

CONFIRMATION OF DEATH

For Use in Adults & Children

Date and time.....

Doctor Name and Designation

Name.....

Signature.....

Grade.....

HOSPITAL ADDRESSOGRAPH or

Surname
First Name
Date of Birth
Hospital Number

Pre-Conditions to Diagnosis

1. Are you satisfied there is simultaneous apnoea and unconsciousness in the absence of circulation?	Y/N
2. Are you satisfied there is no indication to commence / continue resuscitation? ¹	Y/N

Diagnosis

3. Have you observed for a minimum of 5 (five) minutes to establish that irreversible cardiorespiratory arrest has occurred? ²	Y/N
4. Is there absence of central pulse on palpation and absence of heart sounds on auscultation?	Y/N
5. In certain hospital settings these criteria can be supplemented by reference to ancillary monitoring modalities: <ul style="list-style-type: none"> • Asystole on continuous ECG display • Absence of pulsatile flow using direct intra-arterial pressure monitoring • Absence of contractile activity using echocardiography If used do these modalities confirm an absence of the circulation?	Y / N / Not used
6. Is there absence of the pupillary response to light?	Y/N
7. Is there an absent corneal reflex?	Y/N
8. Is there an absent motor response when supraorbital pressure is applied?	Y/N

Completion of Diagnosis

Are you satisfied that death has been confirmed following cardiorespiratory arrest?	Yes / No
The time of death is recorded at the time at which these criteria are fulfilled. (Record this in patient record in addition to this form)	Date: Time:
Is there an indication to refer this case to HM Coroner? Please elaborate if yes:	Y / N / Unsure
Is there an indication for a hospital post-mortem examination? Please elaborate if yes: All patients can be considered for tissue donation. Page Tissue Services on 0800 4320559 for further advice.	Y / N / Unsure
Please give the full name(s) of the nurse(s) present at the moment of death? Please give the full name of any other person present at the moment of death?	
Did any person present at the time of death express any concern regarding the cause of death?	Y / N / Don't Know

Note

1. Contributory causes to the cardiorespiratory arrest (eg. hypothermia $\leq 34^{\circ}\text{C}$, endocrine, metabolic or biochemical abnormality) should be considered and treated, if appropriate, prior to diagnosing death.
2. Any spontaneous return of cardiac or respiratory activity during this period of observation should prompt a further five minutes observation from the next point of cardiorespiratory arrest.

Reference

Academy of Medical Royal Colleges (2008) "A Code of Practice for the Diagnosis and Confirmation of Death"
<http://www.aomrc.org.uk/aomrc/admin/reports/docs/DofD-final.pdf>