

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Assessment and Documentation to Verify Death - Palliative Care Community Nurses
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AUTHOR	Kim Rigg, Nurse Manager Cancer Services
POSITION RESPONSIBLE FOR THE DOCUMENT	Nicola Groarke A/Nurse Manager Cancer Services Nicola.groarke@health.nsw.gov.au
FUNCTIONAL GROUP(S)	Cancer and Palliative Care
KEY TERMS	Assessment, verify, Palliative Care Community Nurse, death, extinction of life.
SUMMARY	The purpose of the procedure is to provide clinical guidance to ensure that the assessment and documentation to verify death in the palliative care setting complies with legal and legislative framework.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

This document is a procedural guide to [NSW Ministry of Health Policy Directive PD2021_029 - Verification of Death and Medical Certificate of Cause of Death](#). The purpose of this procedure is to outline the processes for the assessment and documentation to verify death (previously referred to as extinction of life) by qualified community palliative care (CPC) registered nurses employed by NSW Health. These nurses will be able to verify and document that death has occurred for patients who have been receiving palliative care by a NSW public health service or facility and where death is expected at home.

2. BACKGROUND

This procedure comes into place when a medical practitioner is unavailable to attend and issue a death certificate and when the death of the client was expected as a result of their life limiting condition.

The circumstances where a medical practitioner **must** assess life extinct include but are not limited to, situations where:

- The cause of death is unclear
- There is uncertainty as to whether life is extinct
- Medical tests need to be undertaken to pronounce life extinct (eg, brain death).

(Refer to [NSW Ministry of Health Policy Directive PD2010_054 - Coroners Cases and the Coroners Act 2009](#))

This policy is in accordance with the [NSW Ministry of Health Policy Directive PD2021_029 - Verification of Death and Medical Certificate of Cause of Death](#).

2.1 Public health organisations is defined in Section 7 of the Health Services Act 1997 as:

- A local health district and specialty health network
- A statutory health corporation
- An affiliated health organisation in respect of its recognised establishments and recognised services.

2.2 Legal and legislative framework

NSW legislation relevant to this policy directive:

- Births, Deaths and Marriages Registration Act 1995
- Coroners Act 2009
- Human Tissue Act 1983
- Health Services Act 1997

2.3 Policy framework

NSW Health policy documents relevant to this policy directive:

- [NSW Ministry of Health Policy Directive PD2010_054 - Coroners Cases and the Coroners Act 2009](#)
- [NSW Ministry of Health Policy Directive PD2022_035 - Organ and Tissue Donation](#).

[Use and Retention](#)

- [NSW Ministry of Health Policy Directive PD2011_052 - Conduct of Anatomical Examinations and Anatomy Licensing in NSW](#)

NSW Health State Forms relevant to this policy directive:

- Attending Practitioners Cremation Certificate (Public Health Regulation, 2012, Clause 81)
- Medical Certificate of Cause of Death (SMR010.509)
- IB2010_058 Coronial Checklist (SMR010.513)
- Verification of Death (SMR010.530)
- Death Certification Arrangements for Expected Home Death (SMR010.531).

3. VERIFICATION OF DEATH

3.1. CPC registered nurses will:

- CPC nurses who may be required to document and perform assessment of death must use the Statewide Verification of Death form SMR010530 (see Appendix 2)
- Document the correct procedure in the patient's medical record
- Place a copy of the SMR010530 into the patient's medical record
- Complete the HETI online module: Verification of Death. Course code 98564783.

3.2. Line Managers/ District Managers/ Service Managers will:

- Ensure education and training is provided to CPC registered nurses who may be required to perform Verification of Death assessment to ensure that they have the knowledge (including legislation requirements regarding notification of cause of death) and clinical assessment skills to perform the extinction of life procedure
- Ensure all CPC registered nurses complete the HETI online module: Verification of Death. Course code 98564783
- Ensure that auditing practices are routinely undertaken in line with [SESLHDGL/071 – Death Screening and Review](#).

4. CLINICAL PROCEDURE FOR VERIFYING DEATH

4.1. The Expected Death

Prior to the death of a palliative care client in the home the CPC registered nurse will, wherever possible, have outlined the procedure to the family/carer and informed a Medical Practitioner of the patient's deteriorating condition.

Patients who are planning a home death will have a plan documented in the eMR and on the afterhours At Risk List.

