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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Verification of death form for adult deaths (by non- medical clinicians)**  **In the community leave this form with relatives for Funeral Directors and ensure it is photographed and emailed to patients GP. If OOH advice needed contact HCP line 01865 903830.**  **In Community Hospitals follow local procedure.**  **Copy of this form to be uploaded to EMIS.** | | | | | | | | | | | | | | | | | | |  |
| **Expected** | |  | | | | | | | | | **Unexpected** | | |  | | | | |  |
| **Time of death:** | | HH | | | | | | | MM | | | | **Date:** | |  | | | |  |
| **Patient location:** |  | | | | | | | | | | | | | | | | | |  |
| **Patient details** | | | | | | | | | | | | | | | | | | |  |
| **NHS no.** |  | | | | | | | | | | | | **Age** | |  | | | |  |
|  |  | | | | | | | | | | | | **Sex** | |  | | | |  |
| **Date of birth:** | DD | | | | MM | | | | | YYYY | | |  | | | | | |  |
| **Full name:** |  | | | | | | | | | | | | | | | | | |  |
| **Patient address:** |  | | | | | | | | | | | | | | | | | |  |
| **Next of kin:** |  | | | | | | | | | | | | | | | | | |  |
| **Contact details:** |  | | | | | | | | | | | | | | | | | |  |
| **GP name:** |  | | | | | | | | | | | | | | | | | |  |
| **GP address:** |  | | | | | | | | | | | | | | | | | |  |
| **The following criteria were present at (add time)** | | | | | | | | | | | | | HH | | | MM | | **Tick box** |  |
| Step 1 The patient has been in a collapsed state, with NO signs of life for a period of 15 minutes or more | | | | | | | | | | | | | | | | | |  |  |
| Step 2 There are NO palpable carotid or femoral pulses for 1 minute | | | | | | | | | | | | | | | | | |  |  |
| Step 3 There are NO cardiac sounds (listened with a stethoscope for 1 minute) | | | | | | | | | | | | | | | | | |  |  |
| Step 4 There are NO signs of spontaneous respiration by observation over 5 minutes | | | | | | | | | | | | | | | | | |  |  |
| Step 5 There are NO pupillary responses to light | | | | | | | | | | | | | | | | | |  |  |
| Step 6 NO response to trapezius squeeze | | | | | | | | | | | | | | | | | |  |  |
| An Advance decision uDNACPR has been authenticated (if applicable) | | | | | | | | | | | | | | | | | |  |  |
| **Brief history of patient condition and any cardia devices in situ:** | | | | | | | | | | | | | | | | | | |  |
| **If known:** | **Burial** | |  | | | **Cremation** | | | | | |  |  | | | | | |  |
| **Date GP contacted:** | DD | | | MM | | | YYYY | | | | | **Time:** | HH | MM | | |  | |  |
| **Name of family member/friend present or contacted:** | | | | | | | |  | | | | | | | | | | |  |
| **Name of the person completing this form (print):** | | | | | | | | **Signature** | | | | | | **Position** | | | | |  |
|  | | | | | | | |  | | | | | |  | | | | |  |