

# Pronouncement of Death Guidelines

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College of Registered Nurses of Alberta  
11120 – 178 Street  
Edmonton, AB T5S 1P2

Phone: 780.451.0043 (in Edmonton) or 1.800.252.9392 (Canada-wide)

Fax: 780.452.3276

Email: [practice@nurses.ab.ca](mailto:practice@nurses.ab.ca)

Website: [nurses.ab.ca](http://nurses.ab.ca)



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## Purpose

When a client receiving care is terminally ill or dying, registrants<sup>1</sup> 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 [CNA], 2017).

The role of the registrant is to care for those that are grieving in a compassionate and professional manner, and to help ease their suffering. The registrant's ability to pronounce the death of a client, and provide appropriate aftercare to family, can provide continuity of care during this significant life event.

The purpose of this document is to:

- provide guidance to registrants for the pronouncement of death;
- highlight legislation and regulations that are relevant to the pronouncement of death; and
- highlight the roles and responsibilities of registrants in the pronouncement of death.

These guidelines are grounded in the *Practice Standards for Registrants* (College of Registered Nurses of Alberta [CRNA], 2023) and the *Code of Ethics for Registered Nurses* (CNA, 2017).

All the CRNA documents can be found on the CRNA website at [www.nurses.ab.ca](http://www.nurses.ab.ca).

## Legislation and Regulation

Currently, there are no specific requirements in legislation or regulations around the pronouncement of death. However, there are sections of legislation and regulation that may be relevant to the process of pronouncement of death in a specific practice setting. Employer requirements, grounded in legislation and regulation, should support registrants in the pronouncement of death.

A medical certificate of death is the legally required signing of a death certificate stating the cause of death. The *Alberta Vital Statistics Act* (2007) currently outlines a physician or medical examiner complete the medical certificate of death, and within 48 hours of the death of a person. The *Vital Statistics Information Regulation* (Alta Reg 108/2018), Section 26(3) outlines

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<sup>1</sup> Includes registered nurses (RNs), graduate nurses, certified graduate nurses, nurse practitioners (NPs), graduate nurse practitioners, and RN or NP courtesy registrants on the CRNA registry.

certain circumstances when a nurse practitioner (NP) may complete the medical certificate of death (see Appendix A). In medical assistance in dying (MAID) cases, the medical examiner must complete the medical certificate of death.

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 managed differently depending on the type of facility (i.e., hospital or nursing home), where the death has occurred, and the legislation and regulation applicable to that facility. If the death occurs outside of a facility or at home, there may be other applicable legislation and regulations (i.e., *Fatality Inquiries Act*, [2000] *Co-ordinated Home Care Program Regulation* [Alta Reg 296/2003]).

The *Public Health Act* (2000) 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* (Alta Reg 135/2008), 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 *Human Tissue and Organ Donation Act* (2006) regulates the process for the determination of death when consent for organ donation has been given.

## Guidelines

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 respect and compassion. 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 B). Expected death implies that the death of the client has been anticipated by the client, the family, and the health-care team, and the anticipated death has been planned for and documented in a written plan.

While registrants, 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 other members of the health-care team.

## Guidelines for the Pronouncement of Death

1. NPs and graduate nurse practitioners (GNPs) can pronounce death (in expected and unexpected situations) if they are competent<sup>2</sup> to do so, if it is relevant to their stream of practice and practice setting, and if supported by employer requirements.

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<sup>2</sup> The application of knowledge, skills, abilities, and judgment required to practice nursing safely and ethically.

- 2.** Registered nurses (RNs), graduate nurses (GNs), and certified graduate nurses (CGNs) may pronounce death, if they are competent to do so, when death is expected, and when pronouncement of death is supported by employer requirements.
- 3.** After pronouncement of the expected death by the RN, GN, or CGN, they are to notify the most responsible health-care provider as soon as possible so that care and removal of the body can occur according to employer requirements.
- 4.** When the death of a client is unexpected, appropriate clinical action is taken and the most responsible health-care provider is notified immediately. The registrant follows employer requirements. The medical examiner is notified as required.
- 5.** Registrants follow applicable legislation and regulations, and employer requirements related to the pronouncement of death, completion of the medical certificate of death, medical assistance in dying, removal of the body, request for autopsy, and investigation of a suspicious death.
- 6.** Registrants assess family needs and help identify resources and supports to assist families to deal with the death, whether expected or unexpected.
- 7.** Registrants care for the body of the deceased in a sensitive, respectful, and compassionate manner including
  - a.** respecting the cultural, spiritual and religious beliefs of families and loved ones;
  - b.** supporting the family 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; and
  - e.** assisting with processes for organ or tissue transplantation.
- 8.** Registrants document appropriately, including time of death, after death care, the return of any personal belongings, and the completion of appropriate forms.
- 9.** Registrants assist with the safe disposal or return of medication and equipment.
- 10.** Registrants evaluate and reflect on their own emotions and fitness to practice following a client's death, and access support services as needed.

## References

*Bodies of Deceased Persons Regulation*, Alta Reg 135/2008.

Canadian Nurses Association. (2017). *Code of ethics for registered nurses*. <https://www.cna-aiic.ca/en/nursing/regulated-nursing-in-canada/nursing-ethics>.

College of Registered Nurses of Alberta. (2023). *Practice standards for registrants*.

*Co-ordinated Home Care Program Regulation*, Alta Reg 296/2003.

*Fatality Inquiries Act*, RSA 2000, c F-9.

*Human Tissue and Organ Donation Act*, SA 2006, c H-14.5.

*Public Health Act*, RSA 2000, c P-37.

*Vital Statistics Act*, RSA 2007, c V-4.1.

*Vital Statistics Information Regulation*, Alta Reg 108/2018.

# Appendix A: Completion of the Medical Certificate of Death by a Nurse Practitioner

Section 26, subsection 3 of the *Vital Statistics Information Regulation* (Alta Reg 108/2018) outlines when a medical certificate of death may be completed by an NP.

## Medical certificate of death

### (3) 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 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,

the medical certificate of death may be completed by a nurse practitioner.



## Appendix B: Pronouncement of Death by Physical Assessment

Registrants practise within their own level of professional knowledge, skill, and ability, and only participate in nursing care for which they are competent. Registrants who pronounce death are competent to

- check and confirm clinical signs of death, using a stethoscope and penlight; 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 respiratory 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 penlight or ophthalmoscope.