



TITLE

NURSE PRONOUNCEMENT OF PATIENT DEATH

SCOPE

Provincial

DOCUMENT #

HCS-262

APPROVAL AUTHORITY

Clinical Operations Executive Committee

INITIAL EFFECTIVE DATE

May 20, 2020

SPONSOR

Associate Chief Nursing Officer, Health Professions Strategy
& Practice
Senior Medical Director, Provincial Seniors Health &
Continuing Care

REVISION EFFECTIVE DATE

April 4, 2022

PARENT DOCUMENT TITLE, TYPE, AND NUMBER

Not applicable

SCHEDULED REVIEW DATE

April 4, 2025

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

If you have any questions or comments regarding the information in this document, please contact Policy Services at policy@ahs.ca. The Policy Services website is the official source of current approved policies, procedures, directives, standards, protocols, and guidelines. Only the electronic version of this document, as hosted on the Policy Services website or www.ahs.ca, is valid.

OBJECTIVES

- To promote continuity of **patient** care (adult, pediatric, neonatal) and to provide direction to nursing **health care professionals** in the pronouncement of **expected death**.
 - The term Nurse in this document includes Registered Nurses (RN), Licensed Practical Nurses (LPN), Registered Psychiatric Nurses (RPN) and Nurse Practitioners (NP).
- To provide direction to NPs to pronounce either the expected or unexpected death of a patient.

PRINCIPLES

Patients and **families** are at the centre of care, which means respecting their traditions, cultural and spiritual perspectives, and aligning care plans with their wishes as much as can be accommodated. When a patient is terminally ill or dying, Nurses, as part of the health care team, support patients in meeting their wishes.

The ability of the Nurse to pronounce the death of a patient provides continuity of care for the patient and family during this significant life event. This Policy provides support for expedient action following an expected death, delineates the role of the NP in an unexpected death, and maintains the therapeutic relationship of the Nurse working with the patient and family.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, students, volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Points of Emphasis

- 1.1 When a patient's death is expected, it is reasonable to anticipate death as there is no available treatment to restore health due to the irreversibility and/or irreparability of a patient's condition or illness.
- 1.2 Nurses can pronounce patient death in cases of an expected death.
 - a) Only NPs can pronounce an unexpected patient death, if it is relevant to their stream of practice and current practice setting.
- 1.3 In **Alberta Health Services (AHS) settings**, where the Physician or NP is physically present, the health care team should clarify the roles and responsibilities regarding Nurse pronouncement of patient death to promote continuity of care.
 - a) When NPs complete the *Medical Certificate of Death*, it is required within 48 hours of the patient's death or as per applicable *AHS Staff Rules*.
- 1.4 Nurses providing services to Home Care patients in a private home or seniors' lodge should follow the *AHS Patient's Death in the Home Setting* Guideline.

2. Exclusions

- 2.1 Medical assistance in dying events are not in the scope of this Policy. Refer to the *AHS Medical Assistance in Dying* Policy.
- 2.2 Organ donation after cardiocirculatory death events does not fall within the scope of this Policy. Refer to the *AHS Donation After Cardiocirculatory Death (DCD)* Policy and Zone/program-specific direction.
- 2.3 For neurological determination of death, refer to AHS policies and program processes, as applicable.

3. Expected Death

- 3.1 The process of **Advance Care Planning** for an expected death of a patient reflects a shared understanding between the patient (or **alternate decision-maker**), family, and the health care team to guide appropriate health care actions.

- a) Discussions on the plan of care with the patient, family, and the health care team should occur prior to the expected patient death.
 - b) Documentation of the plan of care in the patient's **health record** is required and should be communicated to the health care team.
 - c) The plan of care may include palliative/end-of-life care needs, including the physical, emotional, spiritual, religious, and/or cultural needs of the patient and family, and **end-of-life rituals** which may be time-sensitive in nature.
- 3.2 For Advance Care Planning with **goals of care designation (GCD)**: the **most responsible health practitioner (MRHP)** shall review, affirm, and/or determine the **Goals of Care Designation (GCD) order** as per the *AHS Advance Care Planning and Goals of Care Designation Policy and Procedure*.
- a) The current GCD order should be readily accessible to the health care team (e.g., located in the patient's electronic health record, Green Sleeve).
- 4. Unexpected, Unexplained, and Notifiable Deaths that Require Reporting**
- 4.1 There is a duty to report an unexpected, unexplained, or **notifiable death** to the Office of the Chief Medical Examiner (OCME), in accordance with the *Fatality Inquiries Act* (Alberta).
- a) When the death of a patient is unexpected, unexplained, or is an otherwise notifiable death, Nurses should take the appropriate clinical action. The MRHP, Physician, or NP shall be notified immediately.
 - b) Only Physicians or NPs are authorized for pronouncement of patient death in these situations.
 - (i) When a Physician or NP is not immediately available, follow site/program processes to arrange pronouncement of patient death by a Physician, NP, or Medical Examiner, as appropriate, and notification to the OCME.
- 5. Roles and Responsibilities**
- 5.1 It is the responsibility of Nurses to self-identify learning needs and undertake appropriate measures to ensure ongoing and continual competency in pronouncement of patient death and NPs for completing the *Medical Certificate of Death*, as determined by their current practice setting.
- 5.2 Communication amongst the health care team is important to promote continuity of care and discussions regarding the Nurse role in the pronouncement of patient death.

