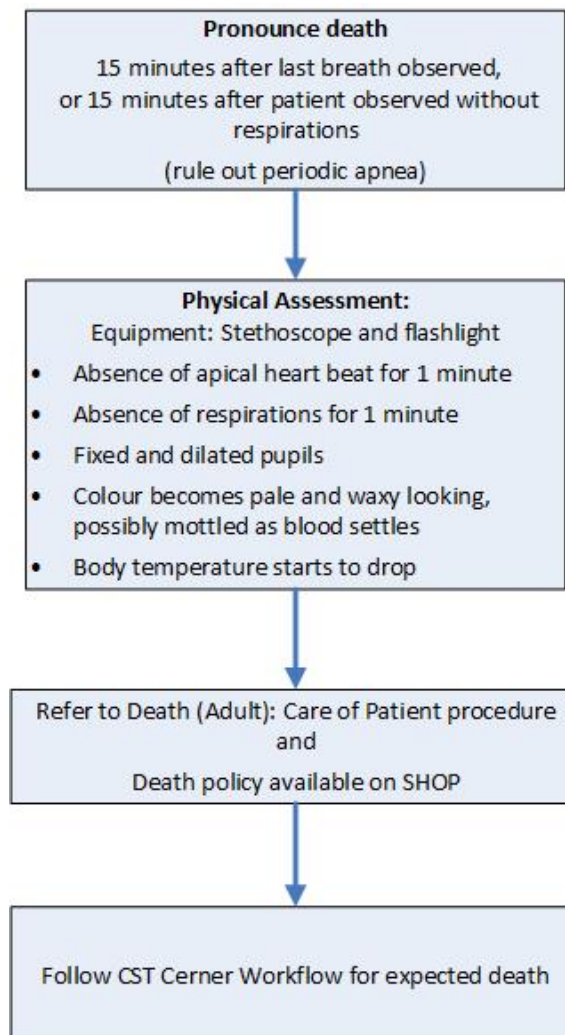
Site Applicability

All PHC Acute and sub-acute care areas

Skill Level:

Basic - (RN, RPN, LPN, RN Provisional)

Algorithm



Need to Know:

1. Pronouncement of death is the opinion or determination that, based on a physical assessment, life has ceased.
2. In B.C. pronouncement of death is not required by law but is considered sound clinical and ethical practice (B.C. Ministry of Health, [End of Life Care](#)). Pronouncement is not a restricted activity.
3. A nurse working at PHC can pronounce death when the following criteria has been met:
 - The death is **expected** (see below)
 - Do Not Attempt Resuscitation (DNAR) and options for care order/CST Cerner Code Status order indicating no CPR is in place
 - Collaboration with the provider (and ideally the family) has occurred and an agreement has been reached that includes who will pronounce death and who will notify the family/ next of kin if not present at time of death.
 - An order "Nurse may pronounce death" is on record. This can be obtained at time of death but ideally this discussion occurs prior to the death of the patient
4. Death is defined as **expected** when the following criteria are met:
 - There is a continuous deterioration of clinical condition and physical functioning
 - Death is imminent and anticipated
 - There is a Do Not Attempt Resuscitation (DNAR) /Code Status order in place.
5. Certification of death is a legal act and is the responsibility of a physician or coroner. It is the physician's responsibility to sign the Physician's Medical Certification of Death Form within 48 hours. The physician does not need to see the body in order to complete this form.
6. The Coroner's Act states that deaths must be reported in some circumstances – [See Appendix A](#)
7. The nurse (or physician) is responsible for reporting the death of every patient/resident age 75 years and younger to the Donor Referral Line. 1-877-366-6722.

Documentation:

1. Document patient assessment in the Interactive View and I&O section of CST Cerner EHR
2. Document a narrative note in the Cerner Electronic Health Record:
 - a. Clinical events or assessments preceding death
 - b. The findings of the physical assessment and the time the death was pronounced.
 - c. The name and title of the person who notified the family, if family not present.
 - d. Notification of physician/NP
3. Place Patient Deceased order reflecting actual date and time of expiration
4. Follow [Death: Patient Care procedure](#) and/or refer to Cerner Help for process following death

Related Documents:

1. [B-00-12-10019](#)– Death (Adult): Care of the Patient
2. [B-00-11-10111](#) – Death (Policy)
3. [B-00-11-10113](#) – Organ and Tissue Donation (Policy)
4. [BD-00-12-40109](#) – Nurse Pronouncement of Death in Long Term Care Homes

References:

1. BCCNM Scope of Practice for Registered Nurses. Standards Limits and Conditions (Mar 2020). Publication No 433. Accessed September 29, 2021.
https://www.bccnp.ca/Standards/RN_NP/StandardResources/RN_ScopeofPractice.pdf.
2. BCCNM Scope of Practice for Registered Psychiatric Nurses. Standards Limits and Conditions (Mar 2020). Accessed September 29, 2021
https://www.bccnp.ca/Standards/RPN/StandardResources/RPN_ScopeofPractice.pdf.
3. BCCNM Scope of Practice for Licensed Practical Nurses. Standards Limits and Conditions (May 2020) Accessed November 22, 2021
https://www.bccnp.ca/Standards/LPN/StandardResources/LPN_ScopeOfPractice.pdf.
4. Coroners Act Chapter 15. August 2020 Accessed September 29, 2021 at
http://www.bclaws.ca/civix/document/id/complete/statreg/07015_01.
5. Government of British Columbia (2021). Expected/ planned home deaths. Questions and answers for the public about expected/planned home deaths. Accessed November 22, 2021 at
<https://www2.gov.bc.ca/>.

Persons/Groups Consulted:

PHC Practice Consultants

General Nurse Educator, New Grads and Employed Student Nurses

Nurse Educator, Palliative Care, PHC

Revised By:

Professional Practice

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Owners:	Professional Practice

Appendix A: Notification of Death to Coroner

([Coroners Act \(2007\) Part 2](#)):

Deaths that must be reported by anyone

- 2 (1) A person must immediately report to a coroner or peace officer the facts and circumstances relating to the death of an adult or child who the person has reason to believe has died
- (a) as a result of violence, accident, negligence, misconduct or malpractice,
 - (b) as a result of a self-inflicted illness or injury,
 - (c) suddenly and unexpectedly, when the person was apparently in good health and not under the care of a medical practitioner or nurse practitioner,
 - (d) from disease, sickness or unknown cause, for which the person was not treated by a medical practitioner or nurse practitioner,
 - (e) during pregnancy, or following pregnancy in circumstances that might reasonably be attributable to pregnancy,
 - (f) if the chief coroner reasonably believes it is in the public interest that a class of deaths be reported and issues a notice in accordance with the regulations, in the circumstances set out in the notice, or
 - (g) in any prescribed circumstances.
- (2) If a child died in circumstances other than those described in subsection (1), a person who, by regulation, must report child deaths, must immediately report to the chief coroner, in the form required by the chief coroner,
- (a) the facts and circumstances relating to the child's death, and
 - (b) any other information required by the chief coroner.

Deaths that must be reported by institutional administrators

- 4 The person in charge of an institution referred to in this section must immediately report to a coroner the facts and circumstances relating to the death of a person who dies
- (a) while a patient of a designated facility or private mental hospital within the meaning of the [Mental Health Act](#), whether or not on the premises or in actual detention,
 - (b) while the person is committed to a correctional centre, youth custody centre or penitentiary or a police prison or lockup, whether or not on the premises or in custody, or
 - (c) while a patient of a hospital within the meaning of the [Hospital Act](#), if the patient was transferred to the hospital from a place referred to in paragraph (a) or (b).