Nurse Pronouncement of Death in Long-Term Care Homes

ATTENTION: For safe handling of bodies of deceased persons with suspected or confirmed COVID-19 refer to Provincial Guidelines on BCCDC site: Safe handling of bodies of deceased persons with suspected or confirmed COVID-19

This document does not apply to Medical Assistance in Dying (MAiD). Only the physician or nurse practitioner providing MAiD may pronounce death in this circumstance.[1]

Site Applicability

VCH and PHC Long-Term Care Homes

Practice Level

Expected Death

Profession	Basic Skill	Advanced Skill (Requiring additional education)
RN & RPN	RN & RPNs pronouncement of expected death.	
LPN		LPNs must review DST and complete competencies in Section 1 and 2 of Appendix A to pronounce expected death.

Unexpected Death

Profession	Advanced Skill (Requiring additional education)
RN, RPN &LPN	To pronounce unexpected death, RN, LPN & RPN must review DST. In addition, • RNs and RPNs must complete competencies in Section 1 Appendix A. • LPNs must complete competencies in Section 1 and 2 Appendix A.

[1] See Page 2 of Medical Assistance in Dying (MAiD): Guidance for Nursing Staff. For more information please contact the Assisted Dying Program at 1-844-550-5556 (Mon to Fri 0800-1600)

Requirements

Nurses in Long-Term Care homes (here after referred to as care homes) are permitted to pronounce both expected and unexpected deaths excluding MAiD. Some unexpected deaths must be reported to the coroner or law enforcement (police/RCMP). See criteria below in need to know.

In the case of MAiD - only the nurse practitioner or physician providing MAiD may pronounce death.

Need to Know

1. The people living in care homes often have life limiting conditions and are frail. For the majority there is an expectation that they will die as a result of their conditions, frailty or from old age.
2. Best practice dictates that when a person's death is expected, the person, family and health care team are in agreement that:
    a. Death is inevitable and may or may not be imminent
    b. Goals of care have been explored and a do not resuscitate / medical orders for scope of treatment (most) / options for care documented.
    c. Family and Substitute Decision Maker (SDM) are informed and
    d. Cultural beliefs and values have been considered.
3. Unexpected deaths can result from a person's existing health condition. However, prior to pronouncing death, the nurse must determine whether the unexpected death must be reported to the coroner see Box 1.
4. All deaths that meet the following **criteria** in Box 1 must be left undisturbed and be reported to the coroner.
5. The coroner will determine the next steps in their investigation regarding when the deceased person may be released to the funeral home. They will also determine whether law enforcement will be contacted.
6. For unexpected deaths where a person has chosen to be resuscitated nurses follow Medical Orders for Scope of Treatment (MOST) / Options for Care. If it is clear that the person has been deceased for some time nurses use their clinical judgement / consults MRP to determine whether to proceed with resuscitation.
7. Every death under the age of 75 or for those who have indicated that they are an organ donor should be reported to BC Transplant.
8. A Death Certificate is a legal requirement in British Columbia. Certification of death can only be performed by a physician, a nurse practitioner or a coroner.

Box 1 - Criteria for deaths that must be reported to the coroner:

a. A result of violence, accident, e.g. fall or choking, negligence, misconduct, malpractice, or a self-inflicted injury, e.g. death by suicide.
b. Sudden and unexpected when the person was apparently in good health and not under the care of a physician/nurse practitioner, e.g. a person who is new to a care home and has not been assessed by the Most Responsible Provider (MRP) or a person who transitioned from another care home / acute care within 24 hours and has not been assessed by the MRP.
c. Certified under the BC Mental Health Act and living on extended leave in a care home.

9. Expected death is defined as expected when the following two criteria are met:
    a. A continuous, progressive deterioration of physical functioning AND
    b. An inevitable and anticipated outcome of the person's current health status.
10. Pronouncement of death is the process of gathering information about a person's health status, analyzing that data and making a clinical judgment that life has ceased by assessing for the absence of cardiac and respiratory function.
11. Unexpected death occurs when:
    a. there is no clear prognosis documented in the chart
    b. there is no obvious continuous, progressive deterioration of physical functioning OR
    c. death was not an inevitable and anticipated outcome of the person's current health status or event occurred, e.g. choking, fall, gastrointestinal bleed, death by suicide.

