

**PRONOUNCEMENT OF DEATH BY A REGISTERED NURSE, ADVANCED PRACTICE NURSE OR PHYSICIAN ASSISTANT EMPLOYED BY VA AND ASSIGNED TO A VA COMMUNITY LIVING CENTER**

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) directive establishes policy for Registered Nurses (RN), Advance Practice Nurses (APRN) or Physician Assistants (PA) who are employed by VA and assigned to the VA Community Living Center (CLC) to pronounce the death of Veterans.
- 2. SUMMARY OF MAJOR CHANGES:** None.
- 3. RELATED ISSUES:** VHA Directive 1601B.04, Decedents Affairs, dated December 1, 2017.
- 4. RESPONSIBLE OFFICE:** Geriatrics and Extended Care (10NC4) is responsible for the content of this directive. Questions may be referred to Director, Facility-Based Programs at 202-632-8320.
- 5. RESCISSIONS:** VHA Directive 2011-016, Pronouncement of Death and Request for Autopsy by a Registered Nurse, Advanced Practice Nurse, or Physician Assistant, dated March 16, 2011, is rescinded.
- 6. RECERTIFICATION:** This VHA directive is scheduled for recertification on or before the last working day of July 2025. This VHA directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF THE  
UNDER SECRETARY FOR HEALTH:**

/s/ Renee Oshinski  
Assistant Under Secretary for Health  
Health for Operations

**NOTE:** All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.

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## **1. PURPOSE**

This Veterans Health Administration (VHA) directive provides the policy for Registered Nurses (RN), Advance Practice Nurses (APRN) or Physician Assistants (PA) to pronounce the death of Veterans in the limited circumstances defined in paragraph 4.g. **AUTHORITY:** Title 38 United State Code (U.S.C.) 303, 501, and 7301(b).

## **2. BACKGROUND**

a. VHA is committed to providing compassionate palliative care to dying Veterans and ensuring their dignity throughout the dying process to include promoting the dignity of the Veterans in pronouncing death. This policy addresses personnel in the Department of Veterans Affairs (VA) authorized to pronounce the death of Veterans when they are residents in a VA Community Living Center (CLC).

b. This directive authorizes RNs, in accordance with State Practice Acts, and APRNs, and PAs who are employed by VA and assigned to a VA CLC to be trained and assigned to make pronouncements of death for CLC residents who have valid Do Not Attempt Resuscitation/Do Not Resuscitate (DNAR/DNR) orders documented in the Life Sustaining Treatment (LST) order set in the electronic health record (EHR) when their responsible attending physicians are not immediately available at the CLC at the time of the Veteran's death.

## **3. POLICY**

It is VHA policy that an appropriately trained RN, in accordance with State Practice Acts in which the RNs' State license allows them to make pronouncements of death, an appropriately trained APRN, or an appropriately trained PA, who is assigned to the VA CLC will make the death pronouncement of a CLC resident if a responsible attending physician is not immediately available for a Veteran who has a valid DNAR or DNR order in the LST order set in the EHR and dies of cardiopulmonary arrest due to apparent natural causes.

## **4. RESPONSIBILITIES**

a. **Under Secretary for Health.** The Under Secretary for Health is responsible for ensuring overall VHA compliance with this directive.

b. **Assistant Under Secretary for Health for Operations.** The Assistant Under Secretary for Health for Operations is responsible for:

(1) Communicating the contents of this directive to each of the Veterans Integrated Service Networks (VISNs).

(2) Providing assistance to VISN Directors to resolve implementation and compliance challenges in all VA medical facilities within that VISN.

(3) Providing oversight of VISNs to assure compliance with this directive, relevant standards and applicable regulations.

c. **Geriatrics and Extended Care National Program Office, Director.** GEC Director, is responsible for:

(1) Providing consultation and guidance upon request to VISNs and VA medical facilities for on the content of this directive.

(2) Responding to inquiries from internal and external stakeholders regarding this directive.

(3) Collaborating with the Employee Education System to develop and deliver training to support the implementation of clinical practices outlined in this directive.

(4) Provide oversight of compliance with this directive, including the review of the annual report from VISN Directors to ensure that any identified deficiencies under this directive were promptly corrected.

d. **Veterans Integrated Service Network Director.** The VISN Director is responsible for:

(1) Ensuring that the VA medical facility Director implements this directive, and that each VA medical facility has the resources needed to implement this directive.