- 5.3 In the event of an expected patient death, Nurses must recognize and follow the patient's plan of care (refer to Section 3.1 above) and/or GCD, initiate care measures as appropriate, and notify the MRHP, Physician, or NP as soon as reasonable or as per plan of care.
- 5.4 In the event of an unexpected patient death (e.g., code situation), Nurses must notify the MRHP, Physician, or NP immediately, follow the GCD, and initiate supportive or resuscitative care measures as appropriate (refer to Section 4 above).
- 5.5 In both expected and unexpected patient deaths, the Nurse and health care team shall continue to care for the patient's body and support the family, as directed by the care plan, MRHP, Physician, and/or NP.
- a) If required, follow program processes and/or MRHP direction for the handling of bodies infected with a communicable disease specified in Schedule 1 or Schedule 2 of the *Bodies of Deceased Persons Regulation* (Alberta).
- b) If required, follow program/site processes and/or OCME direction for notifiable deaths.
- 5.6 NPs are able to complete the *Medical Certificate of Death* in accordance with the *Vital Statistics Act* (Alberta) and *Vital Statistics Information Regulation* (Alberta) when:
- a) a death occurs without the attendance of a Physician in relation to the final illness of the deceased during the 14 days immediately preceding the death; or
- b) the Physician who attended to the deceased is for any reason unable to complete the *Medical Certificate of Death* or interim *Medical Certificate of Death* within 48 hours of the death.
- 5.7 When NPs complete the *Medical Certificate of Death*, it is required within 48 hours of the patient's death.

6. Pronouncement of Expected Patient Death

- 6.1 Pronouncement of death is the determination of death based on the physical assessment findings.
- 6.2 To pronounce patient death, the Nurse shall complete a physical assessment verified by listening with a stethoscope including but not limited to:
- a) cessation of cardiac function:
- (i) absence of carotid pulse; and

- (ii) absence of apical heart sounds on auscultation for a minimum of one (1) to three (3) minutes; and
 - b) cessation of respiratory function:
 - (i) absence of respiratory effort; and
 - (ii) absence of breath sounds on auscultation for a minimum of one (1) to three (3) minutes.
 - Recognize that prolonged pauses (apnea) in respiration may occur in Cheyne-Stokes respirations. If unsure, continue to assess for several minutes.
- 6.3 Family members are to be supported to remain with the patient during the physical assessment. The Nurse shall explain what the assessment includes and answer questions the family may have.
- 6.4 When a Nurse pronounces a patient death that is expected, the MRHP, Physician, and/or NP is informed as soon as reasonably possible.

7. Documentation

- 7.1 Nurses shall document all assessments and interventions including the following in the patient's health record:
- a) physical assessment findings on pronouncement of death including but not limited to:
 - (i) absence of a pulse;
 - (ii) absence of spontaneous respirations; and
 - (iii) general appearance of the patient's body;
 - b) date and time of patient death once all assessments and/or resuscitative measures are completed;
 - c) whether the family was present at the time of pronouncement of patient death and the supports provided to the family;
 - d) time that the MRHP, Physician, NP, and/or family was informed;
 - e) if appropriate, organ and tissue donation discussion;
 - f) if a notifiable death, applicable notifications (e.g., OCME) and actions taken;
 - g) if appropriate, additional precautions as set out in the *Bodies of Deceased Persons Regulation* (Alberta);

- h) any care after death provided to the deceased patient;
 - i) return of any personal belongings; and
 - j) completion of appropriate forms.
- 7.2 Refer to program processes/resources and or applicable AHS policies for additional guidance on care after death.

DEFINITIONS

Advance Care Planning means a process which encourages people to reflect and think about their values regarding future health care choices; explore medical information that is relevant to their health concerns; communicate wishes and values to their loved ones, their agent/alternate decision-maker and their health care team; and record those choices.

Alberta Health Services (AHS) setting means any environment where treatment/procedures and other health services are delivered by, on behalf of or in conjunction with, Alberta Health Services.

