

CONFIDENTIAL

PRF No.

CAD

Verification of Fact of Death

Date:		Time of verification of death:	hh	mm
Patient's Name:				
Patient's Address:				
Age or Date of Birth:		LA279 MUST BE completed if aged under 18		
GP Name:				
GP Address:				

1. Condition unequivocally associated with death *State Condition:*
2. Patient pulseless and apnoeic where one or more of the following facts are established:
 - DNA-CPR or Valid Advance Decision.....
 - Expected death as a result of terminal illness (incl. during transport)
 - Asystole with no evidence of CPR in past 15 minutes and NO signs of:
 - a. DROWNING
 - b. HYPOTHERMIA
 - c. POISONING OR OVERDOSE
 - d. PREGNANCY
 - Asystole **AND** prolonged submersion *State Duration:*
3. Following 20 minutes of Advanced Life Support where **ALL** the following are confirmed:
 - NO PALPABLE PULSES
 - NO HEART SOUNDS
 - NO RESPIRATORY SOUNDS
 - PUPILS FIXED AND DILATED
 - ASYSTOLE ON ECG FOR 30 SECONDS

Please Circle/Complete

LA279 Completed Yes / No

Control Notified Yes / No Time

Police Contacted Yes / No Police on scene Yes / No Shoulder No. Time on scene

GP Contact Yes / No Time GP on scene Time GP Name

Relative/Neighbour contacted Yes / No Time on scene

Minister of religion contacted Yes / No Time

Verified By NAME Personnel No. Status

Witnessed By NAME Personnel No. Status

Call Sign.....