

### Record of Verification of Death

Patient name & address (or addressograph label):	Date:
	Ward:
	Consultant:
Date Of Birth:	

The above patient has been examined on behalf of Mr/Dr ..... today and I have determined that no further interventative treatment is appropriate and death is imminent. I, therefore, authorise a nurse designated by the Trust to verify death and at a time as soon as practicable following the death, inform the consultant or member of this team that death has occurred.

Date:	Name:
Date review:	Signature:
	Designation:

The above record must be updated at least on a weekly basis to reflect changes in the patients condition or treatment.

I ..... have examined the above patient at ..... hrs, on ..... and verify that death has occurred. This was witnessed and confirmed by .....

	Designated Nurse	Accompanying Nurse
No breath sounds for 1 min.		
No carotid pulse for 1 min.		
Fixed and dilated pupils with no reaction to light.		

Dr ..... informed at ..... on ..... and requested that a death certificate to be issued.

Death certificate issued by Dr .....

Relatives informed by ..... on ..... at .....