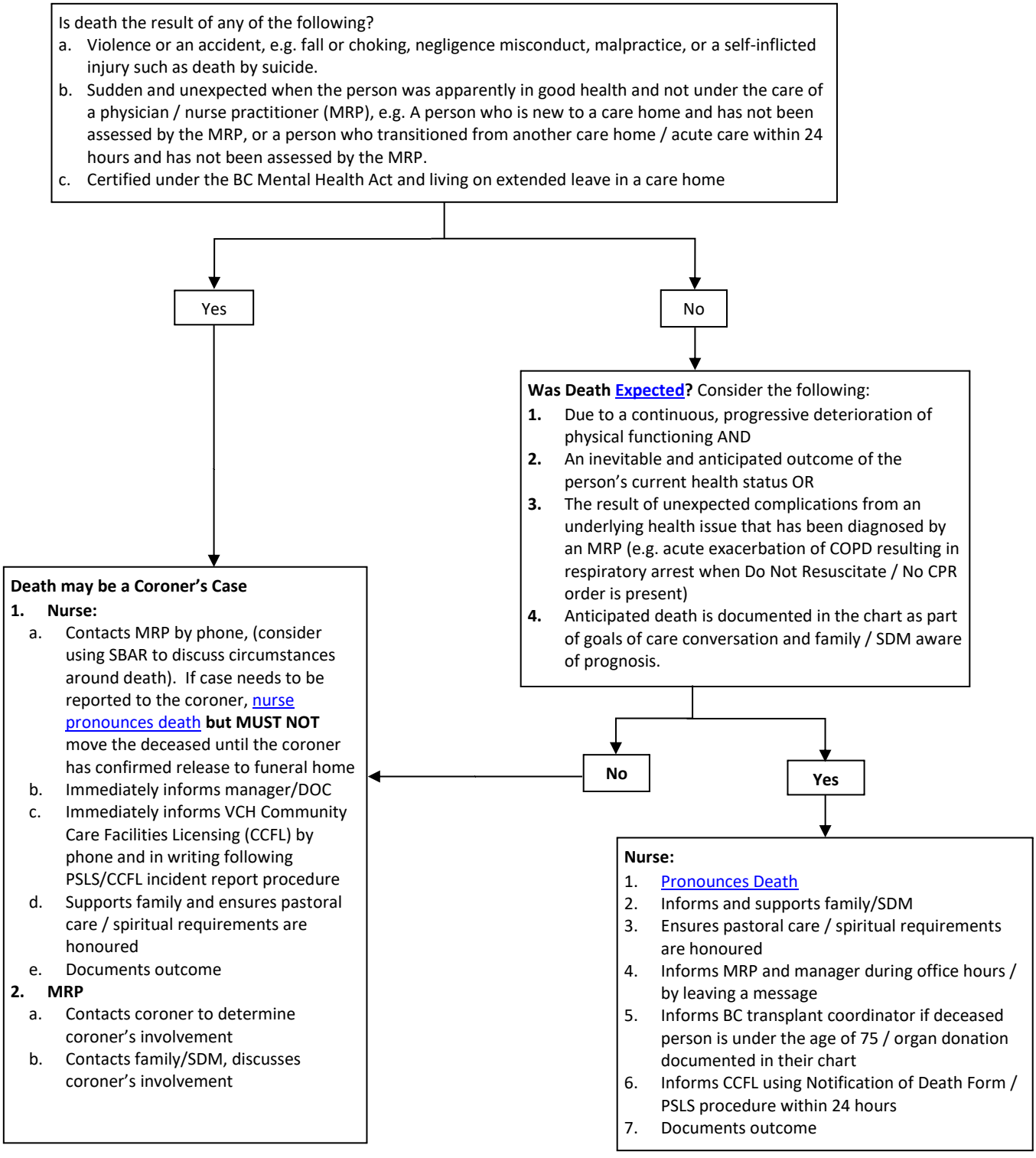
Procedure

1. Follow Algorithm A: Pronouncing Expected or Unexpected Death
2. Perform assessment to pronounce death
    a. Gather equipment: stethoscope
    b. Determine whether 15 minutes has elapsed since person passed to rule out prolonged periods of apnea then assess for the following:
        i. Absence of apical heart beat for 1 minute
        ii. Absence of respirations for 1 minute

Documentation

1. Date and Time of Death.
2. Assessment findings i.e. absence of apical heart beat and respirations for 1 minute,
3. Name and designation of professional who has made the pronouncement of death.
4. Circumstances of death, whether death was expected or unexpected / Coroner's Case.
5. List date, time and who has been notified.
6. Family wishes / requests.
7. For coroner's case – complete Patient Safety Learning System report (PSLS)

