

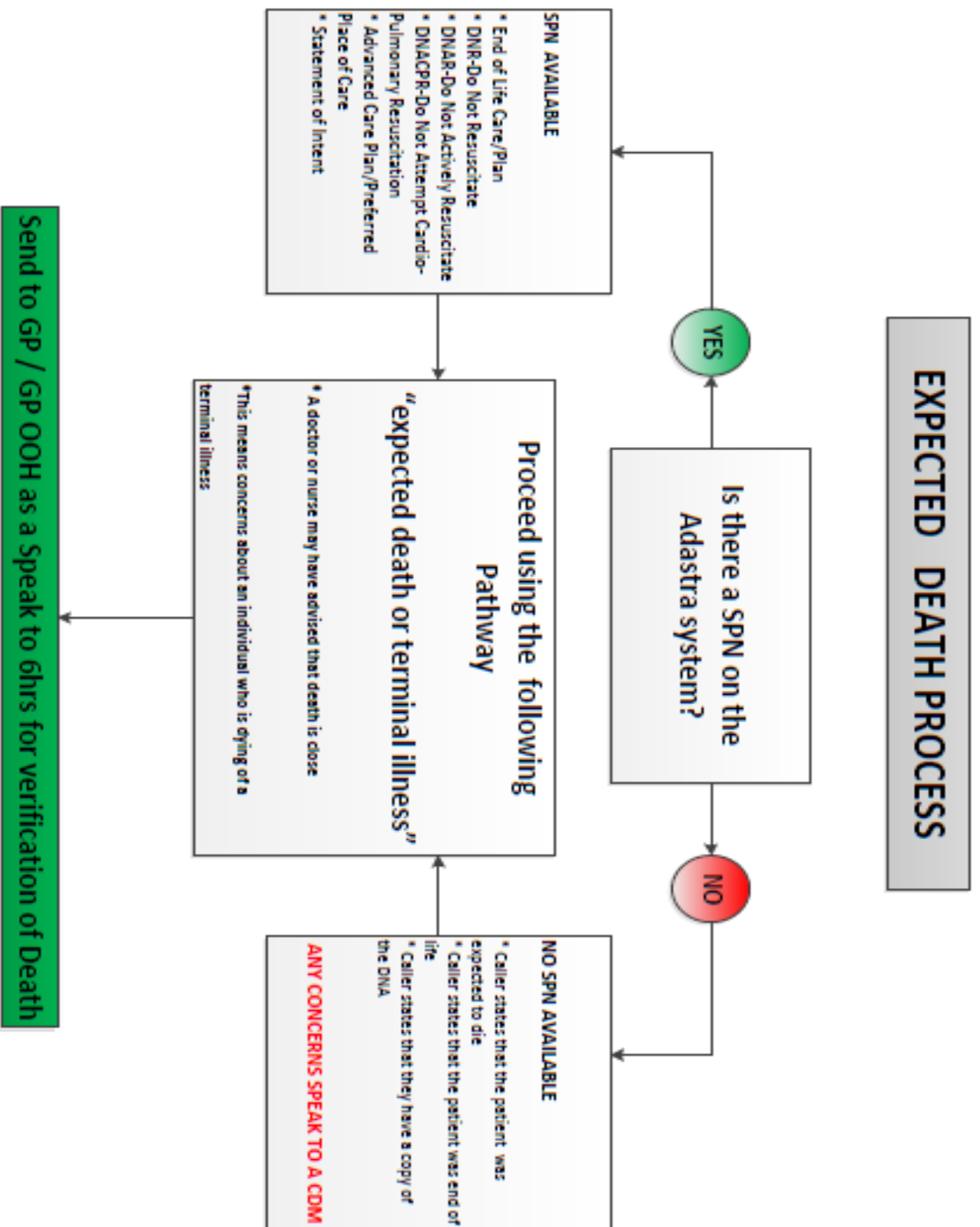
STANDARD OPERATING PROCEDURE DOCUMENT (SOP)

Title	Pronouncing Life Extinct		Doc. No.	CL026
Scope	Operational Directorate	Clinical Directorate		
Purpose	<p>The aim of this SOP is to clarify the role of clinicians at Primary Care 24 when requested to confirm the death of a patient. This is to ensure that Primary Care 24 provides a caring, compassionate, safe and effective service when confirming death. Those patients who have died should be visited within 2 hours. The family should be made aware of this time-frame. The patient and carers should be treated with respect, sympathy and dignity.</p> <p>That information is passed to the patient's own practice in a timely way.</p>			
Guidelines	<p>Although the law is clear that any clinician can confirm death, including nurses and paramedics, the Nursing and Midwifery Council have stated that nurses cannot confirm death without training. In practice, only doctors and appropriately certified other clinicians, such as some ANPs and paramedics, can confirm death in primary care.</p> <p>Primary Care 24 clinicians are to respond to all requests to confirm death (expected and unexpected) within 2 hours. The Primary Care 24 clinician's role is to confirm death has occurred not certify death. It is the responsibility of the patient's own GP to consider the cause of death in relation to completing the death certificate.</p> <p>In all instances actions should be recorded or documented within the patient record.</p>			
PROCEDURE			RESPONSIBILITY	
1	Patient demographics are to be recorded on the system, the NHS 111 health advisor is to record if the death was expected or unexpected and process the call via Pathways.			NHS 111 Health Advisor
2	Record either 'Expected' or 'Unexpected Death' within the 'Reported Condition' section within Adastral. They should also ask the caller if they are aware of when the patient was last seen by their own GP.			NHS 111 Health Advisor

