

*This document is a sample policy only and is intended to provide general guidance. It is specifically understood that this document is not intended to provide legal, technical or other professional services or advice. Additionally, while this policy may be consistent with the laws of the Commonwealth of Massachusetts, it is not intended to interpret the laws of Massachusetts or any other state.*

## **Sample Policy Pronouncement of Death**

### **I. Purpose**

To establish the procedure for the registered nurse or nurse practitioner to follow when pronouncing a hospice patient's death at home or in a skilled nursing facility.

### **II. Policy Statement**

Patients determined by the attending physician or hospice medical director to have a prognosis indicative of an anticipated death may be pronounced by a Registered Nurse, consistent with Mass. General Laws, Chapter 46, Section 9 and Chapter 38, Sections 3,4, and 13.

### **III. Procedure**

#### **A. A Registered Nurse or Nurse Practitioner licensed by the Board of Registration in Nursing and employed by \_\_\_\_\_ may conclude that death has occurred and pronounce the death of a hospice patient when:**

1. The patient has been receiving hospice services from \_\_\_\_\_ under a physician's plan of care.
2. The death was the result of the terminal illness.
3. There is a Do Not Resuscitate order in place.
4. The death was anticipated according to the prognosis documented in the record.
5. The patient died at home or in a nursing facility.
6. The nurse has made a reasonable effort to contact the physician at the time of death. The effort should be documented in the medical record. If known at this time, the nurse informs the physician the exact location where the body will be taken. (1)
7. A doctor's order to pronounce is not required unless stated in the hospice or nursing home policy.

(1) ***The Pronouncement of Death Fact Book**, 1999, states that "a reasonable effort should include at least one telephone call and waiting at least 30 minutes for a response if an answering service is reached."*

#### **B. Responsibilities of the nurse at the home or nursing home**

1. Observe and assess for the absence of respiration, pulse and if assessable, pupillary response to conclude that death has occurred.
2. Determine the time of pronouncement

3. Contact the funeral home, mortician, or cremation society and provide the name of the physician who will complete the death certificate
4. Complete the pronouncement form (R-302 *(See Pronouncement of Death Fact Book, 1999, page 18-19)*)
5. Assist with post-mortem care. Prepare, bathe, and dress the body with the assistance of family if requested
6. Assist with the removal of the body by the funeral home
7. Provide emotional support to the family and/or facility staff
8. Dispose of medications in the home or nursing home consistent with hospice policy
9. Document in the medical record: the time of pronouncement; findings from the assessment of the patient that substantiated the conclusion that death has occurred; notification of the physician, family, and funeral home; removal of the body; disposal of medications

**C. Communication protocol**

**Assign IDT and other staff the responsibility to:**

1. Inform triage clinician
2. Inform family members as needed
3. If not done so previously, notifies the physician of the exact location of the body so death certificate can be completed
4. Inform the IDT. Make referrals as needed for pastoral counseling or bereavement services
5. If appropriate, inform the health insurance case manager
6. Inform DME company and request equipment removal
7. Cancel volunteers, home health aides and other vendors (e.g., pharmacy, home infusion, laboratory) according to hospice policy

**IV. Exclusions**

**The nurse may not pronounce the patient if the nature of the death requires notification of the medical examiner or designee such as:**

1. Death by accident or unintentional injury
2. Death under unusual or suspicious circumstances
3. Death by poison or acute/chronic use of drugs or alcohol
4. Death associated with diagnostic/therapeutic procedure
5. Death within 24 hours of admission to a hospital or nursing home
6. Death of any child under the age of 18 years from any cause
7. Any person found dead

*(For complete list, see Pronouncement of Death Fact Book, 1999, page 13. Note: page 14, number 16 of exclusions, incorrectly states "death of a child under the age of two years from any cause".)*

**V. Resources**

- The Commonwealth of Massachusetts Department of Public Home Registry of Vital Records and Statistics **Pronouncement of Death Fact Book**, 1999. Order by fax: 617-740-2712 (attention Pedro Fidalgo, Vital Statistics)  
MGL Chapter 46. Section 9 and Chapter 38, Sections 3, 4, and 13.
- Registry of Vital Records and Statistics, new telephone number, 617-740-2600
- Office of the Chief Medical Examiner, main number, 617-267-6767

**VI. Professional Review**

This policy has been reviewed by the *Board of Directors of the Hospice & Palliative Care Federation of Massachusetts*; Phyllis Rotman, *Registry of Vital Records and Statistics*; Margaret Leoni, Vice President, *Regulatory Affairs, Massachusetts Extended Care Federation*; and Carol Silveira, Assistant Director and R.Gino Chisari, Deputy Executive Director, *Massachusetts Board of Registration in Nursing*.