

Verification of the Fact of Death

LA3 (v.4)

CONFIDENTIAL

London Ambulance Service
NHS Trust



Ident Date	28/8/2014	CAD/Event No.	1129	PRF/LA3 No.	232706258
Time of Arrival	09:27	Incident Location	ST MARGRETS CHURCH, NORTH ST, BARKING.		
Deceased Name	GABRIEL KOVARI			Date of Birth	17/6/1992
Sex	UNKNOWN				
Address	UNKNOWN				

Complete the appropriate section (either A, B, C, or D) to indicate the criteria used to verify death. Section E must be completed in ALL cases.

SECTION A: Conditions unequivocally associated with death (Tick all that apply)	SECTION C: Factors to confirm that resuscitation would be futile	Confirm ALL
Decapitation *	Longer than 15 minutes since cardiac arrest AND asystole on ECG for longer than 30 seconds	<input checked="" type="checkbox"/>
Massive cranial and cerebral destruction *	Absence of exclusion criteria: overdose / poisoning, pregnancy, drowning, hypothermia	<input checked="" type="checkbox"/>
Hemorrhage or similar massive injuries incompatible with life *	No CPR prior to ambulance service arrival	<input checked="" type="checkbox"/>
Decomposition / putrefaction *	SECTION D: Discontinuation of Advanced Life Support	Confirm ALL
Incineration (full thickness burns >95 % TBSA) *	Airway secured (SGA Device / ETT) confirmed by ETCO ₂ trace	
Hypostasis	Circulatory access (IV / IO) and ALS drugs	
Rigor Mortis	Continuous asystole for longer than 20 minutes during ALS	
Confirmed submersion for longer than 1.5 hours	SECTION E: To be completed for ALL patients EXCEPT conditions indicated in Section A	Confirm ALL
SECTION B: Advanced Decision/DNA-CPR Terminal Illness (Tick)	No palpable central pulse and no respirations	<input checked="" type="checkbox"/>
A valid Advanced Decision to Refuse Treatment exists and applies to the circumstances	Absence of heart sounds	<input checked="" type="checkbox"/>
A valid DNA-CPR exists and the patient has no pulse and no respirations	Fixed and dilated pupils	<input checked="" type="checkbox"/>
Evidence of the final stages of a terminal illness, where death is expected and CPR would not be appropriate	Asystole on ECG for longer than 30 seconds (PRINTED AND SUBMITTED WITH PRF)	<input checked="" type="checkbox"/>

Police Attendance (unexpected death)		Additional Information:	
Police advised via EOC (time):	:	FOUND CROSS LEGGED ON CORNER OF CHURCH YARD BACK OF OBVIOUS - RIFOR MORTIS + PU STAINING.	
Police on scene (time):	09:15		
Police Officer (ID number):	HARMAN KEI		
NOTE: If the patient is under 18 request that police inform single point of contact (SPOC) for child death			
LA279 to be completed for all unexpected deaths in patients under 18 years of age			
GP / Clinical Hub Notified (expected death)			
GP / Clinical Hub advised (time):	:		
If GP contacted, name of doctor:			
Deceased left in care of a responsible adult?	Y N	Resuscitation stopped following advice from on-call Clinical Advisor <input type="checkbox"/>	
NOTE: Document name of responsible adult in Additional Information box		Advisor's Initials _____	
Relatives			
Relatives informed of death?	Y X		
NOTE: If relative(s) NOT informed, advise police			
Verification of Death Completed by:			
Clinician Name:	TOBIE WAQGETT	Signature:	Signature
Clinical Grade:	PARAMEDIC	Personnel Number:	
Call Sign:	K102		20925691

White (top) copy to be retained by LAS and submitted with PRF (LA4)