3	When asking the above questions, the NHS 111 health advisor should be sensitive and sympathetic in obtaining all the relevant information from the patient's carer. If unable to identify if the patient's death was expected or unexpected, the Primary Care 24 referral coordinator should deal with call as an unexpected death and follow the ACPP call algorithm.	Primary Care 24 Referral Coordinator
4	If the call is being passed by a Healthcare Professional, please ensure that all the relevant information is recorded in the 'Reported Condition' section of Adastra. Requests from the Police to confirm a death are put on the system in the usual way and they can be advised that a clinician will attend within 2 hours. Clinicians will not usually be called to confirm death where it is obvious that the death has been violent, unexpected or sudden.	Primary Care 24 Referral Coordinator
5	The NHS 111 health advisor will use Pathways to process the case and will be guided to send the case through for an urgent home visit within 2 hours if the death is expected. If the death is unexpected ACPP will guide the referral coordinator to deal with the case as an ILTC. ACPP will then suggest the call be passed to the ambulance service. If the caller refuses the ambulance it will be passed into the 'DCA' pool with an 'emergency' priority for a call-back time of 20 minutes.	NHS 111 Health Advisor / Primary Care 24 Referral Coordinator
6	The referral coordinator is then to inform the visiting dispatcher that a home visit is stored within the dispatch screen. The visit is to confirm the death only.	Primary Care 24 Referral Coordinator
7	Home visit dispatcher to dispatch the call to a visiting appropriately trained clinician, informing them of a priority of 2 hours.	Primary Care 24 Dispatcher
8	Carers to be kept informed if the home visit to the patient's home visit is delayed due to unforeseen circumstances.	Primary Care 24 Driver / Dispatcher
9	During visits to confirm a death of a patient, it is expected that clinicians will take a few minutes to speak with the carers or relatives to explain the process clearly. They should be treated with respect, sympathy and dignity.	Primary Care 24 Clinician

10	Clinicians should check whether there is a 'Care Pathway' that requires the clinician to complete a section concerning confirmation of death. If the District Nursing team has been involved in terminal care, the clinician should contact the District Nurse team directly to inform them of the death, requesting their attendance to deal with the Last Offices including removal of catheters, subcutaneous infusions and other medical devices.	Primary Care 24 Clinician / District Nurse team
11	<p>An expected death is when a patient has a known condition which is expected to cause death and the patient is under regular review by the palliative care team and/or the patient's own GP who has seen them within 14 days, in which case the confirming clinician can then instruct the family to arrange the undertaker.</p> <p>For unexpected deaths or deaths when the patient has not seen their own GP or palliative care team within the past 14 days, a trained clinician can confirm the death. They should then contact the shift manager to ring the police on 0151 709 6010 or 101 to ask for their attendance. The attending police officer will contact the clinician at some point to obtain a verbal statement. The shift manager should ensure they obtain the phone number of the police officer in order for the clinician to contact as soon as practicable.</p>	Primary Care 24 Clinician / Shift Manager
12	Occupational deaths – there is one exception to confirming expected deaths. If the death is caused by an occupational illness this must be reported to the police for the coroner's officer as their own GP is unable to certify the death without speaking to the coroner. When the shift manager contacts the police, it should be explained that the death is the result of an occupational illness and that the GP will not be in a position to certify the death. The police must deal with this and seek the advice of the coroner on the next working day.	Primary Care 24 Clinician / Shift Manager
13	During documentation of the encounter, the words, or their equivalent, 'death confirmed' must be used and the clinical code 'Death Administration' assigned. The case disposition sent to the practice should be recorded as 'Patient deceased'	Primary Care 24 Clinician
14	Please note that Primary Care 24 clinicians may advise relatives or carers to contact the patient's own GP to provide the death certificate. There is no requirement for the Primary Care 24 clinician to contact the coroner's office if there is a suspicion of industrial disease or other reportable condition. This is the role of the patient's own GP.	Primary Care 24 Clinician / Own GP

15	All call records are electronically transferred to the patient's own GP practice in real time. By 9 am on the next working day, a report is run on Adastra listing all the deaths recorded on the previous shift. The patient's own GP will be contacted by phone to check that they have received the call record informing the practice of the patient's death.	Primary Care 24 Administration



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Title		Pronouncing Life Extinct		Doc. No.	CL026
Version			V9		
Supersedes			All previous versions		
Approving Managers/Committee			Medical Lead for Out-of-Hours		
Date Ratified			2006 (original)		
Department of Originator			Medical Directorate		
Responsible Executive Director			Medical Lead		
Responsible Manager/Support			Service Manager, Out-of-Hours SDU		
Date Issued			2006 (original)		
Next Review Date			August 2022 (or when there is a change in procedure)		
Target Audience			All Operational and Clinical Staff		
Version	Date	Control Reason		Accountable Person for this Version	
V1 – V7	2007 – 2016	Updated (see previous SOP)		Various	
V8	June 2017	Reviewed and updated by medical lead		Medical Lead	
V9	August 2019	Reviewed and updated by medical lead, company name updated		Medical Lead IUC	
Reference documents		Electronic Locations		Locations for Hard Copies	
		Primary Care 24 Intranet		Standard Operating Procedures File in the Call Centre	
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