Pronouncement of Death

Guidelines for Regulated Members

Month Year
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Introduction

When a client receiving care is terminally ill or dying, nurses foster comfort, alleviate suffering, advocate for adequate relief of discomfort and pain and assist clients in meeting their goals of culturally and spiritually appropriate care. This includes support for the family during and following death and care of the client’s body after death (Canadian Nurses Association, 2017).

Dealing with death in a caring, compassionate and professional manner can help ease the suffering of those who are bereaved. The ability of a nurse to pronounce death of a client and provide appropriate aftercare to family can provide continuity at a time of stress and anxiety.

Purpose

The purpose of this document is to provide support and guidance to nurses related to the pronouncement of death.

These guidelines are specific to pronouncement of death and are grounded in the foundational Practice Standards for Regulated Members (CARNA, 2013). The directions, concepts and principles are also aligned with other CARNA documents. Some examples include:

- Health Professions Act: Standards for Registered Nurses in the Performance of Restricted Activities (CARNA, 2005)
- Medical Assistance in Dying: Guidelines for Nurses (CARNA, CRPNA and CLPNA, 2017)
- Medical Assistance in Dying: Guidelines for Nurse Practitioners (CARNA, 2017)

Legislation and Regulation

Pronouncement of death is the determination that, based on a physical assessment, life has ceased. There is no legal requirement for pronouncement of death, but there are sections of legislation and regulation that may be relevant to the process of pronouncement of death in a specific practice setting.

Medical certificate of death is the legally required signing of a death certificate stating the cause of death. The Alberta Vital Statistics Act currently outlines the medical certificate of death can only be completed by a physician or a medical examiner, and this must be completed within 48 hours of the death of a person. In medical assistance in dying cases, the medical certificate of death must be completed by the medical examiner.

1 Words or phrases in bold are listed in the glossary. They are displayed in bold upon first reference.
There are several other pieces of legislation and regulation that may be relevant to
the pronouncement of death in a specific practice setting. A death that occurs within
a health facility is handled differently depending on the type of facility, where the death
has occurred and the legislation and regulation applicable to that facility (i.e., Hospitals
Act, Nursing Homes Act). If the death occurs outside of a facility or at home, there may
be other pieces of applicable legislation and regulations (i.e., Fatality Inquiries Act,
Co-ordinated Home Care Program Regulation).

The Public Health Act and subsequent regulations do not specify how a death is to be
pronounced or when a body is to be removed. The Bodies of Deceased Persons
Regulation, under the Public Health Act, outlines the required practices for the routine
handling of all deceased bodies, including those instances where the person was known
to have a communicable disease with a high risk of transmission that requires additional
precautions.

The Nursing Homes Act and regulations do not specify how a death is to be pronounced
or when a body is to be removed. In addition, an auxiliary hospital does not require a
physician to pronounce death prior to the removal of the body. If pronouncement of
death is supported in the facility’s expected death policy, the body could be moved to a
funeral home before the certificate of death is signed by a physician.

When a death occurs in a hospital, covered by the Hospitals Act, the regulation Operation of Approved Hospitals Regulation section 26(1) stipulates that the body
cannot be removed from the hospital until it has been examined by a physician and the
physician has made a signed notation on the record of the time of death. In many cases,
after pronouncement of the expected death, the body is moved from the patient care
area to another area of the hospital such as a morgue or holding area until the physician
can examine the body.

The Human Tissue and Organ Donation Act regulates the process for the determination
definition of death when consent for organ donation has been given.

Currently, there are no specific requirements in the legislation and regulations around
the pronouncement of death. Assistance from legal services should be accessed to
ensure that relevant legislation and regulation have been considered when developing
policy or processes to support nurses in the pronouncement of death.

**Guidelines**

Death, as determined by physical assessment, is considered to have occurred when
cardiac and respiratory vital signs have ceased (pulseless at the apex of the heart and
absent respirations) and the pupils are dilated and fixed (See Appendix A).
Expected death implies that the death of the client has been anticipated by the client, the
family and the health care team and anticipated events have been planned for in a
written plan.

Auxiliary hospital means a hospital for the treatment of long-term or chronic illnesses, diseases or
infirmities (Hospitals Act, 2000).
It is important to recognize that the death of a loved one is a difficult time for families, and the pronouncement of death must be made with dignity and compassion. While CARNA regulated members, in certain situations, may pronounce death and initiate assistance for the family in their grieving process, there may be questions and concerns that need to be addressed by the physician or other members of the health care team.

**Guidelines for the Pronouncement of Death:**

1. Nurses follow applicable legislation, regulations and practice setting policy and guidelines related to the pronouncement of death, removal of a body, request for autopsy and investigation of a suspicious death. Only a physician or medical examiner can complete the medical certificate of death.

2. When death is expected and supported by the practice setting policy, nurses **competent** in this skill may pronounce death.

3. When the death of a client is expected and the nurse pronounces an expected death, the most responsible health care provider is notified as soon as possible.

4. When the death of a client is unexpected, the most responsible health care provider is notified immediately, and the nurse follows practice setting policy and process for when the medical examiner needs to be notified.

5. Nurses assess family needs and help identify resources and supports to assist families to deal with the death, whether expected or unexpected.

6. Nurses care for the body of the deceased in a sensitive, respectful and compassionate manner including:
   a. respecting the cultural and religious beliefs of families and loved ones
   b. assisting with funeral home arrangements and transfer of the body
   c. removing any medical equipment or drains (except for autopsy cases)
   d. assisting with any post mortem tissue or sample procurement
   e. assisting with processes for organ or tissue transplantation

7. Nurses document time of death, after death care, the return of any personal belongings and the completion of appropriate forms.

8. Nurses assist with the safe disposal or return of medication and equipment.

9. Nurses assess their own emotions and fitness to practice following a client’s death and access support services as needed.
Glossary

**Competent** - The application of knowledge, skills, abilities, and judgment required to practice nursing safely and ethically.

**Nurse** - All regulated members of CARNA including registered nurses (RNs), graduate nurses (GNs), certified graduate nurses (CGNs), nurse practitioners (NPs) and graduate nurse practitioners (GNPs).
References

Alta. Reg. 296/2003. [Co-ordinated Home Care Program Regulation].

Medical Assistance in Dying: Guidelines for Nurses (CARN A, College of Registered Psychiatric Nurses of Alberta [CRPNA] and College of Licensed Practical Nurses of Alberta [CLPNA], 2017)
Medical Assistance in Dying: Guidelines for Nurse Practitioners (CARN A, 2017)
Appendix A: Pronouncement of Death by Physical Assessment

Nurses, at all times, work within their own level of professional knowledge, skill and ability and only participate in activities for which they are competent to do. Nurses who pronounce death have been educated and are competent to:

- check for clinical signs of death, using a stethoscope and penlight
- confirm and document cessation of circulatory and respiratory systems and cerebral function

The following are clinical signs used when confirming death:

- cessation of circulatory system:
  - no carotid pulse
  - no heart sounds (verified by listening with a stethoscope at the apex of the heart for a minimum of 1–3 minutes)

- cessation of respiratory system
  - no respiratory effort
  - no chest sounds (verified by listening for a minimum of 1–3 minutes)

- Cessation of cerebral function
  - pupils fixed and dilated not reacting to light, verified by use of a pen light or ophthalmoscope
  - no eye movements