

Expected Death in the Home Protocol

E.D.I.T.H. Guidelines

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Overview

The Expected Death in the Home (EDITH) Protocol supports end-of-life care and a planned death in the home based on an individual's expressed wish for no resuscitation when their heart stops or they stop breathing. Expected death refers to when, in the opinion of a health care team, the patient is irreversibly and irreparably terminally ill, there is no available treatment to restore health, or the patient refuses the available treatment (1).

The EDITH Protocol supports the development of an End of Life Plan to identify the process for pronouncement/certification of death in the home to allow for the timely removal of the deceased to the funeral home. When the physician or Nurse Practitioner (NP) supports the nurse in pronouncing the death, the physician/NP agrees to provide the funeral home with a completed Death Certificate (this may involve a visit to the funeral home) within 24 hours of death. This reduces stress for the family when death occurs and supports physicians and NPs in caring for end-of-life patients in the community setting.

Implementing the E.D.I.T.H. protocol will reduce the unnecessary use of Emergency Services such as police, Emergency Medical Services, firefighter and Coroner.

Legislation

The *Health Care Consent Act of 1996*, and the *Substitute Decision Act of 1992*, enable a capable person to express their goals of care related to treatment and planning for their preferred location of death. If the person becomes incapable, the person's substitute decision-maker would interpret these goals of care. Under the *Health Care Consent Act 1996*, resuscitation is considered a treatment. There is no legal requirement to obtain a physician's written, telephone, or verbal order for Do Not Resuscitate (DNR) (2).

There is no legal definition of who can pronounce death. Nurses may pronounce death when death is expected.

Currently, in Ontario, only physicians and Nurse Practitioners are able to determine the cause of death and sign the Medical Certificate of Death.

The **Do Not Resuscitate Confirmation Form – DNR C** may be completed by a health care professional (MD, RN, RPN) to direct paramedics and firefighters not to initiate cardiopulmonary resuscitation (CPR). They may administer therapies to provide comfort or alleviate pain in the event they are called to the home. (Appendix 2).

Process

A. Planning and Completion of the Expected Death in the Home Form

The Health Care Professional:

- Initiates the discussion regarding advanced care planning with the patient and family and completes the first section of the form, indicating that the patient has an expressed wish for no resuscitation when their heart stops beating, or they stop breathing
- Educates the family on who to call when death occurs (i.e., do **NOT** call 911)
- Contacts the physician or NP to discuss the plan for certification/pronouncement of death
- Confirms with the nursing agency that they are aware and agree to support pronouncement and the Expected Death in the Home Protocol
- Confirms with the family that the funeral home has been contacted and is aware of the completion of the Expected Death in the Home Form
- Documents the plan for pronouncement /certification of death and funeral home information on the Expected Death in the Home Form
- The health care professional who initiated the process/discussion will sign and date the form
- Shares a copy of the Expected Death in the Home Form with health care team members (Ontario Health atHome, physician/NP, nursing agency) and Funeral Home
- Leaves a copy of the completed Expected Death in the Home Form in the home

B. When a death occurs:

Nurse:

- Visits to pronounce the death and supports the family
- Notifies the physician or NP of the patient death, noting the date and time of death, and reminds the physician or NP to provide the Funeral home with the signed Death Certificate within 24 hours
- Notifies the Funeral Home of death and arranges for transport of the deceased in keeping with family wishes
- Removes yellow copy of the Expected Death in the Home Form and the In-Home Chart from the home
- Leaves a completed copy of the Expected Death in the Home Form and Medical Certificate of Death in the home for the Funeral Home
- Notifies Ontario Health atHome

Physician:

- Signs the Medical Certificate of Death and make the completed certificate available to the Funeral Home within 24 hours of death

Funeral Home:

- Ensures the physician completes the Medical Certificate of Death
- If the Attending Physician or their alternate is unavailable, they will contact the On-Call Coroner for Assistance. The On-Call Coroner can be contacted by calling "Locating" at a local hospital and requesting the On-Call Coroner's telephone number

<https://www.ontario.ca/page/office-chief-coroner-and-ontario-forensic-pathology-service>



References

Law document english view. Ontario.ca. (2018, November 19).

<https://www.ontario.ca/laws/statute/96h02#BK15>.

Standards & guidelines. (n.d.). <https://www.cno.org/en/learn-about-standards-guidelines/standards-and-guidelines/>.

Appendix #2

		Office of the Fire Marshal 2738880						
<p>Do Not Resuscitate Confirmation Form To Direct the Practice of Paramedics and Firefighters after February 1, 2008 <i>Confidential when completed</i></p>								
<p>When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter will not initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and will provide necessary comfort measures (see point #2) to the patient named below:</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Patient's name – please print clearly</td> </tr> <tr> <td style="width: 50%; border-right: 1px solid black; border-bottom: 1px solid black;">Surname</td> <td style="border-bottom: 1px solid black;">Given Name</td> </tr> </table>			Patient's name – please print clearly		Surname	Given Name		
Patient's name – please print clearly								
Surname	Given Name							
<p>1. "Do Not Resuscitate" means that the paramedic (according to scope of practice) or firefighter (according to skill level) will not initiate basic or advanced cardiopulmonary resuscitation (ICPR) such as:</p> <ul style="list-style-type: none"> • Chest compression; • Defibrillation; • Artificial ventilation; • Insertion of an oropharyngeal or nasopharyngeal airway; • Endotracheal intubation; • Transcutaneous pacing; • Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists. <p>2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) will provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.</p>								
<p>The signature below confirms with respect to the above-named patient, that the following condition (check one <input checkbox"="" checked="" type="checkbox>) has been met and documented in the patient's health record.</p> <p><input type="/> A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision-maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.</p> <p><input type="checkbox"/> The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.</p>								
<p>Check one <input checked="" type="checkbox"/> of the following:</p> <p style="text-align: center;"> <input type="checkbox"/> M.D. <input type="checkbox"/> R.N. <input type="checkbox"/> R.N. (EC) <input type="checkbox"/> R.P.N. </p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Print name in full</td> </tr> <tr> <td style="width: 50%; border-right: 1px solid black; border-bottom: 1px solid black;">Surname</td> <td style="border-bottom: 1px solid black;">Given Name</td> </tr> <tr> <td style="width: 50%; border-right: 1px solid black; border-bottom: 1px solid black;">Signature</td> <td style="border-bottom: 1px solid black;">Date (yyyy/mm/dd)</td> </tr> </table>			Print name in full		Surname	Given Name	Signature	Date (yyyy/mm/dd)
Print name in full								
Surname	Given Name							
Signature	Date (yyyy/mm/dd)							
<ul style="list-style-type: none"> • Each form has a unique serial number. • Use of photocopies is permitted only after this form has been fully completed. 								
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