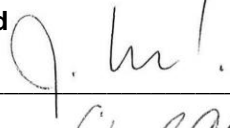



**Leamington Mennonite Home
Long Term Care**

POLICY AND PROCEDURE

CATEGORY: Nursing	SUBJECT: Registered Staff Role in Pronouncing Death When Death is Expected	SECTION: R POLICY: 5
DATE: December 2004	Administrator: 	
REVISION DATES:	Director of Care: 	

REGISTERED STAFF ROLE IN PRONOUNCING DEATH WHEN DEATH IS EXPECTED

POLICY:

The Registered Nurse(s) have the knowledge and skill to assess the presence or absence of vital signs. When residents are expected to die and their plans of care to not include resuscitation, Registered Nurses have the authority to pronounce death. In instances of unexpected death, the Physician is required to pronounce the death.

PROCEDURE:

1. Pronouncing death means declaring that death has occurred. There is no legal definition of pronouncing death and no legal requirement for a Physician to pronounce death. Therefore, a Registered Nurse is qualified to pronounce a death when the death is expected.
2. Death is expected, when, in the opinion of the Physician, the resident is irreversibly and irreparably terminally ill, that is, there is no available treatment to restore health.
3. Expected death is considered to have occurred when:
 - a. Vital signs have ceased (pulseless at the apex and absent respirations x one minute) and pupils are dilated and fixed
 - b. The death of the resident is anticipated by the resident, the family and the nursing staff
4. Certifying death means determining the cause of death and signing the death certificate. There is a legal requirement for a Physician to certify death.
5. When a death is expected, it is important that the Registered Nurse, as a member of the health team (which includes the resident, family or substitute decision maker):
 - a. Identifies the resident's and family's cultural and religious beliefs and values about death and treatment of the resident after death.
 - b. Identifies whether the family wants to see the resident after death.
 - c. Identifies the family member to notify when the resident dies.
 - d. Identifies the most appropriate category of health care provider to notify the family; Physician or Registered Staff.
 - e. Identifies, if necessary, the Physician responsible for determining the cause of death and for signing the death certificate.

- f. Determines a time frame to carry out these activities
 - g. Records the above information in a written plan of care.
- 6. In certain situations, even though the death was expected, the coroner will need to be notified, i.e. threshold case, see Policy & Procedure on Procedure for the Coroner.
- 7. Registered staff must call the Physician in the event a resident passes away. The Physician will indicate if he wishes the Registered Nurse to pronounce or if he / she will be in to pronounce. If it is requested that the Registered Nurse is to pronounce, this is to be written as an order
- 8. Unexpected death:
 - a. In situations where death is unexpected, the Physician needs to be notified immediately.
 - b. If the cause of death could be termed accidental, or due to negligence, the resident should not be moved until the Physician has viewed the body and investigated the circumstances.
 - c. If death appears to have taken place quickly and naturally, i.e. in a public location, the resident should be removed and taken to their room or other appropriate location.
 - d. In all situations, the Physician and family will be notified immediately and a detailed account of circumstances before and after will be documented and reviewed with both parties.
 - e. The Physician/Coroner will pronounce death and complete the death certificate.