

# Expected Death in the Home Protocol

## Appendix 3 – Funeral Home Transfer Form

### FUNERAL HOME TRANSFER FORM

Client Name: _____ <small>(print)</small>	Date of Birth: _____
Address: _____	
<b>Pronouncement Information</b>	
Pronounced at home on _____ at _____ <small>(Date - dd/mm/yy) (Time)</small>	
by _____ <small>(Nurse/Designation) (Agency)</small>	
<input type="checkbox"/> MD/NP _____ notified at _____ <small>(Physician/NP name) (Date - dd/mm/yy &amp; time)</small>	
Telephone #: _____ <small>(Physician/NP telephone number)</small>	
Funeral Home _____ contacted at _____ <small>(Funeral Home/ contact name) (Date - dd/mm/yy &amp; time)</small>	
<b>OR</b>	
<input type="checkbox"/> Nursing Agency to notify MD as soon as possible that day, if death occurs during the night	
<input type="checkbox"/> MD/NP _____ Telephone #: _____ <small>(Physician/NP name) (Physician/NP telephone number)</small>	
<p>Once death has been pronounced, this form will enable a funeral home to remove the deceased prior to signature of the Medical Certificate of Death. The Funeral Director will arrange with the Attending Physician/Nurse Practitioner for completion of the Medical Certificate of Death. In the event that the Attending Physician/NP is not immediately available, his/her Alternate will be contacted. If no Physician/NP can be contacted to certify death within 24 hours, the funeral home will contact the On Call Coroner for assistance.</p> <p><b>It is requested that a Medical Certificate of Death be left attached to this form (not yet completed and unsigned by Physician/NP). The DNR Confirmation Form must be completed in full, and signed to be acted upon by Paramedics/ Firefighters.</b></p>	

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## GUIDELINE

### Funeral Home Transfer Form

#### **Pronouncement Information**

Health Care Professional:

- Completes client identification information
- Documents date (dd/mm/yy), time, name and agency of person pronouncing
- Documents name of Physician/NP, date (dd/mm/yy), telephone number and time they were notified
- Documents name of Funeral Home, date (dd/mm/yy) and time they were notified
- Funeral Home Transfer Form to accompany the deceased to the Funeral Home