

Expected Death

Pre Authorisation Template



Name

D.O.B

NHS number

I anticipate that the above named person is approaching the end of their life within the next few days or weeks and it is appropriate for the undertaker to remove the person from their place of care once dead.

GP or RGN signature.....

Name (print).....Role.....Date.....

*The GP or RGN should update Systmone clinical record with regard to assessment and authorisation at the earliest opportunity and update EPaCCS register **RED** last days page.*

Preference for Burial or Cremation:.....

* Name of Preferred Undertaker.....

Address.....

Contact number

* **IMPORTANT** :If the undertaker is situated out of the registered GP's practice area, please highlight this asap to the GP so that a plan for viewing the body PRIOR to removal can be made. Where necessary a local undertaker can be asked to look after the person until their GP has been able to view their body.

* Action for care staff to facilitate GP to view body when cremation is needed and the undertaker is out of area

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Are there any issues requiring that the persons death should be reported to the

Coroner's office? (Please refer to guidance document). **YES / NO**

If Yes, please advise the person's family of this as it will affect how soon the MCCD will be issued. They should be advised ask the GP practice when the medical certificate of cause of death (MCCD) can be available.

Any other Information (eg personal, cultural, social or faith based considerations relevant to care of the deceased person)):

Expected death - checklist for carers.

This form should be completed then given to the Undertaker and remain with the deceased person.

If there is any uncertainty about the correct actions to take, please contact GP surgery or District Nursing if they have been assisting with care or if outside surgery hours, ring NHS 111 to ask advice.

ABSENCE OF SIGNS OF LIFE

Breathing - stopped for at least 5 minutes

Responses - no response to verbal or physical stimuli e.g. pinching ear lobe.

Skin - exposed parts of the body begin to cool down and limbs stiffen

Pupils - become larger and don't respond to light

Nursing & Carers:

Switch devices off and remove the device e.g. syringe driver **(for return to source).**
Contents disposed of in accordance with controlled drugs policy.

Any catheter can also be removed.

Prostheses: (specify if known) pacemaker, implantable defibrillator, limb.

Jewellery on Patient:

Family members present:.....

Life extinct at: DateTime

Verified by: Name Designation:.....

Signature:.....

Please ensure that a copy of this document is transferred with the body to the Undertakers so that it is available to them and the GP.