



HPC Teams^{for}
Central LHIN
A Partnership for Caring

Expected Death in the Home Protocol

EDITH

Guidelines

Hospice Palliative Care Teams for Central LHIN

May 16 2019

Expected Death in the Home Protocol Guidelines

Table of Contents

1. Overview	3
2. Legislation	3
3. Process	4
Appendix 1 – Do Not Resuscitate Confirmation Form	7
Appendix 2 – Do Not Resuscitate Medical Directive and Funeral Transfer Form	10

Expected Death in the Home Protocol

Guidelines

1. Overview

The Expected Death in the Home Protocol (EDITH) supports end of life care in the home and an individual's expressed wishes for no resuscitation when their heart stops beating or they stop breathing.

Expected death refers to when, in the opinion of the health care team, the patient is irreversibly and irreparably terminal; that is, there is no available treatment to restore health or the patient refuses the treatment that is available.

The EDITH Protocol supports the development of an end of life plan to identify the plan for pronouncement and certification of death in the home, to allow for the timely removal of the body to the funeral home. When the physician/Nurse Practitioner (NP), RN Extended Class supports the nurse pronouncing the death, the physician/NP agrees to visit the funeral home within 24 hours of the death to sign the death certificate or honour the arrangements made with the funeral home. This reduces the stress for the family when death occurs and supports physicians/NPs to care for end of life patients in the community setting.

The use of the EDITH protocol will reduce the inappropriate use of Emergency Services such as Police, EMS, Fire and the Coroner.

2. Legislation

The *Health Care Consent Act, 1996*, and the *Substitute Decisions Act, 1992*, allow patients to share their values, wishes and beliefs with their Substitute Decision Maker (SDM). Through this, the person can indicate the types of treatment he or she would like to be accepted or rejected in the event a person becomes incapable. If the person becomes incapable, these wishes would be interpreted by the person's SDM. Under the *Health Care Consent Act, 1996*, resuscitation is considered a treatment. There is no legal requirement to obtain a physician or NP/ written, telephone or verbal DNR order.

The Do Not Resuscitate Confirmation Form (DNR-C) may be completed by a health care professional (MD, NP, RN, RPN) to direct the paramedic and firefighter to not initiate CPR. They may administer therapies to provide comfort or alleviate pain in the event they are called to the home (See Appendix 1).

There is no legal definition of who is able to pronounce death. Nurses may pronounce death when death is expected.

Currently, in Ontario only the physicians and NPs that have primary responsibility for the deceased's care are able to determine the cause of death and sign the Medical Certificate of Death.

Expected Death in the Home Protocol

Guidelines

The College of Nurse of Ontario informs, “The Vital Statistics Act gives NPs authority to complete a Medical Certificate of Death in specific circumstances. NPs can complete a Medical Certificate of Death of the deceased when:

- the NP has primary responsibility for the deceased’s care
- the death was expected
- a documented medical diagnosis of a terminal disease had been made by a medical practitioner
- there was a predictable pattern of decline, and
- no unexpected events or complications arose.

An NP had primary responsibility for the deceased’s care when she or he had an established therapeutic nurse – client relationship with the client and provided care to the client either independently or as a member of a team of health care providers. NPs should not sign the Medical Certificate of Death for clients they did not care for, did not have contact with or did not know.”

Reference:

College of Nurses of Ontario, Issuing Medical Certificate of Death, NP Practice Resource, 2019, <http://www.cno.org/en/learn-about-standards-guidelines/educational-tools/nurse-practitioners/>

Office of the Registrar General, Ministry of Consumer and Business Services, Handbook on Medical Certification of Death Prepared for Registered Nurses (Extended Class), August 2010.

3. Process

A. Completion of the Expected Death in the Home Form

The Health Care Professional:

- Initiates the discussion regarding advance care planning with the patient and family and completes the first section of the form, indicating that the patient has an expressed wish for no resuscitation when their heart stops beating or they stop breathing.
- Contacts the physician or NP to discuss the plan for certification/pronouncement of death and to confirm their role.
- Confirms with the family that the funeral home has been contacted and is aware of the completion of the *Expected Death in the Home Form*.
- Documents the plan for pronouncement/certification of death and the funeral home information on the *Expected Death in the Home Form*.
- Signs and dates the form.

