

	TEST	QUESTION	OBSERVATION (The answer must be NO for 1-4, and YES for 5)	COMMENT
1.	PAIN	Is there a response to painful stimuli?		<i>There should be no spontaneous movement. Disconnect Oxygen and masks</i>
2.	RESPIRATION	Is the patient breathing? <ul style="list-style-type: none"> • Observe for ONE whole minute • Open and observe patients airway and chest • Check for any respiratory effort by looking, feeling, listening for breathing 		<i>Occasional agonal gasps can be seen. Wait for these to subside Movement of the body might produce a transfer of air through the vocal cords, but these are not breaths.</i>
3	PULSE	Is there a pulse? <ul style="list-style-type: none"> • Feel for the Carotid pulse • For ONE whole minute 		<i>The carotid pulse is best felt in the side of the neck at the upper level of the thyroid cartilage (Adam's apple)</i>
4	HEART SOUNDS	Are there any audible heart sounds? <ul style="list-style-type: none"> • Listen at the apex using a stethoscope • For ONE whole minute 		<i>This might be difficult in a noisy environment. Concentrate, hold your own breath. If the 'apex' is not readily accessible, listen in the Aortic area which is the second intercostal space immediately to the right of the breast bone (sternum)</i>
5	PUPILS	Are both the pupils fixed and non-reactive? <ul style="list-style-type: none"> • Use a bright pen torch • In each eye • Repeat to make sure 		<i>The pupils may not be equal. They may not be dilated. But they must be fixed (on direct observation - you may have to open their eyes) and there is NO reaction to shining a bright light.</i>

Statement

1. I have verified that the answer to all the above five tests are correct
2. I confirm that on examination of (Name of person)death has been confirmed at(Time)....on..... (Date).....
3. I have informed (Name of Doctor).....at..... (Date and time).....
4. Persons present at time of death (list below, and relationship)
5. I have made arrangements in line with the RHN policy and procedure in time of death.

Name: (Print)

Signature:

Date:

[All involved staff to refer to relevant RHN Policies]