

## PRONOUNCEMENT OF DEATH IN LONG-TERM CARE RECOMMENDATIONS

These recommendations, and the *Most Responsible Provider (MRP) Notification of Death* form, were developed by the Long-term Care Initiative, in collaboration with the South Island Long-term Care Medical Advisory Committee and the Island Health Long-term Care Quality Council. We recommend that all care homes adopt the following definitions and guidelines to ensure an appropriate and consistent approach to the pronouncement of death in LTC.

**A NATURAL DEATH** A death that occurred as *the result of a natural disease process*, including sudden death due to disease.

- **Most deaths in long-term care (LTC) are considered natural or “expected”.** That is, it is not suspicious and is usually consistent with their known natural disease processes, age, circumstances leading to admission, and stage of life, even if no obvious decline was noted or there were no end-of-life orders in place.

### Nurse Actions

- **Pronouncement of death** is considered an **unrestricted activity, within the scope of practice, of an LPN/RN/RPN**, per BCCNM. It is the process of determining the absence of vital signs.
- The nurse **may pronounce without a pronouncement order** if permitted by facility policy.
- The nurse may **wait until regular business hours to notify the MRP** by fax or phone.

## AN UNNATURAL DEATH

A death that occurred as *the result of misadventure*, including homicide, accident, self-inflicted illness or injury, assault, medication, other treatment errors, complications attributable to an accident (recent or historical), *or the result of unknown circumstances*.

- Pronouncement of death may still be delegated to the nurse, at the discretion of the MRP.
- All unnatural deaths are **reportable to and must be certified by the Coroner**.

### Nurse Actions

- **Do not disturb** the body or environment.
- The nurse must **contact the MRP, or physician/nurse practitioner (NP) delegate** providing coverage, **immediately to discuss next steps**.
- The **pronouncement of death process can be delegated to the nurse**, at the discretion of the MRP/delegate, if permitted by facility policy.
- If the nurse is **unsure if the death is considered natural or unnatural** (and a call to the Coroner is being considered), **physicians/NPs prefer to be called first** to discuss the situation.

## MRP RESPONSIBILITIES & RECOMMENDATIONS

- Upon resident **admission, or subsequently, the MRP may order that the “nurse may pronounce death”.** This order should be **included with the completion of end-of-life orders**.
- The MRP/delegate is **expected to notify the Coroner of an unnatural death**.
- If the **MRP/delegate is unsure if the death is considered natural or unnatural**, they can **call the Coroner on-call** to discuss the situation; a call will not automatically lead to an investigation.
- Completion of the **Medical Certificate of Death is the responsibility of the MRP**, however, in some circumstances a physician/NP delegate may be required to complete the form (i.e., when religion requires a quicker funeral and the MRP is unavailable to complete the form in time).

**BC Coroners Paging Service (Island Region) #: 1.855.207.0637**

### References:

British Columbia College of Nurses & Midwives (BCCNM). (2021). *Acting within autonomous scope of practice*. Retrieved from <https://www.bccnm.ca/RN/learning/scope/awas/Pages/Default.aspx>

British Columbia Vital Statistics Agency (BCVSA). (2017). *Medical certification of death and stillbirth*. Retrieved from <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/vsa051.pdf>

Coroners Act, Revised Statutes of British Columbia (2007, c-15). Retrieved from [https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/07015\\_01](https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/07015_01)

# MRP Notification of Death Form

COMPLETE FORM & SEND TO MRP

## Use to Notify MRP of a LTC Resident Death

Date:	Time:	Resident Full Legal Name	
Sent by (Nurse):	<input type="checkbox"/> LPN <input type="checkbox"/> RNRPN	Resident DOB (YYYY/MON/DD)	Resident PHN (10)
		Y   Y   Y   Y   M   O   N   D   D	
From (Facility):	Facility Fax:		
To (MRP):	MRP Fax:		

Nature of Death	<input type="checkbox"/> Natural Death	<input type="checkbox"/> Unnatural Death
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Pronouncement of Death	Date	Time (24hr)	Family Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Coroner Contact <i>(not required, unless nurse called the Coroner)</i>	Coroner Called by Care Home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	<input type="checkbox"/> 1.855.207.0637 or: <input type="checkbox"/> _____ - _____ - _____
	Name of Coroner	Last Injury (date; if relevant)		
<b>BC Coroners Paging Service (Island Region) #: 1.855.207.0637</b>				

Place of Death	Location	<input type="checkbox"/> LTC Home (as above) <input type="checkbox"/> Other <i>(complete below only if death occurred outside of care home; exact or nearest address)</i>			
	Address	City/Town	Postal Code		

Health Representative	Phone
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Funeral Home	Name	Phone
	Fax	Phone

Nurse/Designate, please:
1. <b>FAX</b> the following forms to the MRP:
<input type="checkbox"/> MRP Notification of Death form <i>(this form; both sides)</i>
<input type="checkbox"/> Nursing & Physician Progress Notes <i>(if not on electronic health record; 24 hours prior to and including death)</i>
<input type="checkbox"/> PMHX <i>(Past Medical History)</i> , including a Problem List <i>(if available)</i>
2. <b>FILE</b> the completed form in the _____ section of the residents' chart: <input type="checkbox"/> COMPLETE

Additional Comments
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