



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

Expected Death in the Home Protocol

EDITH

Guidelines

Hospice Palliative Care Teams for Central LHIN

Sep 2015

Expected Death in the Home Protocol Guidelines

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Expected Death in the Home Protocol

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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.¹

The EDITH Protocol supports the development of an end of life plan to identify the plan for pronouncement/certification of death in the home to allow for the timely removal of the body to the funeral home. When the physician supports the nurse pronouncing the death, the physician agrees to visit the funeral home within 24 hours of the death to sign the death certificate. This reduces the stress for the family when death occurs and supports physicians 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*, enable a capable person to create an advance directive. Through an advance directive, the person can indicate the kinds 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 directives would be interpreted by the person's substitute decision-maker (SDM). Under the *Health Care Consent Act, 1996*, resuscitation is considered to be a treatment. There is no legal requirement to obtain a physician's written, telephone or verbal DNR order.²

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

Currently, in Ontario only physicians and Nurse Practitioners (RN Extended Class) who are familiar with the patient are able to determine the cause of death and sign the medical Certificate of Death.

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

¹ College of Nurses of Ontario, Practice Guideline: Guiding Decisions About End of Life Care, 2009

² Ibid.

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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 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 *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.
- 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: at a minimum the physician, the CCAC Care Coordinator, the Primary Nurse, HPC Teams CNC and the funeral home on the plan (usually by fax).

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

When death occurs:

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

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B. Pronouncement of Death by the Primary Nurse

Nurse:

- Visits to pronounce death and support the family.
- Notifies the physician of the patient's death, noting date and time of death and reminds the physician 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 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:

- Signs the Medical Certificate of Death within 24 hours of death at the Funeral Home.

Funeral Home:

- Ensures the physician completes the Medical Certificate of Death.

In the event the Attending Physician or his/her alternate are not available, the nurse 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 On-Call Coroner's telephone number.

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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.

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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 CCAC Care Coordinator, Physician, 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 Pink copy of form to fax to Health Care Team Members & 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 to confirm the physician 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, 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 the Attending Physician 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.

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| <ul style="list-style-type: none">• White original – is to be retained by the Funeral Home.• Yellow copy – is to be retained in 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. |
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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

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