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The following is to be undertaken when:

A CPC registered nurse attends a home visit at the request of the carer/family member following the expected death of a palliative care client and a Medical Practitioner is not available to certify death. The Palliative Care Consultant or registrar and the After-Hours Nurse Manager should be notified.

This is done by demonstrating all of the following:

- No palpable carotid pulse, and
- No heart sounds heard for three minutes, and
- No breath sounds heard for three minutes, and
- Fixed and dilated pupils, and
- No response to centralised stimulus, and
- No motor (withdrawal) response or facial grimace in response to painful stimulus.

**5. DOCUMENTATION REQUIREMENTS BY THE COMMUNITY PALLIATIVE CARE NURSE
WHEN A PATIENT DIES AT HOME**

- Please see the flow chart at Appendix 1 for a summary of the process.

5.1. Medical certification following Verification of Death

- A medical practitioner must complete the Medical Certificate of Cause of Death within 48 hours of death
- The contact details of the medical practitioner who will complete the Medical Certificate of Cause of Death should be included in the Verification of Death form to ensure this occurs
- For patients cared for at home where death is anticipated (e.g., patients known to NSW Health palliative care and affiliated or contracted palliative care services or hospital in the home patients with a resuscitation plan in place). It is recommended that there is agreement in advance on who will complete the medical certification of death
- In such cases, the patient's general practitioner may agree to this responsibility.

6. AUDIT

Ensure that auditing practices are routinely undertaken in line with SESLHDGL/071 – Death Screening and Review.

7. REFERENCES

- Academy of Medical Royal Colleges 2008, A Code of Practice for the Diagnosis and confirmation of Death, PPG Design and Print Ltd
- Government of Western Australia, Department of Health 2014. Assessment of the Extinction of Life and the Certification of Death.

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- [SESLHDGL/071 – Death Screening and Review](#)
- Australian and New Zealand Intensive Care Society. *The ANZICS Statement on Death and Organ Donation* (3rd Edition). Melbourne: ANZICS, 2008.
- Published by the Emergency Care Institute, Agency for Clinical Innovation (website accessed 2014)
- [NSW Ministry of Health Policy Directive PD2010_054 - Coroners Cases and the Coroners Act 2009](#)
- [NSW Ministry of Health Policy Directive PD2021_029 - Verification of Death and Medical Certificate of Cause of Death](#)
- [NSW Ministry of Health Policy Directive PD2011_052 - Conduct of Anatomical Examinations and Anatomy Licensing in NSW](#)

