

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

<b>PATIENT INFORMATION: SECTION A</b>		
Name of Patient (print last, first, middle):	Date of Birth [month-by name, day, year (in full)]:	
Name of Parent/Legal Guardian/SDM (print last, first, middle):		
<b>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.</b>		
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 <span style="float: right;"><input type="checkbox"/> RN <input type="checkbox"/> RPN <input type="checkbox"/> RN (EC) <input type="checkbox"/> MD</span>	
Agency Name:	Contact Information (daytime & after hours )	Date: m/d/y
<b>PRONOUNCEMENT / CERTIFICATION PLAN: SECTION B (Check ONE)</b>		
1. <input type="checkbox"/> MRP above will pronounce and certify death 2. <input type="checkbox"/> Nurse may pronounce death and Physician agrees to sign the Medical Certificate of Death (MCOD) at the Funeral Home within 24 hours of death 3. <input type="checkbox"/> Planned clinician administered MAID death, primary MAID clinician will pronounce and contact Provincial Coroner's office to notify <input type="checkbox"/> Plan confirmed with MRP on (date m/d/y)		
Print Name of HCP Completing Section B:	Signature: <span style="float: right;"><input type="checkbox"/> RN <input type="checkbox"/> RPN <input type="checkbox"/> RN (EC) <input type="checkbox"/> MD</span>	
Name of Agency:	Contact Information	Date( m/d/y):
Special circumstances (e.g. organ/body donation, transfer out of region, cultural/religious practices, known infectious diseases, MAID death etc.):		
<input type="checkbox"/> Special circumstances communicated to relevant members of the care team <input type="checkbox"/> Pediatric Patient with prior involvement of Children's Aid Society (CAS)		
<b>FUNERAL HOME INFORMATION: SECTION C</b>		
Funeral Home:	Contact Name:	
Telephone:	Fax:	
<b>PRONOUNCEMENT INFORMATION: SECTION D</b>		
Date Pronounced [month-by name, day, year (in full)]:	Time Pronounced (h):	
Death Pronounced by (print name of HCP & Agency):	Contact information (daytime & after hours):	
Signature: <span style="float: right;"><input type="checkbox"/> RN <input type="checkbox"/> RPN <input type="checkbox"/> RN (EC) <input type="checkbox"/> MD</span>		
Name of Physician / RN(EC) Notified:	Date & Time of Notification (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 <input type="checkbox"/> yes <input type="checkbox"/> no If yes, Name of Coroner, date and time notified:		
Name of Funeral Home notified (if applicable) OR <input type="checkbox"/> 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 MCOD. The Funeral Director will arrange with the attending Physician for completion of the MCOD. 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 MCOD 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, SDM(s), 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 MCOD 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 with the DNR-C and partially complete MCOD
- 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
- For clinician administered MAID procedures, the patient's primary MAID clinician will pronounce and notify provincial coroner's office. If the patient dies of natural causes prior to MAID procedure completion, pronouncement and notification of death will fall to the Nurse/Physician as outlined according to the EDITH protocol as outlined.

### SECTION C: FUNERAL HOME INFORMATION

- The Nurse obtains information regarding the funeral home (or alternate post-mortem arrangements) from the patient and/or family
  - Nurse completes **section C of the EDITH** form including documentation of the name of the funeral home/ alternative post-mortem arrangements, a contact name, telephone and fax numbers
- The Nurse informs the LHIN Care Coordinator of the completed EDITH form. **NOTE:** This can be done **after Section B if 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 MCOD 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/ alternative post-mortem arrangement notified (or plan for the family to notify the funeral home/ alternative post-mortem arrangement) along with a contact name, date and time

### AFTER Death

- The Nurse leaves a copy of the EDITH form (yellow) and the partially completed MCOD in the home for the Funeral Director/ alternative post-mortem Professional
- The CITH is removed by the Nurse

### NOTE:

- In the event the attending physician or his/her alternate are not available, funeral home/ alternative post-mortem arrangement will contact the LHIN Care Coordinator for assistance (519.748.2222).
- 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 MCOD, DNRC and the SRK.

**White – LHIN | Yellow – To accompany after death to funeral home**  
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