**Assessment of competence for Registered Nurse Verification of Expected Death**

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| **Name of registered nurse** |  |
| **Name of trainer** |  |
| **Signature of trainer** |  |
| **Date of training** |  |

***Assessor Guidance***

* The competencies are a mixture of practical skills, knowledge and understanding.
* All criteria must be achieved during training to allow the candidate to progress to a minimum of two clinical observations in their normal practice.
* Clinical competency observations should be undertaken by a registered health professional who has already undertaken verification of death training and has been deemed competent to perform this role.
* Registered nurses (RNs) will self-assess at the completion of the two-observed clinical practice sessions that they feel competent to perform this skill independently.
* If the practitioner wishes to be observed on more than two occasions to achieve competency then this is acceptable.
* It is recommended that RNs reflect on this skill within their clinical practice at least annually during the appraisal process.

**COVID-19 GUIDANCE**

It may not be possible to be observed on 2 or more occasions before you are asked to undertake this procedure during the COVID-19 pandemic. Please remember that you will need to self-assess whether you feel confident enough to undertake this procedure. The NMC has put special indemnity measures in place for people working outside their normal scope of practice.

* <https://resolution.nhs.uk/2020/03/19/covid-19-and-business-continuity/>

**The following links may also offer some useful guidance:**

Care after death in hospital

<https://www.youtube.com/watch?v=d8iwR72L9u4&feature=youtu.be>

Care after death at home

<https://www.youtube.com/watch?v=IWe_mssTPzQ&feature=youtu.be>

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|  |  | **Criteria** | **Answer** | **Pass** | **Fail** | **Signature** |
| ***Theory Assessment*** | ***Standard 1 :* The registered nurse is aware of their role and associated guidance**  |
| (a) | Guidance for staff responsible for care after death |  |  |  |  |
| (b) | Guidance re RN verification of death |  |  |  |  |
| ***Standard 2:* The registered nurse is aware of the following definitions** |
| (a) | Who can recognise a death? |  |  |  |  |
| (b) | Who can verify a death? |  |  |  |  |
| (c) | Who can certify a death? |  |  |  |  |
| (d) | What is an expected death? |  |  |  |  |
| (e) | What is a sudden or unexpected death? |  |  |  |  |
| (f) | What is a sudden or unexpected death in a terminal period? |  |  |  |  |
| (g) | What are the indications for DNACPR and the correct completion of documentation? |  |  |  |  |
| (h) | What is the definition of the official time of death? |  |  |  |  |
| (i) | What is a death that requires coronial involvement? |  |  |  |  |
| ***Standard 3:* The registered nurse is aware of the medical and nursing responsibilities** |
| (a) | What are the four medical responsibilities? |  |  |  |  |
| (b) | What are the four nursing responsibilities? |  |  |  |  |

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|  |  | **Criteria** | **Comments / Feedback** | **Pass** | **Fail** | **Signature** |
| ***Observation*** | ***Standard 4:* The registered nurse understands the procedure for verification of a patient’s death** |
| (a) | How does the medical practitioner authorise registered nurse verification of death in your place of work? |  |  |  |  |
| (b) | There is a completed DNACPR/a ReSPECT form |  |  |  |  |
| (c) | The patient and associated clinical record is correctly identified |  |  |  |  |
| (d) | Infections, implantable devices and radioactive, implants are identified from the medical notes |  |  |  |  |
| (e) | To instigate the process for deactivation of implantable cardio defibrillator if not already de-activated |  |  |  |  |
| (f) | For universal infection control precautions |  |  |  |  |
| ***Standard 5:* The registered nurse is able to follow the procedure and carry out a patient examination to verify death** |
| (a) | How to position the patient for examination and verification of fact of death |  |  |  |  |
| (b) | What to do with tubes, lines, drains, patches and pumps |  |  |  |  |
| (c) | Palpates for the absence of radial pulse for one minute |  |  |  |  |
| (d) | Palpates for absence of a carotid pulse for one minute |  |  |  |  |
| (e) | Using a stethoscope locates the position of the apex beat and observes absence of a heart beat for one minute |  |  |  |  |
| (f) | Using the stethoscope osculates the chest for absence of chest sounds for one minute |  |  |  |  |

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|  |  | **Criteria** | **Comments / Feedback** | **Pass** | **Fail** | **Signature** |
| ***Observation*** | ***Standard 5:* The registered nurse is able to follow the procedure and carry out a patient examination to verify death** |
| (g) | Observes the chest for the absence of chest movement (raise and fall) |  |  |  |  |
| (h) | Using a light source, observes both pupils (if applicable) for a non-response to the light source |  |  |  |  |
| (i) | Observes both pupils (if applicable) for fixed and dilated status |  |  |  |  |
| (j) | Undertakes recommended pain stimuli of trapezium pinch |  |  |  |  |
| (k) | Throughout the whole procedure did the candidate demonstrate communication skills which were underpinned by the 6 C’s?*Care, Compassion, Courage, Communication, Commitment, Competence* |  |  |  |  |
| ***Discussion*** | ***Standard 6:* The registered nurse completes appropriate documentation in a timely way** |
| (a) | How to complete the verification of death form in the clinical notes |  |  |  |  |
| (b) | To record the time of death |  |  |  |  |
| (c) | To notify the doctor |  |  |  |  |
| ***Standard 7:*  The nurse knows how to support and provide appropriate information to the bereaved family and friends** |
| (a) | Understands the potential / actual emotional impact of a bereavement on the family and friends |  |  |  |  |

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|  |  | **Criteria** | **Comments / Feedback** | **Pass** | **Fail** | **Signature** |
| ***Discussion*** | ***Standard 7:*  The nurse knows how to support and provide appropriate information to the bereaved family and friends** |
| (b) | Can demonstrate how they would support the bereaved at the time of death |  |  |  |  |
| (c) | Understand the potential / actual impact on surrounding patients and residents in the communal setting |  |  |  |  |
| (d) | Can demonstrate how they would support surrounding patients / residents without breaching confidentiality |  |  |  |  |

**Name of Registered Nurse undertaking training:**

Name: ………………………………………………………………………….

**The R/N completed training on Verification of Death on:**

Date: ……………………………………………………………………………

**Training session undertaken by:**

Name of provider: ………………………………………………………………………………………………… Name of Trainer(s): …………………………………………………………………………………………………………

**Observation 1** occurred on the following :

Date: ………………………………………………… Was observed by: Name and Designation: ………………………………………………………………………………………………………………………………………….

**Observation 2** occurred on the following:

Date: …………………………………………………. Was observed by: Name and Designation: ……………………………………………………………………………………………………………………………………………

I (Name) ……………………………………………………………………… (Designation) ………………………………………………………………………………………………………………………………………………………………

**I have self- assessed as being competent to undertake the role of Verification of Death on:**

Date: …………………………………………………. Signature: ……………………………………………………………………………………………………………………………………………………………………………………………

(A copy of this form should be included in your personal training record/submitted to your organisation)