

## 5.8 Death Pronouncement

### Key Points

1. The time of death often dictates the provider who pronounces the death.

Deaths often occur when primary team is unavailable (e.g., night); often the intern is the provider tasked with pronouncement. The death may be expected, with a DNAR order, or unexpected, following an unsuccessful “code.”
2. Prepare for death pronouncement by reviewing nature and course of illness and immediate situation.

Nursing staff can provide wealth of information concerning recent events, family response and dynamics, and special problems or concerns.
3. Initiate pronouncement procedures with special attention to the family relations.
  - Introduce yourself to family by your name and role (“I am Dr. ..., the doctor on call”) if the family does not know you.
  - Empathize with those present (“I am sorry for your loss; this is a difficult time.”)
4. Carefully follow the clinical protocol for death pronouncement.

Document death in chart with date, time, brief statement of cause of death, and other pertinent information.

  - Check ID bracelet and pulse.
    - Check pupils for position and response to light.
    - Note response to tactile stimuli in a respectful way. (No sternal rubs or nipple pinches.)
    - Look and listen for spontaneous respiration.
    - Listen for heart sound and feel for pulses.
    - Record time of death.
    - Offer to answer questions or to assist in contacting other resources.
    - Record information in chart: family present or informed; family response if indicated; notification of attending, pastoral care, social work, or others as appropriate; and name of pronouncing provider.
5. Families appreciate and respond to a respectful and kind approach to this final medical act.

If families should contact you later, take time to ask them how family members are doing, listen carefully, and respond with empathy.

# Death Pronouncement

## The Palliative Response



### Death Pronouncement

Circumstances of death

- May be expected with *Do Not Resuscitate* order
- May follow unsuccessful “code”

Time of death

- Can dictate provider tasked with pronouncement
- Death often occurs when primary team is unavailable (*e.g., night*)
- Often the intern is the provider available

### Preparation

- Prepare to answer simple questions
- Nursing staff can provide wealth of information

*Recent events*

*Family response and dynamics*

*Special problems or concerns*

- Assess immediate situation
  - Death expected or sudden?*
  - Family present or notified?*
  - Attending notified?*

### Assess

Additional Requirements

- Special status
  - Military category (service-connection status)*
  - Cause of death (e.g., Agent Orange)*
- Autopsy
  - Determine family request*
  - Consider value of autopsy*
- Faith tradition
  - Consider pastoral care contacts*
  - Honor requirements/procedures (autopsy, embalming, preparation of body)*

### Pronouncement Procedure

Relational Aspects

Enter

- Quiet, respectful attitude
- Ask nurse to accompany for introductions

Introduce

- “I am Dr. ..., the doctor on call”
- Determine relationships of persons present
- Inform family of purpose; invite to remain
- Offer to answer questions or to contact others

### Condolences

Empathize simply

- “I am sorry for your loss...”
- “This is a difficult time”

## Pronouncement Procedure

### Clinical Examination

- ID bracelet and pulse
- Pupils for position and response to light
- Response to tactile stimuli  
*Examine respectfully*  
*No sternal rubs or nipple pinches*
- Spontaneous respiration
- Heart sound and pulses
- Record time of death

## Follow-Up When You Are Patient's Physician

- Invite family to contact you over the next few days or months if questions arise or problems occur

## Follow-Up When You Are Physician on Call

- Assure family you will report death to the attending physician, whom they may contact with questions or concerns

## Death Note in Chart

- Date and time
- Name of provider pronouncing death
- Brief statement of cause of death
- Note absence of pulse, respiration, pupil response
- Note if family present or informed
- Note family response if indicated
- Note notification of attending, pastoral care, social work, or others as appropriate

## Death Certificate

- Locate sample death certificate on unit
- Complete marked sections
- Write neatly in black ink
- Begin again in case of error (cross-outs often not allowed)
- Do not use abbreviations

## Cause of Death

### Primary and Secondary

- Cardiopulmonary arrest should **not** be the primary cause on all certificates
- Example

*Primary:           Pneumonia*

*Secondary:       Advanced  
                          Alzheimer's  
                          Dementia*

## **Cause of Death**

Contributing but Not Primary

- List other illnesses possibly linked to patient's disability or service-connection (e.g., Agent Orange, Asbestosis)
- Documentation assists family to obtain benefits

## **Home Hospice Deaths**

- Nurse pronounces death
- Certificate sent to physician to complete
- Complete death certificates promptly so that families may apply for insurance benefits and complete other paperwork

## **Special Considerations**

Coroner's office

- Sometimes processes certificates for unexpected home deaths and ER deaths

Amended certificates

- In case of error on the certificate, appropriate clerical staff assists with processing amended certificate

## **Family Response**

Families appreciate and respond to a respectful and kind approach to this final medical act.

## **Family Contacts**

If families should contact you later

- Take time
- Inquire about family members
- Listen carefully
- Respond with empathy

## **Death Pronouncement**

The Palliative Response

Death pronouncement is the final medical act.

Handle with care.

# Death Pronouncement

## Selected Readings

Ellison, N. M. and J. T. Ptacek. "Physician Interactions with Families and Caregivers after a Patient's Death: Current Practices and Proposed Changes." *Journal of Palliative Medicine* 5 (2002): 49–55.

Magrane, B. P., M. F. G. Gilliland, and D. King. "Certification of Death by Family Physicians." *American Family Physician*, 1997: 1433–8.