

Support form for verification of life extinct

- For use by **community clinicians who have not undertaken verification of death training**, during the out of hours period when practices are closed.
- Please only use this form during the “out of hours” period, when contacting Severnside IUC about patients in the community. In hours, please liaise with the patient’s own GP surgery about verification.
- The BrisDoc operational team will send you this form, and they will put the patient’s case through for the attention of a BrisDoc clinician to call you back. **Please complete parts 1 and 2 before the BrisDoc clinician calls you back to discuss your findings.**
- The form is intended to support you to examine the deceased patient and prepare the information required by the BrisDoc clinician. If you are unsure about the answers to any questions on the form, please discuss these with the BrisDoc clinician. **It is the medical records made by the BrisDoc clinician which act as the formal verification of death, not this form. The BrisDoc clinician retains responsibility for undertaking the verification of death.**
- You can retain a copy of this form on the patient’s records if required, but do not have to return it to BrisDoc prior to speaking with the clinician about the patient.

| PART 1: Patient information | |
|--|--|
| Name of patient | |
| DOB | |
| Address | |
| Time and date of death | |
| The death was <i>(*delete as appropriate)</i> | *Expected / Unexpected, but not a surprise / Unexpected |
| Did the patient have a DNAR? <i>(*delete as appropriate)</i> | *Yes/ No |
| Has the patient seen their GP in the last 28 days (in person or video consultation)? <i>(*delete as appropriate)</i> | *Yes/ No/ Not known |
| Diagnosis/ diagnoses causing death (if known) | |
| Brief description of events prior to death (eg EOL care/ syringe driver, peaceful) | |
| Who was present when the patient died? Please provide name and relationship to patient (eg nurse, wife, son) | |
| Have the NOK/ family been informed that the patient has died? <i>(*delete as appropriate)</i> | *Yes/ No |
| Do family/ NOK and/ or staff have concerns about circumstances/ care prior to death? <i>(*delete as appropriate)</i> | *Yes/ No If yes, please ensure that you discuss these concerns with the BrisDoc clinician |
| If known, is the patient going to be cremated? <i>(*delete as appropriate)</i> | *Yes/ No/ Not known |

Please turn over to complete the second part of this form.

PART 2: Examination to diagnose death

**please delete as appropriate to log your findings for each assessment criteria 1-6*

| | | | |
|---|--|---|---|
| 1 | Observe for spontaneous movement | *No movements present | *Spontaneous movements |
| 2 | Does the patient respond to a painful stimulus? Eg sternal rub, nailbed pressure | *No response to painful stimulus | *Responds to painful stimulus |
| 3 | Assess body temperature | *Cool compared to ambient temperature/ usual body temperature | *Usual/ warm body temperature |
| 4 | Assess breathing sounds and/ or chest movements for 1 minute | *Absent breathing sounds/ movement for 1 minute | *Breathing sounds heard or chest movements observed |
| 5 | Check pulses for 1 minute each <ul style="list-style-type: none">• Radial pulse• Femoral pulse• Carotid pulse | *Absent radial pulse 1 minute *Absent femoral pulse 1 minute *Absent carotid pulse 1 minute | *Any or all pulses present |
| 6 | Check pupils. Are they dilated and unresponsive to light? | Pupils are dilated and unresponsive to light | Pupils not dilated and/ or do respond to light |

PART 3: Discussion with BrisDoc clinician

(to be completed by community clinician)

| | |
|---|--|
| Name of Community clinician completing form | |
| Role/ job title | |
| Professional registration number | |
| | |
| Name of BrisDoc clinician undertaking verification | |
| Role/ job title | |
| Professional registration number | |

Once you have completed parts 1-3 of the form, and the BrisDoc clinician has confirmed that they have verified the death:

- You can retain a copy of this form on the patient's file (if required)
- Please proceed to contact the patient's/ family's preferred Funeral Director for them to collect the deceased, or ask the family to do this.
- Please ensure that the patient's own GP is notified that the patient has died so they can proceed with arranging for a death certificate to be issued. BrisDoc will also notify the practice on the next working day.