(2) Providing the Geriatrics and Extended Care National Program Office Director on an annual basis a summary report of a record review of CLC resident's impacted by this directive to ensure that all areas in h.(3) are addressed in the medical record as well as the pronouncing RN, APRN, or PA have completed the training listed in h.(1) and (2).

e. **VA Medical Facility Director.** The VA medical facility Director is responsible for ensuring that pronouncements of death for Veterans who die in VA CLCs of apparent natural causes are made in a timely manner by either the responsible attending physicians, or in the circumstances defined by this policy, by appropriately designated and trained RNs, in accordance with State Practice Acts, APRNs, or PAs employed by VA and assigned to the CLC.

f. **VA Medical Facility Chief of Staff.** The VA medical facility Chief of Staff is responsible for:

(1) Ensuring DNAR or DNR orders are determined to be appropriate and entered into the LST order set in the EHR consistent with the requirements of VHA Handbook 1004.03, Life-Sustaining Treatment Decisions: Eliciting, Document & Honoring Patient's Values, Goals & Preferences, dated January 11, 2017.

(2) Ensuring RNs, APRNs, and PAs covered by this policy are trained and competent in the procedures necessary to assess and pronounce a CLC resident's death consistent with this policy.

**g. Associate Director for Patient Care, Associate Director for Nursing Services, or Chief Nurse Executive.** The Associate Director for Patient Care, Associate Director for Nursing Services, or Chief Nurse Executive is responsible for ensuring that designated RNs, APRNs, and PA's covered by this policy are trained and competent in the procedures necessary to assess and pronounce a CLC resident's death in circumstances allowed herein.

**h. Registered Nurse, Advance Practice Nurse, or Physician Assistant.** When a Veteran-resident of a VA CLC who has a valid DNAR or DNR order documented in the LST order set of the EHR dies of cardiopulmonary arrest due to apparent natural causes and the responsible attending physician is not immediately available, an appropriately designated and trained RN, in accordance with State Practice Acts, appropriately trained APRN, or appropriately trained PA who are employed by VA and assigned to the VA CLC will make the pronouncement of the Veteran's death. Responsibilities commensurate with this requirement include:

(1) Annual completion of TMS training: Determination of Death: Advanced Practice (NFED 100101) as part of the mandated training plan. **NOTE:** See *paragraph 5, Training*.

(2) Annual review of national policies and local procedures governing organ donation, autopsy, and Decedent Affairs and Knowledge of Required Coordination with responsible officials and staff identified in those policies.

(3) Make Death Assessment and Pronouncement of Death based on the following clinical findings:

(a) Determine if the pupils are fixed and dilated.

(b) Immediately check for a carotid pulse. Then using a stethoscope, auscultate for an apical heartbeat for 1 minute.

(c) Using a stethoscope, auscultate lung field for respirations for 1 minute. **NOTE:** *If an RN, APRN, or PA has cultural or religious reasons that preclude them from making a pronouncement of death, they must submit a request to their supervisor for an exclusion from these duties.*

(d) Document these findings in the health record and note the time and date of death and circumstances of death.

(e) Notify the responsible attending physician of the death at the first possible opportunity, but no later than 8 hours following pronouncement.

(f) Notify the Next of Kin (NOK), as determined under applicable State law, or personal representatives or other person(s) who have been responsible for the care of the Veteran, in a timely manner about the death if these persons are not at the bedside and document this notification in the Veteran's health record.

(g) Provide information on the local VA medical facility's bereavement program and offer referral to grief support group participation if indicated. Follow local VA medical facility procedures regarding care and disposition of Veteran's remains. **NOTE:** See *VHA Directive 1601B.04, Decedents Affairs, dated December 1, 2017 for details.*

(h) If the Veteran does not have a valid DNAR or DNR order in the LST order set in the EHR, proceed with cardiopulmonary resuscitation as described in the local VA medical facility's procedures unless such action would be useless or futile.

## 5. TRAINING

The following TMS training is required for all appropriately designated and trained RNs, in accordance with State Practice Acts, APRNs, or PAs who are employed by VA and assigned to the VA CLC who may make the pronouncement of the Veteran's death: Determination of Death: Advanced Practice (NFED 100101).

## 6. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

## 7. REFERENCES

- a. 38 U.S.C. § 303.
- b. 38 U.S.C. § 501.
- c. 38 U.S.C. § 7301(b).
- d. 38 CFR 17.170.
- e. 38 CFR 17.415.
- f. VHA Directive 1601B.04, Decedents Affairs, dated December 1, 2017.
- g. VHA Handbook 1004.02, Advance Care Planning and Management of Advance Directives, dated December 24, 2013.

h. VHA Handbook 1004.03, Life-Sustaining Treatment Decisions: Eliciting, Documenting and Honoring Patients' Values, Goals and Preferences, dated January 11, 2017.

i. VHA Handbook 1101.03, Organ, Tissue, and Eye Donation Process, dated January 2, 2015.

j. VHA Handbook 1102.07, Organ Donation After Circulatory Death, dated November 15, 2013.

k. VHA Handbook 1106.01, Pathology and Laboratory Service (P&LMS) Procedures, dated January 29, 2016.