Algorithm A – Pronouncing Expected or Unexprected Death



Patient and Family Education

- Deciding on Goals of Care and Medical Orders for Scope of Treatment (MOST) Residential Care
- What is a Post Mortem Examination?
- Embedding a Palliative Approach to Care in Residential Settings (EPAIRS)
- When Someone Dies

Related Documents

VCH

- Death, Procedure after
- Funeral Home Transfers Policy

PHC

- Care of the Body After Death (Infection Control)
- Death (Adult): Care of the Patient
- Death – Corporate Policy
- Code Status (Options for Care) Policy

VCH & PHC

- Donation of Eyes, Procedure
- Donation After Cardiac Death

References

British Columbia College of Nurses and Midwives. (2022). Registered Psychiatric Nurses Scope of Practice Standards. Retrieved September 29 2022, from https://www.bccnm.ca/Documents/standards_practice/rpn/RPN_ScopeofPractice.pdf
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Appendices

Appendix A: Competency Checklist Nurse Pronouncement of Expected and Unexpected Death in Long-Term Homes
Appendix B: SBAR for Discussing Unexpected Death with MRPS

Appendix A: Competency Checklist Nurse Pronouncement of Expected and Unexpected Death in Long-Term Homes

Prior to completing checklist RN/RPN/LPN reviews this DST Nurse Pronouncement of Death in Long-Term Care Homes, Advance Care Planning and Medical Orders for Scope of Treatment (MOST) (VCH) OR Options for Care (PHC) documents. The Competency checklist may be completed using mock demonstration.

	Met	Partially met	Unmet
Section 1: RNs, RPNs and LPNs			
Defines the difference between an expected and unexpected death			
Locates documentation in chart regarding expected deaths			
Defines when an unexpected death may require reporting to the Coroner			
Uses SBAR in DST to discuss circumstances of unexpected death with MRP			
Understands that while a nurse may pronounce an unexpected death the deceased person must not be moved until the Coroner has given permission			
Section 2: LPNs ONLY			
Procedure For Nurse Pronouncement			
Gathers required equipment, stethoscope, flashlight			
Describes why it is important to wait 15 minutes before pronouncing death			
Demonstrates the following: Observes for absence of respirations for 1 minute Locates and listens for presence/absence of apical heart beat for 1 minute			
Documents the following: Date, time, absence of respirations and apical heart beat for 1 minute Circumstances leading to death.			
Post Pronouncement			
Follows DST to determine who, when and how to inform the following: Person's next of kin/substitute decision maker MRP VCH Community Care Facilities Licensing Manager			
Documents notifications in chart as per DST.			

Completed by: _____ LPN/RPN/RN

Assessed by _____ Designation_____ Date_____

Note: the assessor is a nurse who is competent in pronouncing death and is able to assess other nurses.

Appendix B: SBAR for Discussing Unexpected Death with MRP

S Situation	I am calling about (person name location)…… who has died unexpectedly
B Background	Have the person's file, medications list and progress notes on hand. MRP Name…… Include a brief medical history _____
A Assessment	What is your assessment of the situation? **The person's death is unexpected because** ☐ No prognosis in chart ☐ Does not have a clear continuous, progressive deterioration of physical functioning ☐ Death was not an inevitable and anticipated outcome of the person's current health status or event occurred, e.g. choking, fall, GI bleed, death by suicide **Death may be a Coroner's Case because:** ☐ it is suspicious and unexplainable ☐ a result of violence, accident e.g. fall or choking, negligence misconduct, malpractice, or a self-inflicted injury e.g. death by suicide ☐ sudden and unexpected
R Recommendation	What do you need from the MRP? ☐ Clarify whether death will be reported to the Coroner by the MRP. ☐ Confirm MRP will inform the next of kin / substitute decision maker and nurse to provide contact numbers as needed

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Approved By: *(committee or position)*	PHC	VCH
	Professional Practice Consultant	Executive Director, Nursing & Allied Health, Residential Practice Professional Practice for Nursing & Allied Health, Professional Practice Director Professional Practice Nursing and Allied Health, Professional Practice Leaders Regional Director, Professional Practice & Clinical Education, Nursing and Allied Health, Professional Practice Professional Practice Director, Nursing and Allied Health, Reg-LTC_AL & Supp House Professional Practice Director, Nursing and Allied Health, Office of the CNO **Final Sign-Off & Approval Pending** Vice President Professional Practice and Chief Clinical Information Officer, VCH
Owners: *(optional)*	PHC	VCH
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