

Department of Health
Nursing Care Quality Assurance Commission

Advisory Opinion

The Nursing Care Quality Assurance Commission (NCQAC) issues this advisory opinion in accordance with WAC 246-840-800. An advisory opinion adopted by the NCQAC is an official opinion about safe nursing practice. The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the NCQAC. Institutional policies may restrict practice further in their setting and/or require additional expectations to assure the safety of their patient and/or decrease risk.

<i>Title:</i>	Determining, Pronouncing, and Certifying Death	<i>Number:</i> NCAO 23.00
<i>References:</i>	RCW 18.79 Nursing Care WAC 246-840 Practical and Registered Nursing Interactive Scope of Practice Decision Tree	
<i>Contact:</i>	Deborah Carlson, MSN, RN Nursing Practice Director	
<i>Phone:</i>	360 236-4703	
<i>Email:</i>	NursingPractice@doh.wa.gov	
<i>Effective Date:</i>	September 11, 2020	
<i>Supersedes:</i>	Determination and Pronouncement of Death (January 31, 1997)	
<i>Approved By:</i>	Nursing Care Quality Assurance Commission	

Conclusion Statement

The Nursing Care Quality Assurance Commission determines it is within the scope of practice of the appropriately prepared and competent licensed practical nurse (LPN), registered nurse (RN), and advanced registered nurse practitioner (ARNP) to determine and pronounce death, using assessment of the obvious, presumptive, or conclusive signs of death. It is not within the scope of the nursing assistant-registered (NA-R) or the nursing assistant-certified (NA-C) to determine or pronounce death. It is within the scope of the ARNP to certify death ([RCW 70.58](#)). It is not within the scope of the LPN or RN to certify death. The Nursing Care Quality Assurance Commission recommends the nurse use the [Interactive Scope of Practice Decision Tree](#).

Background and Analysis

[RCW 18.79.240](#) allows the RN to determine and pronounce death. [WAC 246-840-830](#) identifies the requirements for the RN to determine and pronounce death. RCW 18.79 and WAC 245-840 do not address settings. The laws and rules do not specifically address whether the LPN can determine and pronounce death but does not explicitly prohibit the LPN from pronouncing or determining death. The LPN or RN may accept orders regarding care of the patient from an [authorized health care practitioner](#).

A death occurring within a health facility and may be managed differently than death that occurs outside a health care facility. There are sections of legislation and regulation that may be relevant to the process of pronouncement death in a specific practice setting. There may be other applicable legislation and

regulations of a death occurs outside a health care facility. Centers for Medicare and Medicaid Services (CMS) regulations or other federal regulations may apply. Accreditation standards (e.g. Joint Commission) may also apply. Washington state facility laws do not specify how death is pronounced or how a body is removed.

[WAC 246-840-830](#) requires the following for the RN to determine and pronounce death:

- There must be written policies and procedures related to the determination and pronouncement of death in the organization where the nurse is employed, or works under contract provided:
 - The decedent was under the care of a health care practitioner qualified to certify cause of death;
 - The decedent was a patient of the organization with which the nurse is associated; and
 - There is a DNR or POLST in the decedent's record when the decedent was assisted by mechanical life support systems at the time of determination and pronouncement of death.
- The nurse who assumes responsibility must be knowledgeable of the laws and regulations regarding death and human remains that affect the nurse's practice of this responsibility, including those specific to the setting in which they are employed, or under contract:
- The nurse who assumes responsibility must:
 - Perform a physical assessment of the patient's condition;
 - Ensure that family, the patient's primary care practitioner, and other appropriate caregivers are notified of the death;
 - Document the findings of the assessment and notification in all appropriate records.

Relevant state laws and rules include (but not limited to):

- [Chapter 70.58 RCW Vital Statistics](#)
- [Chapter 68.50 RCW Human Remains](#)
- [Chapter 70.02 RCW Medical Records – Health Care Information Access and Disclosure](#)
- [Chapter 72.23 RCW Public and Private Facilities for the Mentally Ill](#)
- [Chapter 72.40 RCW State Schools for Blind, Deaf, and Sensory Handicapped](#)
- [Chapter 70.245 RCW Washington Death with Dignity Act](#)
- [Chapter 388-76-10225 WAC Adult Family Home Minimum Licensing Requirements](#)
- [Chapter 388-78A-2640 WAC Assisted Living Facility Licensing Rules](#)
- [Chapter 388-97-0160 WAC Nursing Homes](#)
- [Chapter 246-335 WAC In-Home Services Agencies](#)
- [Chapter 110-300-0475 WAC Foundational Quality Standards for Early Learning Programs](#)