Alternate decision-maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, specific decision-maker, a minor's legal representative, a guardian, a 'nearest relative' in accordance with the *Mental Health Act* (Alberta), or an agent in accordance with a Personal Directive, or a person designated in accordance with the *Human Tissue and Organ Donation Act* (Alberta). This also includes what was previously known as the substitute decision-maker.

End-of-life rituals means the formal or informal ways that religious or cultural leaders, family, and/or Spiritual Care Services recognizes the sacredness and significance of the death of a patient. They may be offered and practiced, dependent upon the preference of the family, prior to and/or after death, including prayers, blessings, dedications, baptism, sacred texts or readings, chanting, wailing, closing of the mouth, washing of the body and/or ensuring the deceased patient is not left alone.

Expected death means where it is reasonable to anticipate death and where there is no available treatment to restore health due to the irreversibility and/or irreparability of a patient's condition or illness, and which does not occur under the circumstances identified in the *Fatality Inquiries Act* (Alberta).

Family(-ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including but not limited to, family members, legal guardians, friends, and informal caregivers.

Goals of care designation (GCD) means one of a set of short-hand instructions by which health care providers describe and communicate general care intentions, specific clinically indicated health interventions, transfer decisions, and locations of care for a patient as established after consultation between the most responsible health practitioner and patient or alternate decision-maker.

Goals of Care Designation (GCD) order means the documented order for the goals of care designation as written by the most responsible health practitioner (or designate).

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Professions Act* (Alberta), and who practices within scope or role.

Health record means the collection of all records documenting individually identifying health information in relation to a single person.

Most responsible health practitioner (MRHP) means the health practitioner who has responsibility and accountability for the specific treatment/procedure(s) provided to a patient and who is authorized by Alberta Health Services to perform the duties required to fulfill the delivery of such a treatment/procedure(s) within the scope of their practice.

Notifiable death means the death of a patient requiring immediate notification of the Medical Examiner (*Fatality Inquiries Act* [Alberta]) and includes patient death which occurs:

- unexplainably or unexpectedly (when in apparent good health);
- as a result of violence, accident, suicide or poisoning;
- while a formal patient under the *Mental Health Act* (Alberta) - whether in hospital, not on the premises or not in active custody;
- as a possible result of improper or negligent treatment by any person;
- related to pregnancy – during or following;
- during an operative procedure or within 10 days of an operative procedure or while under or possibly attributed to anesthesia;
- while the patient was not under the care of a Physician;
- while the patient was in custody of a peace officer or as a result of the use of force by a Peace Officer while on duty;
- to a child under custody or guardianship of the Director of Child and Family Services;
- while committed to or detained in a correctional facility; and/or
- as a result of ill-health, disease, or injury incurred or toxic substances introduced, in the course of the patient's former/present employment/occupation.

Patient means an adult or child who receives or has requested health care or services from Alberta Health Services and its health care providers or individuals authorized to act on behalf of Alberta Health Services. This term is inclusive of residents, clients, and outpatients.

REFERENCES

- Alberta Health Services Governance Documents:
 - *Advance Care Planning and Goals of Care Designation Policy* (#HCS-38)
 - *Advance Care Planning and Goals of Care Designation Procedure* (#HCS-38-01)
 - *Care After Death Policy Suite* (Calgary) (#PRR-05)
 - *Donation After Cardiocirculatory Death (DCD) Policy* (#HCS-243)
 - *Medical Assistance in Dying Policy* (#HCS-165-01)
 - *Patient's Death in the Home Setting* Guideline (#HCS-213-01)
- Alberta Health Services Resources:
 - *Navigating the Death of a Patient: The Process from Pronouncement to Certification*

TITLE
NURSE PRONOUNCEMENT OF PATIENT DEATH

EFFECTIVE DATE
April 4, 2022

DOCUMENT #
HCS-262

- *Palliative and End-of-life Care Alberta Provincial Framework*
- *Staff Rules*
- Non-Alberta Health Services Documents:
 - *Bodies of Deceased Persons Regulation (Alberta)*
 - *Fatality Inquiries Act (Alberta)*
 - *Medical Certificate of Death (Alberta)*
 - *Pronouncement of Death Guidelines (September 2020) (College of Registered Nurses of Alberta [CRNA])*
 - *Report an unexpected or unexplained death webpage (Office of the Chief Medical Examiner, Government of Alberta) (<https://www.alberta.ca/report-death.aspx>)*
 - *Vital Statistics Act (Alberta)*
 - *Vital Statistics Information Regulation (Alberta)*

© 2022, Alberta Health Services, Policy Services



This work is licensed under a Creative Commons Attribution-Non-commercial-Share Alike 4.0 International license. The licence does not apply to AHS trademarks, logos or content for which Alberta Health Services is not the copyright owner. This material is intended for general information only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.