

EXPECTED DEATH IN THE HOME FORM

**DO NOT RESUSCITATE MEDICAL DIRECTIVE
AND FUNERAL HOME TRANSFER FORM**

Patient Name: _____ Date: _____
(print)

The signature below identifies the above name person (or their substitute decision-maker, if incapable) has confirmed their expressed wish that resuscitation is not included in the treatment plan.

Health Care Provider's Name (print) _____	Signature _____
<input type="checkbox"/> RN <input type="checkbox"/> RPN <input type="checkbox"/> RN (EC) <input type="checkbox"/> MD	Date _____
Tel #: _____	After Hours #: _____
(Physician name, date – dd/mm/yy) _____	(Physician contact no. in event of death) _____
Tel #: _____	After Hours #: _____
(Alternate Physician name/ Physician Group) _____	(Physician contact no. in event of death) _____

Funeral Home Information

Funeral Home: _____ Contact: _____
Print Name

Tel #: _____ Fax #: _____

Pronouncement / Certification Plan

1. Physician will pronounce and certify death (Exception: _____).
2. Nurse may pronounce death and Physician agrees to sign the Medical Certificate of Death at the Funeral Home within 24 hours of death.

Plan confirmed with Dr. _____, by _____
Health Care Provider's Name (print) Signature

Nursing Agency _____ After Hours #: _____ Date: _____
Agency contact no. in event of death

Pronouncement Information

Pronounced at home on _____ at _____
(Date – dd/mm/yy) (Time)

by _____
(Nurse) (Agency)

Dr. _____ notified at _____
(Doctor's name) (Date - dd/mm/yy & time)

Funeral Home _____ contacted at _____
(Funeral Home/ contact name) (Date - dd/mm/yy & time)

Once death has been pronounced, this form will enable a funeral home to remove the deceased prior to signature of the Medical Certificate of Death. The Funeral Director will arrange with the Attending Physician for completion of the Medical Certificate of Death. In the event that the Attending Physician is not immediately available, his/her Alternate will be contacted. If no Physician can be contacted to certify death within 24 hours, the funeral home can contact the On Call Coroner for assistance. The On Call Coroner can be contacted by calling 'locating' at the local hospital and requesting the Coroner's On Call telephone number.

It is requested that a Medical Certificate of Death be left attached to this form (not yet completed and unsigned by Physician). The DNR Confirmation Form must be completed in full, and signed to be acted upon by Paramedics/ Firefighters.

GUIDELINES - EXPECTED DEATH IN THE HOME FORM

Do Not Resuscitate Medical Directive and Funeral Home Transfer Form

Completion of EDITH Form

The Health Care professional who initiates the discussion re advanced care planning is responsible to complete the Expected Death in the Home (EDITH) form and notify the CCAC Case Manager, Physician, Primary Care Nurse and the Funeral Home that the plan is in place. The original form is left in the In-Home Chart in the designated location.

Note: Nurse removes Pink copy of form to fax to Health Care Team Members & Funeral Home

Funeral Home Information

Health Care Professional:

- Confirms that the Funeral Home has been contacted, and is aware of the completion of the EDITH protocol.
- Completes this section on form.

Pronouncement/Certification Plan

Health Care Professional:

- Discusses the certification/pronouncement plan with the physician to confirm the physician role.
- Documents plan on the form and signs and dates form.
- Notifies all members of the health care team, including the Funeral Home, of the plan for pronouncement/certification.

Pronouncement Information

Health Care Professional:

- Documents date (dd/mm/yy), time, name and agency of person pronouncing.
- Documents name of physician, date (dd/mm/yy) and time they were notified.
- Documents name of funeral home, date (dd/mm/yy) and time they were notified.

In the event that the Funeral Home is unable to contact the Attending Physician, or the Attending Physician cannot certify death within 24 hours of death, the Funeral Home will contact the On-Call Coroner for assistance. The On Call Coroner can be contacted by calling 'Locating' at the local hospital and requesting the Coroner on Call's telephone number.

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| <ul style="list-style-type: none">• White original – is to be retained by the Funeral Home.• Yellow copy – is to be retained in nursing chart.• Pink copy – To be removed from the home by the Primary Nurse and faxed to all members of the Health Care Team and the Funeral Home when the plan is put in place. |
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