8. VERSION AND APPROVAL HISTORY

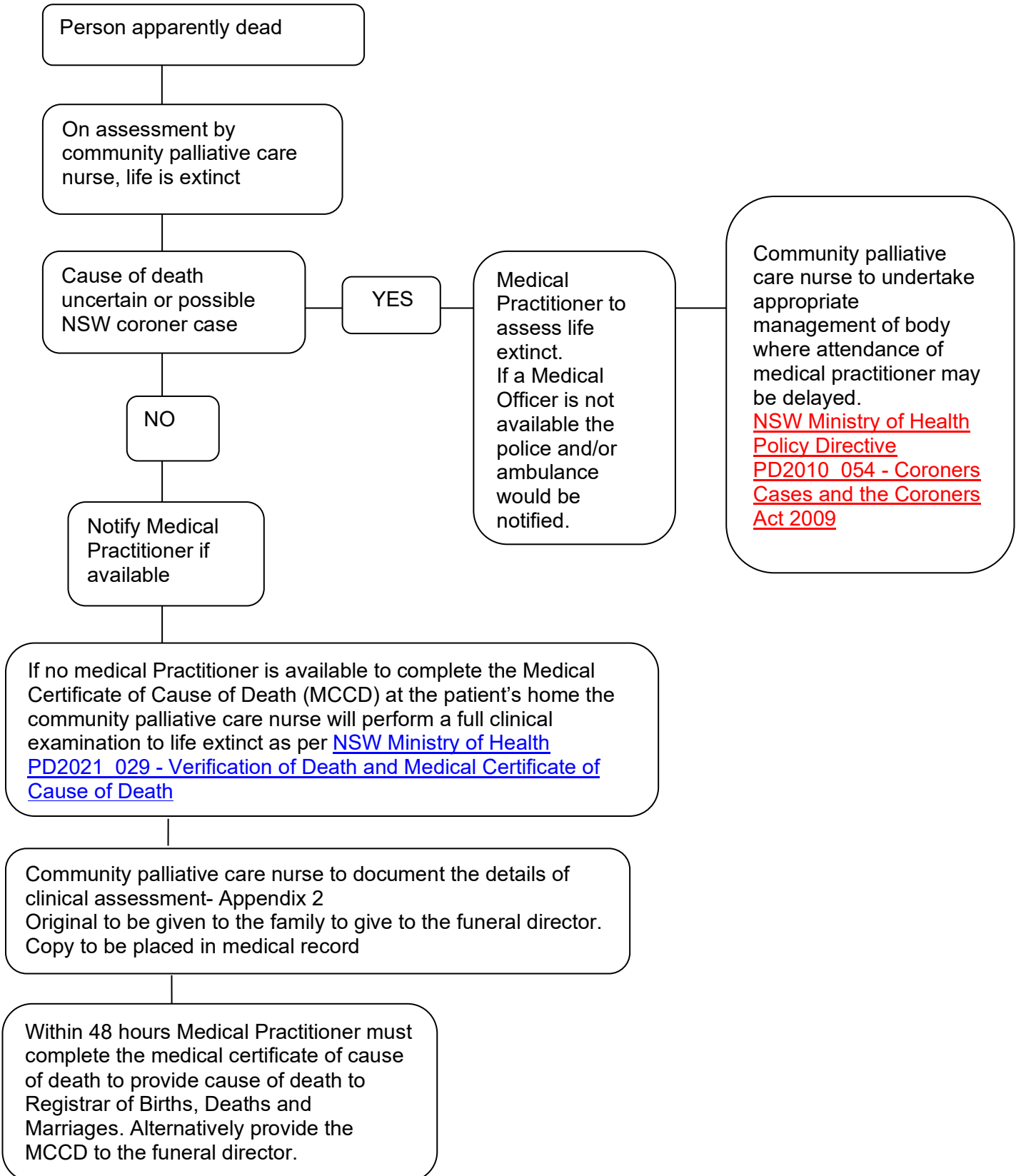
Date	Version	Version and approval notes
	0	Kim Rigg
	1	Palliative Care Working Party and SESLHD Directors of Palliative Care
February 2016	1	Draft for Comment
March 2016	2	Revisions made by Kim Rigg- deleted obsolete Area Policy Directive PD094 Death – Reports to Coroner. Included information in regard to HETI online module Verification of Death.
April 2016	2	Approved C&QC meeting – April 2016
August 2019	3	Minor review. Changes made in regard to eMR documentation. Approved by Executive Sponsor. Formatted and links updated by Executive Services prior to publishing.
May 2020	4	Minor review endorsed by Executive Sponsor. Changes include updating of Ministry of Health policies and form to reflect; no heart sounds heard for three minutes (previously two minutes); no breath sounds heard for three minutes (previously two minutes). Processed by Executive Services prior to publishing.
July 2023	4.1	Procedure reviewed and links updated.

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APPENDIX 1 - Roles and Responsibilities for documentation when a patient dies at home.



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Appendix 2

<p>SMR010530</p>		FAMILY NAME _____	MRN _____
	Facility: _____	GIVEN NAME _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
	VERIFICATION OF DEATH	D.O.B. ____/____/____	M.O. _____
		ADDRESS _____	
LOCATION / WARD _____			
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE			
Verification of Death is required to enable a person's body to be transported by a funeral director or government contractor, in circumstances where there may be a delay in completing the Medical Certificate of Cause of Death (MCCD).			
Completion of this <i>Verification of Death</i> form is <u>not</u> required when a person's death is reportable to the Coroner (see PD2010_054) or where a MCCD has been completed.			
In the absence of a medical practitioner, a registered nurse / registered midwife or qualified paramedic may complete this <i>Verification of Death</i> form.			
Details of the deceased			
Family name _____		Given name(s) _____	
Sex _____	Age / DOB _____	MRN _____	
Address _____			
Place of death _____			
Method of verifying identity		<input type="checkbox"/> Check arm band <input type="checkbox"/> Patient known to health professional/service <input type="checkbox"/> Information relayed by government contractor <input type="checkbox"/> Other, provide details _____	
Implantable devices remaining on / in body that require deactivation (eg pacemaker, implantable defibrillator) _____			
Clinical Assessment			
Examination Date _____		Examination Time _____	
I have completed the following assessments and there is: (all tests must be undertaken to verify death)			
<input type="checkbox"/> No palpable carotid pulse <input type="checkbox"/> No heart sounds heard for 3 minutes <input type="checkbox"/> No breath sounds heard for 3 minutes <input type="checkbox"/> Fixed and dilated pupils <input type="checkbox"/> No response to centralised stimulus <input type="checkbox"/> No motor (withdrawal) response or facial grimace in response to painful stimulus			
Details of any additional assessments undertaken (eg ECG strip) _____			
OR			
<input type="checkbox"/> This is an obvious death (i.e. the person has injuries incompatible with life and/or has been deceased for some time)			
AND			
<input type="checkbox"/> I declare that the person is deceased.			
Details of person verifying death			
Name _____			
Designation: <input type="checkbox"/> medical practitioner <input type="checkbox"/> registered nurse / registered midwife* <input type="checkbox"/> qualified paramedic*			
Pager/Phone _____		Employing facility _____	
Signature _____		Date _____	
Medical Certificate of Cause of Death (MCCD)			
Details of medical practitioner who is to certify death (within 48 hours of the death)			
Name _____		Contact Details _____	
Has the medical practitioner been notified of patient death? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Details of arrangement with medical practitioner to complete certification _____			

