

**DEATH CONFIRMATION PROFORMA**



Patient Label

Confirm cardio-respiratory death by observing patient for a minimum of **5** minutes.  
Consider longer of observation if unusual e.g. hypothermia, drug overdose etc.  
Use supplementary monitoring when attached to patient or clinically relevant

	<u>Minimum</u>		<u>Supplementary monitoring</u>	
<b>5 MINUTE OBSERVATION</b>	No heart sounds	<input type="checkbox"/>	Asystole on ECG	<input type="checkbox"/>
	No carotid pulse	<input type="checkbox"/>	Agonal ECG but no A-line trace	<input type="checkbox"/>
	No breath sounds	<input type="checkbox"/>	No cardiac motion on ECHO	<input type="checkbox"/>
	No breathing	<input type="checkbox"/>		

**THEN: BRAIN STEM TESTS**

No pupillary reflexes

No corneal reflexes

No response to pain (supra-orbital pressure)

**Time of Death:** \_\_\_\_\_ **Date of Death:** \_\_\_\_\_

Print Name: \_\_\_\_\_

Sign: \_\_\_\_\_ GMC No.: \_\_\_\_\_

					<b>Initials</b>
Referred to Procurator Fiscal:	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Post Mortem discussed:	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Post Mortem arranged:	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>
GP Informed:	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>
Death Certificate issued:	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>	<input type="checkbox"/>

**I a.** \_\_\_\_\_  
**b.** \_\_\_\_\_  
**c.** \_\_\_\_\_

**II.** \_\_\_\_\_