

Appendix 3 – WW Expected Death in the Home (EDITH) Form

Patient Information: Section A	
Name of Patient (print last, first, middle):	Date of Birth [month-by name, day, year (in full)]:
The signature of the Health Care Professional (HCP) below identifies the above-named person (or their Substitute Decision-Maker, if mentally incapable) has confirmed their expressed wish that resuscitation is not included in the treatment plan.	
Diagnosis (approximate month/ year):	Secondary Diagnoses (approximate month/ year):
Name of Most Responsible Physician (MRP)	MRP Telephone: Daytime: After Hours:
Print Name of HCP Completing Section A	Signature RN RPN RN (EC) MD
Agency Name:	Contact Information (daytime & after hours) <input type="checkbox"/> Date: m/d/y <input type="checkbox"/>
Pronouncement / Certification Plan: Section B	
1. <input type="checkbox"/> MRP above will pronounce and certify death OR	
2. <input type="checkbox"/> Nurse may pronounce death and Physician agrees to sign the Medical Certificate of Death (MCO) at the Funeral Home within 24 hours of death	
<input type="checkbox"/> Plan confirmed with MRP on (date m/d/y)	
Print Name of HCP Completing Section B:	Signature: RN RPN RN (EC) MD
Name of Agency:	Contact Information <input type="checkbox"/> Date (m/d/y): <input type="checkbox"/>
Special circumstances (e.g. organ/body donation, transfer out of region after death, Cultural/religious practices to be observed etc. (please describe):	
<input type="checkbox"/> Special circumstances communicated to relevant members of the care team	
Funeral Home Information: Section C	
Funeral Home:	Contact Name:
Telephone:	Fax:
Pronouncement Information: Section D	
Reported death [month-by name, day, year (in full)]	Time (h):
Are you aware of any infectious disease(s)? yes no (if yes, describe)	
Date Pronounced [month-by name, day, year (in full)]:	Time Pronounced (h):
Death Pronounced by (print name of HCP):	Signature: RN RPN RN (EC) MD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Agency:	Contact information (daytime & after hours):
Name of Physician Notified:	Date & Time (m/d/y; h):
Family/Carer/Substitute Decision Maker notified (Name, date and time notified)	
Coroner notified (if applicable by MRP) Coroner on call # 1-855-299-4100 yes no If yes, Name of Coroner, date and time notified:	
Name of Funeral Home notified (if applicable) OR family to notify funeral home	Contact Name: Date & Time (m/d/y)
Once death has been pronounced, this form will enable a funeral home to remove the deceased prior to signature of the MCO. The Funeral Director will arrange with the attending Physician for completion of the MCO. If 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 LHIN Care Coordinator for assistance (519.748.2222). It is requested that a MCO 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.	

Appendix 4 - Guideline for Completion of Expected Death in the Home Form

Section A: Patient Information

- Physician / Nurse/ RN (EC) initiates discussion regarding care planning & confirms the patient's expressed wish for EDITH
- The Nurse completes **section A of the EDITH** form including documentation of:
 - Patients name, date of birth, diagnoses, MRP (name and contact number) as well as the nurse's name, signature, agency name and contact information
- The health care team (HCT) ensures the Do Not Resuscitate Confirmation (DNR C) form is completed and placed within the chart in the home (CITH)
- **The HCT is responsible for ensuring the family knows who to call when death occurs & in particular not to call 911**

Section B: Pronouncement/ Certification Plan

- The Nurse & Physician / RN (EC) confirms the plan to ensure the Physician/RN (EC) partially complete MCOB within the CITH as well as the pronouncement/ certification plan to determine the role of the Physician / RN (EC)
- The Nurse completes **section B of EDITH** form including documentation of:
 - The pronouncement/ certification plan, the date and time the plan was confirmed, including the nurse's name, signature, agency name, contact information and alerts the team to any 'special circumstance'
- The Nurse places the EDITH form in section 11 of the CITH 11 with the DNR-C and partially complete MCOB

Section C: Funeral Home Information

- The Nurse obtains information regarding the funeral home (or alternate arrangements) from the patient and/or family
 - Nurse completes **section C of the EDITH** form including documentation of the name of the funeral home, a contact name, telephone and fax numbers
 - The Nurse informs the LHIN Care Coordinator (CC) that the EDITH form has been partially completed. **Note:** This can be done **after Section B if the Funeral Home information is not known**
- The LHIN CC notifies the appropriate members of the HCT including MRP/RN (EC), Community Nurses, PSWs etc. via Health Partner Gateway (HPG) there is an EDITH plan in place

Section D: Pronouncement Information

It is the expectation that the health care professional is competent to pronounce death

- Upon notification of the patient's death, the Nurse visits, pronounces death and supports the family
- The Nurse contacts the Physician/RN (EC) to inform them of date/time of patients' death, reminds Physician/RN(EC) of any special circumstances and to complete MCOB at funeral home within 24 hours
- Nurse completes **section D of the EDITH** form including documentation of:
 - the date and time the patients' death was reported
 - the writer's awareness of the presence of any infectious disease(s) with a description if known
 - the date and time patients' death was pronounced
 - the name and signature of the HCP pronouncing death including agency name and contact information
 - the name of the Physician/ RN (EC) notified as well as the date and time
 - the name of the family/ carer/ SDM notified including the date and time notified
 - indicate if the Coroner was notified. If yes, document the name, date and time the Coroner was notified
 - confirmation of name of funeral home notified (or plan for the family to notify the funeral home) along with a contact name, date and time
- The Nurse leaves a copy of the EDITH form and the partially completed MCOB in the home for the Funeral Director
- The CITH is removed by the Nurse with original copy of EDITH form

Note:

- In the event the attending physician or his/her alternate are not available, the funeral home will contact the LHIN Care Coordinator for assistance.
- If the patient is transferred to a residential hospice or complex continuing care unit, the EDITH form is to be included in package along with MDOC and the DNR C.