



POLICY AND PROCEDURE

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HOME:	Caressant Care Nursing & Retirement Homes Ltd	DEPT:	Nursing, Practice
SUBJECT:	Death of a Resident – Registered Staff Role		
EFFECTIVE DATE	SUPERCEDES	ISSUING AUTHORITY	
March, 2003	All Others	Corporate	

POLICY:

Registered Staff in Caressant Care facilities are supported in pronouncing death when such action is agreeable to the Medical Advisor. Where the Medical Advisor maintains the practice of pronouncing, Registered Staff will assume responsibility for other tasks when death of a resident occurs.

DEFINITIONS:

Expected Death

Death is expected when the health care team is of the opinion that the resident is irreversible and irreparably terminally ill, there is no treatment that will restore health and that death is anticipated by the health care team.

Pronouncing Death

Declaring that death has occurred.

Health Care Team

Physician(s), nursing staff, resident, family and/or representative. It may include other health care professionals.

PROCEDURE:

1. When the health team determines that death is expected the nurse will document this fact on the progress notes and initiate palliative care interventions as documented on the resident care plan.
2. The resident's care plan will be updated to include:
 - Religious and cultural beliefs held by the resident, values about death and treatment of the body following death
 - Family wishes for viewing the body after death
 - Family member to notify of deterioration in condition and when death occurs
 - Who will contact the representative/family (i.e. physician or nurse)
 - The physician responsible for pronouncing and/or signing the death certificate
3. When death occurs, the Charge Nurse will determine that death has occurred by checking for absence of an apical pulse and cessation of respirations.
4. If the physician is responsible for pronouncing death, notify the physician as soon as possible.
5. If the nurse is responsible for pronouncing the death, notify the physician as soon as possible.
6. Obtain an order from the physician to release the body to the funeral home, as well as to destroy medications.



HOME:	Caressant Care Nursing & Retirement Homes Ltd.	DEPT:	Nursing
SUBJECT: Death and Dying		ISSUING AUTHORITY Corporate	
EFFECTIVE DATE: March, 2003	SUPERCEDES: October, 1989	REVIEW DATE: August, 2013	

PHILOSOPHY:

Our philosophy on Death and Dying is an extension of our philosophy of resident Care, which is to support each individual in the areas of physical, and psychological and spiritual needs. We believe that all persons should be allowed the dignity of remaining in familiar surroundings with support of family, clergy and staff at the end of life.

POLICY:

Extraordinary measures are not encouraged when the condition of the resident is considered, by the physician, to be in the terminal phase. We recognize the importance of allowing death to occur with dignity and comfort where death is imminent.

OBJECTIVES:

1. To assess and meet the changing daily needs of each individual resident during the dying process.
2. To ensure maximum comfort and dignity – recognizing our limitations both physical and personal.
3. To offer support to residents and their family in order that their wishes be fulfilled and needs met with the utmost dignity and respect.
4. To encourage pre-arranged funerals to allow for quality time near the end of life.
5. To support family and friends by offering support and necessary amenities during the final hours.
6. To ensure dignified care of the resident's body after death and their personal belongings.