Holes Punched as per AS2928.1: 2012
 BINDING MARGIN - NO WRITING

VERIFICATION OF DEATH

SMR010530

*In the absence of a medical practitioner, a registered nurse / registered midwife or qualified paramedic may verify death. Page 1 of 1
Original - Funeral Director Copy - Medical Record

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Holes Punched as per AS2828-1: 2012
BINDING MARGIN - NO WRITING

	FAMILY NAME	MRN
	GIVEN NAME	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
Facility:	D.O.B. ____/____/____	M.O.
<p align="center">VERIFICATION OF DEATH</p>	ADDRESS	
	LOCATION / WARD	
	COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE	
<p>Verification of Death is required to enable a person's body to be transported by a funeral director or government contractor, in circumstances where there may be a delay in completing the Medical Certificate of Cause of Death (MCCD).</p> <p>Completion of this <i>Verification of Death</i> form is <u>not</u> required when a person's death is reportable to the Coroner (see PD2010_054) or where a MCCD has been completed.</p> <p>In the absence of a medical practitioner, a registered nurse / registered midwife or qualified paramedic may complete this <i>Verification of Death</i> form.</p>		
<p>Details of the deceased</p> <p>Family name _____ Given name(s) _____</p> <p>Sex _____ Age / DOB _____ MRN _____</p> <p>Address _____</p> <p>Place of death _____</p> <p>Method of verifying identity <input type="checkbox"/> Check arm band <input type="checkbox"/> Patient known to health professional/service <input type="checkbox"/> Information relayed by government contractor <input type="checkbox"/> Other, provide details _____</p> <p>Implantable devices remaining on / in body that require deactivation (eg pacemaker, implantable defibrillator) _____</p>		
<p>Clinical Assessment</p> <p>Examination Date _____ Examination Time _____</p> <p>I have completed the following assessments and there is: (all tests must be undertaken to verify death)</p> <p><input type="checkbox"/> No palpable carotid pulse <input type="checkbox"/> No heart sounds heard for 3 minutes <input type="checkbox"/> No breath sounds heard for 3 minutes <input type="checkbox"/> Fixed and dilated pupils <input type="checkbox"/> No response to centralised stimulus <input type="checkbox"/> No motor (withdrawal) response or facial grimace in response to painful stimulus</p> <p>Details of any additional assessments undertaken (eg ECG strip) _____</p> <p>OR</p> <p><input type="checkbox"/> This is an obvious death (i.e. the person has injuries incompatible with life and/or has been deceased for some time)</p> <p>AND</p> <p><input type="checkbox"/> I declare that the person is deceased.</p>		
<p>Details of person verifying death</p> <p>Name _____</p> <p>Designation: <input type="checkbox"/> medical practitioner <input type="checkbox"/> registered nurse / registered midwife* <input type="checkbox"/> qualified paramedic*</p> <p>Pager/Phone _____ Employing facility _____</p> <p>Signature _____ Date _____</p>		
<p>Medical Certificate of Cause of Death (MCCD)</p> <p>Details of medical practitioner who is to certify death (within 48 hours of the death)</p> <p>Name _____ Contact Details _____</p> <p>Has the medical practitioner been notified of patient death? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Details of arrangement with medical practitioner to complete certification _____</p>		

VERIFICATION OF DEATH

SMIR010.530

*In the absence of a medical practitioner, a registered nurse / registered midwife or qualified paramedic may verify death. Page 1 of 1
Original - Funeral Director Copy - Medical Record