Expected Death in the Home Protocol

Guidelines

- Removes the Pink copy of the *Expected Death in the Home Form* and removes it from the home to fax to members of the health care team.
- Notifies all members of the health care team of the plan (usually by fax): at a minimum the physician or NP the Care Coordinator with the LHIN Home and Community Care - the Primary Nurse, HPC Teams Clinical Nurse Consultant and the funeral home.

The Primary Nurse is responsible for ensuring that the family knows whom to call when death occurs and in particular not to call 911.

When death occurs:

- The family follows the plan:
 - Contacts the physician or NP to certify death OR
 - Contacts the primary nurse to pronounce death.

Expected Death in the Home Protocol

Guidelines

B. Pronouncement of Death by the Primary Nurse

Nurse:

- Visits to pronounce death and support the family.
- Notifies the physician or NP of the patient's death, noting date and time of death and reminds the physician or NP to visit the funeral home within 24 hours.
- Notifies the funeral home of the death and arranges for removal of the body in keeping with the family wishes.
- Removes the yellow copy of the *Expected Death in the Home Form* and the In-Home Chart from the home to return to the nursing agency office.
- Leaves the white copy of the *Expected Death in the Home Form* and Medical Certificate of Death in the Home for the funeral home to take when they pick up the body.

Physician or NP:

- Signs the Medical Certificate of Death within 24 hours of death at the funeral home.

Funeral Home:

- Ensures the physician or NP completes the Medical Certificate of Death.

In the event the attending Physician or NP or his/her alternate are not available, the nurse will contact the On-Call Coroner for assistance. In some areas the On-Call Coroner can be contacted by calling 'Locating' at the local hospital and requesting the On-Call Coroner's telephone number.

Expected Death in the Home Protocol

Guidelines

Appendix 1 – Do Not Resuscitate Confirmation Form



XXXXXX

Do Not Resuscitate Confirmation To Direct the Practice of Paramedics and Firefighters *Confidential when completed*

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

Patient's name – please print clearly	
Surname	Given Name

1. **“Do Not Resuscitate”** means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
 - Chest compression;
 - Defibrillation;
 - Artificial ventilation;
 - Insertion of an oropharyngeal or nasopharyngeal airway;
 - Endotracheal intubation;
 - Transcutaneous pacing;
 - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) **will** provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

The signature below confirms with respect to the above-named patient, that the following condition (check one <input checked="" type="checkbox"/>) has been met and documented in the patient's health record.	
<input type="checkbox"/> A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.	
<input type="checkbox"/> The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.	
Check one <input checked="" type="checkbox"/> of the following:	
<input type="checkbox"/> M.D. <input type="checkbox"/> R.N. <input type="checkbox"/> R.N. (EC) <input type="checkbox"/> R.P.N.	
Print name in full	
Surname	Given Name
Signature	Date (yyyy/mm/dd)

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.

Expected Death in the Home Protocol Guidelines

Appendix 2 – Do Not Resuscitate Medical Directive and Funeral Transfer Form EXPECTED DEATH IN THE HOME FORM



EXPECTED DEATH IN THE HOME FORM

DO NOT RESUSCITATE MEDICAL DIRECTIVE AND FUNERAL HOME TRANSFER FORM	
Patient Name: _____ <small>(print)</small>	Date: _____
The signature below identifies the above named person (or their substitute decision-maker, if incapable) has confirmed their expressed wish that resuscitation is not included in the treatment plan.	
Health Care Provider's Name (print) _____	Signature _____
<input type="checkbox"/> RN <input type="checkbox"/> RPN <input type="checkbox"/> RN (EC) <input type="checkbox"/> MD	Date: _____
After Hours #1: _____ <small>(Applicable only to nurses or RPNs)</small>	After Hours #2: _____ <small>(Applicable only to nurses or RPNs)</small>
After Hours #3: _____ <small>(Applicable only to physicians)</small>	After Hours #4: _____ <small>(Applicable only to funeral homes)</small>

Funeral Home Information

Funeral Home: _____	Contact: _____
Tel #: _____	Fax #: _____

Pronouncement / Certification Plan

1. Physician will pronounce and certify death (in location: _____).
2. Nurse may pronounce death and Physician agrees to sign the Medical Certificate of Death at the Funeral Home within 24 hours of death.