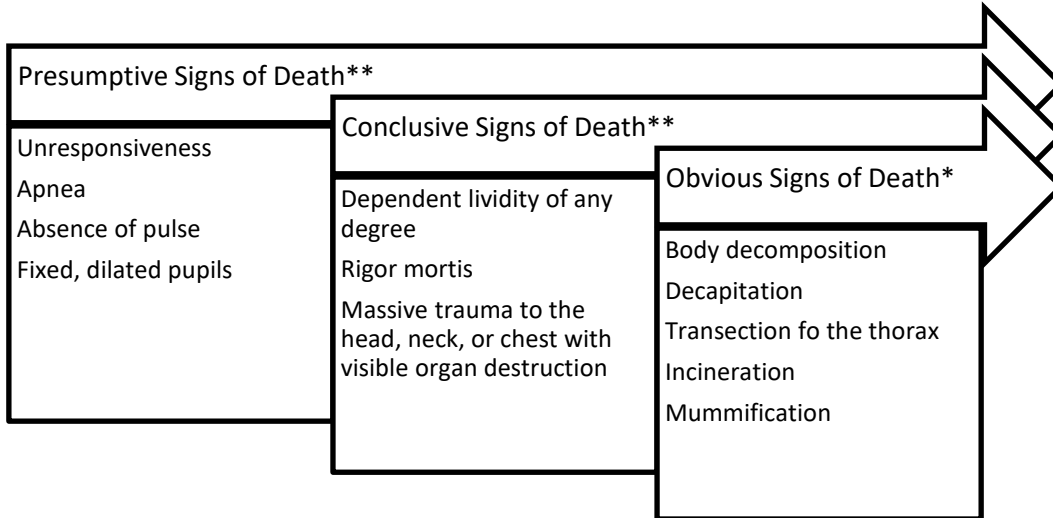
Recommendations

Pronouncement of death is often done to provide assurance and support to family and to verify that this was an expected, natural death. It is appropriate for the nurse to perform a final assessment and pronounce death as a natural continuation of compassionate and timely nursing care. In some circumstances (such as an unexplained or unexpected death), the medical examiner, coroner and/or law enforcement must be notified prior to release of the body. The commission recommends the following:

- Organizations establish policies and procedures, seeking legal advice, to ensure consideration of relevant legislation and regulation when developing processes to support nurses in pronouncing and determining death.
- Employers should access assistance from legal services to consider relevant legislation and regulation when developing policy or processes in the pronouncement of death.
- The nurse should include expected death and actions in the nursing care plan considering organizational policies and procedures and legal requirements specific to the setting.
- The nurse should notify the most responsible health care practitioner as soon as possible so care and removal of the body can occur according to the organization policies and procedures.
- The nurse should take appropriate clinical action when the death of the patient is unexpected and immediately notify the most responsible health care practitioner and the medical examiner, coroner, and/or law enforcement, if required by law, rule, or organization policies and procedures.
- The nurse should assess family needs and help identify resources and support systems for assistance in cases of expected or unexpected death.
- The nurse must care for the body of the deceased in a sensitive, respectful and compassionate manner:
 - Respect the cultural and religious beliefs of families and loved ones.
 - Support the family with funeral arrangements and transfer of the body.
 - Remove medical equipment or drains (except for autopsy cases).
 - Assist with post-mortem tissue or sample procurement.
 - Assist with processes for organ or tissue transplantation.
- The nurse should document appropriately including:
 - Time of death or time of discovery;
 - Health care practitioner's name who pronounced death if other than the nurse completing the documentation;
 - Start and end time of resuscitation attempts, if initiated;
 - Post-mortem care;
 - Whether medical equipment was removed or left in place;
 - Disposal of medication and/or equipment;
 - List of belongings and name of family member, or other, who accepted the belongings, and/or list of belongings left with the patient;
 - Disposition of the body, telephone number, and address of the funeral home or other site the body was transferred to;
 - Family members and others who were present at the time of death and/or note the name of the person who notified and viewed the body;
 - Emotional support, care, and education given to the family or friends.
- The nurse should assist with the safe disposal or return of medication and equipment.
- The nurse should evaluate and reflect on their own emotions and fitness to practice following a patient's death, and access support services as needed.

Determining and Pronouncement of Death by Physical Assessment:

Death is determined using clinical criteria based on direct, measurable observation, or examination of the patient. Expected death implies the death of the patient was anticipated and planned for with a written and documented plan. Nurses who pronounce death must understand the signs of death including the obvious, presumptive, and conclusive signs of death (American Heart Association):



*It is not recommended to attempt resuscitation on anyone with obvious signs of death

**It is not recommended to attempt resuscitation on anyone who has all presumptive signs of death with at least one conclusive sign of death

The nurse should immediately implement emergency resuscitation procedures until directed by an [authorized health care practitioner](#) in the absence of a “Do Not Attempt Resuscitation (DNR)”, Health Care Advanced Directive, or Physician’s Order for Life-Sustaining Treatment (POLST). Exceptions apply in the case of an obvious (signs incompatible with life) or conclusive death, or in cases of exposure of the rescuer to injury (unsafe scene, hazardous environment, or threat to the rescuer).

Certifying Death by the ARNP

There is a distinction between pronouncing death and certifying death. The ARNP may certify death following [RCW 70.58](#).

Conclusion

It is within the scope of practice of the appropriately prepared and competent licensed practical nurse (LPN), registered nurse (RN), and advanced registered nurse practitioner (ARNP) to determine and pronounce death, using assessment of the obvious, presumptive, or conclusive signs of death. It is not within the scope of the nursing assistant-registered (NA-R) or the nursing assistant-certified (NA-C) to determine, or pronounce death. It is within the scope of the ARNP to certify death ([RCW 70.58](#)). It is not within the scope of the LPN or RN to certify death.

References

American Heart Association: Criteria for Not Starting Cardiopulmonary Resuscitation: <https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/part-3-ethical-issues/?strue=1&id=4-1-1>

College of Association of Registered Nurses of Albert – Pronouncement of Death Guidelines for Regulated Members: https://www.nurses.ab.ca/docs/default-source/document-library/guidelines/pronouncement-of-death.pdf?sfvrsn=b54c360d_10

Schub, T. and Woten, M. (May 2018). Assisting with Death Determination in Adult Patients Continuing Education Module

Washington State Department of Health Webpage – How to Report Cause of Death: <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/DataReportingandRetrieval/ReportCauseofDeath>