

## REMOTE VERIFICATION OF DEATH

- 1) RVOD Carried out by VIDEO , TELEPHONE  Date & Time completed:.....
- 2) Name of person overseeing RVOD (& Registration no. If applicable):.....
- 3) Name of Deceased: ..... Date of Birth of Deceased: .....
- NHS Number of Deceased (if known):.....
- 4) Place/address of body at time verification: .....
- .....POSTCODE: .....CONTACT NUMBER: .....
- 6) Time and date of death  or Time and date body discovered : .....
- 7) Was:
- a) the death expected: YES /NO
- b) DNACPR and/or ReSPECT Form in place: YES /NO
- IF NO TO BOTH OF THESE: STOP THE RVOD PROCESS, COMMENCE CPR IF APPROPRIATE AND TELEPHONE 999**
- 8) Name of person assisting in RVOD: .....
- Relationship to deceased or role: .....
- 9) Other people present and/or name of remote clinician: .....
- 10) The following questions should normally all be completed to enable verification of death but the overseeing person may use other tests as well or instead if appropriate:
- No response to physical stimuli (e.g. pinch earlobe) YES /NO
  - No signs of spontaneous respiration over 3 minutes YES /NO
  - No pulse: palpating carotid or femoral pulse/pulse oximeter over 2 minutes YES /NO
  - Pupils of both eyes fixed, dilated and unresponsive YES /NO
- 11) The following to be recorded if reported by person assisting RVOD but should not be specifically asked for and are not a requirement to verify death
- Signs of rigor mortis: YES
  - No heart sounds: YES
  - Hypostasis: YES
  - Decomposition evident (consider whether needs referral for possible neglect): YES
  - Disruption to the body (consider whether needs referral for possible neglect): YES
  - Other (please specify) .....
- 12) Death Verified: YES /NO
- 13) Signed: ..... Print name: .....