Plan confirmed with Dr. _____ (Health Care Provider's Name/Title) Signature _____

Nursing Agency: _____ After Hours #1: _____ Date: _____
Agree to certify death at death

Pronouncement Information

Pronounced at home on _____ at _____
(Date - day/month/year) (Time)

by _____
(Name) (Address)

Dr. _____ notified at _____
(Doctor's name) (Date - day/month/year & time)

Funeral Home _____ contacted at _____
(Funeral Home's name/number) (Time - day/month/year)

Once death has been pronounced, this form will enable a funeral home to remove the deceased prior to signature of the Medical Certificate of Death. The Funeral Director will arrange with the Attending Physician for completion of the Medical Certificate of Death. In the event that the Attending Physician is not immediately available, his/her Alternate will be contacted. If no Physician can be contacted to certify death within 24 hours, the funeral home can contact the On Call Coroner for assistance. The On Call Coroner can be contacted by calling "locating" at the local hospital and requesting the Coroner's On Call telephone number.

It is requested that a Medical Certificate of Death be left attached to this form (not yet completed and unsigned by Physician). The DNR Confirmation Form must be completed in full, and signed to be set up by Paramedics/Firefighters.

White original – Funeral Home Yellow copy - Nursing Chart Expected Death in the Home Oct 2017
Pink copy – Fax to Health Care Team and Funeral Home

Expected Death in the Home Protocol

Guidelines

GUIDELINES - EXPECTED DEATH IN THE HOME FORM

Do Not Resuscitate Medical Directive and Funeral Home Transfer Form

Completion of EDITH Form

The Health Care professional who initiates the discussion re advanced care planning is responsible to complete the Expected Death in the Home (EDITH) form and notify the LHIN Home and Community Care, Care Coordinator, Physician or NP, Primary Care Nurse and the funeral home that the plan is in place. The original form is left in the In-Home Chart in the designated location.

Note: Nurse removes the Pink copy of form to fax to health care team members & the funeral home

Funeral Home Information

Health Care Professional:

- Confirms that the funeral home has been contacted, and is aware of the completion of the EDITH protocol.
- Completes this section on form.

Pronouncement/Certification Plan

Health Care Professional:

- Discusses the certification/pronouncement plan with the physician or NP to confirm the physician/NP role.
- Documents plan on the form and signs and dates form.
- Notifies all members of the health care team, including the funeral home, of the plan for pronouncement/certification.

Pronouncement Information

Health Care Professional:

- Documents date (dd/mm/yy), time, name and agency of person pronouncing.
- Documents name of physician or NP date (dd/mm/yy) and time they were notified.
- Documents name of funeral home, date (dd/mm/yy) and time they were notified.

In the event that the funeral home is unable to contact the attending Physician or NP, or the attending Physician or NP cannot certify death within 24 hours of death, the funeral home will contact the On-Call Coroner for assistance. The On Call Coroner can be contacted by calling 'Locating' at the local hospital and requesting the Coroner On Call's telephone number.

- | |
|--|
| <ul style="list-style-type: none">• White original – is to be retained by the funeral home.• Yellow copy – is to be retained in the nursing chart.• Pink copy – To be removed from the home by the Primary Nurse and faxed to all members of the health care team and the funeral home when the plan is put in place. |
|--|

White original – Funeral Home Yellow copy - Nursing Chart
Pink copy – Fax to Health Care Team and Funeral Home

Expected Death in the Home May 2010

Expected Death in the Home Protocol Guidelines

Appendix 3 – Process for Completion of Expected Death in the Home (EDITH) Form

