

APPENDIX 2 CONFIRMATION OF DEATH FORM

Section 1 – Patient’s details: Attach addressograph label or complete below									
Circle as appropriate Hospital /Consultant / Ward /GP practice:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">First name:</td> <td style="width: 50%; padding: 2px;">Last name:</td> </tr> <tr> <td style="padding: 2px;">CHI number:</td> <td style="padding: 2px;">Date of birth:</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Permanent address (NB this may not be the place of death)</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Post code</td> </tr> </table>	First name:	Last name:	CHI number:	Date of birth:	Permanent address (NB this may not be the place of death)		Post code	
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CHI number:	Date of birth:								
Permanent address (NB this may not be the place of death)									
Post code									

Section 2 - Clinical Signs - Observations & 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 hour)

Section 3 - Place of death & 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: :

Section 4 - Clinical Information (circle as appropriate)		
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:/...../..... Time: :	
Relationship to Patient			
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: :
Is there a requirement to inform Police Scotland / Procurator Fiscal?	Yes/No	If Yes – give details:	

Section 6 - Registered Healthcare Professional Confirming Death		
Name (Block Capital):	Designation:	
Signature:	Date:/...../.....	Time::

Document to be retained in the records of the RHCP

Warning – Document uncontrolled when printed	
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