

Home Health VNA, Inc.

SUBJECT: DEATH IN THE HOME/PRONOUNCEMENT

- PURPOSE:
1. To delineate a process for the provision of care for patients whose death has occurred in the home.
 2. To ensure proper and timely notification of expected and unexpected deaths in the home to legal and medical personnel.
 3. To facilitate the removal of the deceased from the home setting to the funeral home.

Policy

According to the General Laws of Massachusetts and New Hampshire, a Registered Nurse licensed by the Board of Registration in Nursing in these states, employed by Home Health VNA, in the absence of the attending physician or medical examiner, may make the determination and pronouncement of death for patients who were actively receiving HHVNA services and who have a current DNR order in place. Patients who may be pronounced by the Registered Nurse include those whose death is anticipated.

Special consideration for children under the age of 18 years old:

Massachusetts: The Medical Examiner **must** be notified in the case of the death of a child less than 18 years of age. The 24-hour telephone number is (617) 267-6767.

New Hampshire: The Medical Examiner shall investigate the death of a child under the age of 18 years unless the child is known to be terminally ill from natural disease or congenital anomaly and the death is expected. For Rockingham County, the Rockingham County Sheriff must be notified at (603) 679-2225 and for Hillsborough County, the New Hampshire State Police must be notified at (603) 271-1154.

A. PRONOUNCEMENT ORDER

1. When it has been established that a patient wishes to die at home, the clinician will contact the attending physician and obtain the following information:
 - a) The medical plan of treatment and prognosis
 - b) A “Do Not Resuscitate” order
 - c) An order for pronouncement of death at home
2. The clinician will document in the EMR that an advance directive is present.
3. The appropriate state “Do Not Resuscitate” form, or the appropriate MOLST or POLST form if it contains the DNR status signed by both the patient/agent and physician are recognized as valid DNR orders. The signed MOLST/POLST form documents the patient’s decisions about

life-sustaining treatments by converting them into standardized, actionable medical orders. (Refer to Policy #2035 – Medical Orders for Life-Sustaining Treatment).

4. The “Pronouncement Order” is received from the physician and then added to the patient’s plan of care/physician’s orders. It is sent to the physician for signature. All subsequent orders are written as part of the 60-day plan of care/physician’s orders.
5. The clinician will discuss with the patient/legal representative and primary caregiver the anticipated death and plans for when death at home occurs. Discussion will include:
 - a) Contact with designated funeral home
 - b) Maintaining a current DNR order in the patient's home according to their state’s regulations. The location of the order in the home will be documented in the medical record. Other providers and agencies will be made aware of where the DNR order can be found in the home.
 - c) The family/caregiver will be instructed to call Home Health VNA at the time of the patient's death to make arrangements for pronouncement

B. ANTICIPATED DEATH AT HOME

1. The Registered Nurse will discuss with the patient/significant other the anticipated death and process to follow at time of death. The nurse will encourage the patient/significant other to make funeral arrangements in advance, to ensure that the patient's wishes are acknowledged and respected, as well as to prevent the need for decision-making at the time of death. The Registered Nurse may request a MSW referral to assist with emotional support and planning for the patient’s death in the home.
2. As part of the pronouncement process, the Registered Nurse will assess the patient for the following:
 - a) absence of pupil reaction to light
 - b) absence of spontaneous respirations
 - c) absence of apical pulse
3. The Registered Nurse will notify the physician after the pronouncement of death.
4. For **Massachusetts** patients, the form for pronouncement of death is the Pronouncement of Death Form by the Registry of Vital Records and Statistics in the Commonwealth of Massachusetts. It is completed according to the instructions on the reverse side of the form. For **New Hampshire** patients the form completed for the pronouncement of death is the Certificate of Death. Only Sections 14-31 and items 46 are to be completed by the Registered Nurse according to the instructions on the back of the form. The time of pronouncement is the official time of death.
5. Post mortem care is provided (refer to agency procedure - “Post Mortem Care in the Home”). The Registered Nurse may remain in the home and provides support to the caregiver/family until the deceased is removed from the home.
6. The Registered Nurse or designated family member will contact the funeral home.

7. The completed pronouncement form will be given to the funeral director by the Registered Nurse or designated family member prior to removing the deceased from the home.
8. The physician/medical examiner is responsible for completing the death certificate in both MA and NH. **Note:** The deceased cannot be transported across county lines without a medical examiner or physician-completed death certificate.
9. The nurse will document in the electronic medical record (EMR) the following information:
 - a) Time of telephone call informing the agency of the death in the home and name of person who placed the call.
 - b) The events that occurred at the home visit including time and circumstances of death, absence of pupil reaction, absence of spontaneous respirations, and absence of apical pulse
 - c) All communications, post mortem care, completion of the pronouncement form as required.
 - d) Disposition of the body.

C. UNANTICIPATED DEATH

1. If the circumstances surrounding the cause of death are unanticipated, the Registered Nurse will not perform the death pronouncement, even if there is a DNR order in place.
 - a) The Registered Nurse will immediately notify his/her supervisor or manager or the on-call supervisor/manager of the death.
 - b) The supervisor/manager will direct the Registered Nurse to call 911 to report an unanticipated death, and to notify the physician of the situation.
 - c) The Registered Nurse will remain in the home until the caregiver/family member is present and/or until the emergency responders arrive. Provide support for caregiver/family as needed.
 - d) The nurse will document in the electronic medical record (EMR) the following information:
 - i. Time of telephone call informing the agency of the death in the home and name of person who placed the call.
 - ii. The events that occurred at the home visit including time and circumstances of death, absence of pupil reaction, absence of spontaneous respirations, and absence of apical pulse
 - iii. All communications, post mortem care, completion of the pronouncement form as required.
 - iv. Disposition of the body.
 - e) An agency incident report will be completed in the agency incident reporting system.

References:

1. MGL Chapter 46; Section 9
2. NH RSA Chapter 290; Section 1-b

Related policies:

1. Policy #2034 – Do Not Resuscitate (DNR) Order
2. Policy #2035 – Medical Orders for Life-Sustaining Treatment
3. Procedure – Post Mortem Care in the Home

Responsibility: Nursing Staff

Distribution: Leadership

Nature of Change	Revised in entirety.
CCO Signature	_____ / ____ / ____ Date
CEO Signature	_____ / ____ / ____ Date