

Confirmation of Death Recording Template

Section 1 – Patient’s details: Attach addressograph label or complete below			
Circle as appropriate: Consultant /hospital/GP practice:	First name:		Last name:
	CHI number:		Date of birth: / /.....
	Permanent address: (NB this may not be the place of death)		
Post code:			
Section 2 - Clinical signs - observations and examination over minimum of 5 minutes			Tick when absence is confirmed
Absence of carotid pulse over one minute confirmed AND			
Absence of heart sounds over one minute confirmed AND			
Absence of respiratory sounds/effort over one minute confirmed AND			
No response to painful stimuli (e.g. trapezius squeeze) confirmed AND			
Fixed dilated pupils (unresponsive to bright light) confirmed?			
Date and time clinical signs noted to be absent		Date: /..... /.....	Time: : (24 hr)
Section 3 - Place of death and witness			
Place of death (address)			
Person present at death /person who found the deceased* (delete as appropriate).	Name: Contact details: Relationship to the deceased person:	Approximate time of death estimated by witness Date: / /..... Time: : (24 hr)	
Section 4 - Clinical information: to the best of your knowledge and belief			
Is there a potential risk of transmission of infection?		Yes /Unknown/ No	
Is the use of a body bag required as per infection control policy?		Yes /Unknown/ No	
Are there any known hazards, e.g. indwelling medical devices, or equipment remaining with the deceased?	Yes/Unknown/No	If Yes – give details:	
Section 5 - Communication (a summary can be provided here; more significant communication should be recorded in the patients notes)			
Next of Kin present? - Yes/No	If not present, have they been informed? - Yes/No		
If Next of Kin not informed, detail reasons why:			
Name of Person Informed			Date: / /.....
Relationship to Patient			Time: : (24 hr)
Contact Details (phone)			
Professionals informed: GP / Consultant / Out of hours / Community Team / Funeral Director /Other (Circle as appropriate)	Name/details of professionals informed:		Date: / /..... Time: : (24 hr)
Are you aware of any factors that may indicate need to report this death to Police Scotland / Procurator Fiscal?	Yes/ No	If Yes – Inform Dr and give details: Name of Dr informed: Date:/ /..... Time: : (24 hr)	
Section 6 - Registered healthcare professional confirming death			
Name (Block Capital):		Designation:	
Signature:		Date: /..... /.....	Time: : (24 hr)