

# Quality Assurance for the dying individual v15

## Confirmation that an individual is dying

Name:	NHS no:
Address:	Date of birth:
Postcode:	

Date:	Yes or No
1) Have senior doctors excluded a reversible cause of this deterioration?	
2) Has life-sustaining treatment been refused by the patient or as a consequence of an ADRT or best interests process?	
3) If the answer is yes to one or both of the above, is the team as certain as it can be that the patient is dying?	

Sign	Name

Comments eg. details of situation and communication

	Yes or No
Relative and partner informed	
GP informed	
Hospital informed	

# Quality Assurance for Care after death v15

## Verification of death and care after death

Name:	NHS no:
Address:	Date of birth:
Postcode:	Place where death occurred:
GP and practice:	

### 1) Clinical recordings

Pupil reaction absent

Femoral or carotid pulse absent for 1 min

Respirations absent for 1 min

Heart sounds absent for 1 min

### 2) Time and date of death

Time: \_\_\_\_\_ Date: \_\_\_\_\_

### 3) Time and date of verification:

Time: \_\_\_\_\_ Date: \_\_\_\_\_

### 4) Registered nurse or doctor verifying the death:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

### 5) Persons present at death:

Care after death	Yes or No	Time	Sign
6) Personal care after death has been completed according to policy			
7) The partner, parent or relative have confirmed funeral arrangements <u>ring</u> : Funeral      Cremation      Other:			
8) The partner, parent or relative understand what to do next and have been given verbal and written information. Documents given:			
9) The community and hospital teams have been notified of the death Name of person doing this:			
10) Other appropriate services have been notified of the death Name of services contacted:			
11) A bereavement risk /vulnerability assessment has been completed			
12) Funeral director has been identified and contacted Name: Address: Telephone number:			

13) Coroner informed ring Yes      No      Informed by: \_\_\_\_\_

Reason for referral to the coroner: \_\_\_\_\_