

EXPECTED DEATH IN THE HOME PROTOCOL

EDITH Protocol Guidelines

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Overview

The Expected Death in the Home (EDITH) protocol supports end-of-life care based on an individual's expressed wish to die at home and not to be resuscitated when they stop breathing or their heart stops. An expected death refers to when, in the opinion of a health care team, the patient is irreversibly and irreparably terminally ill; that is, there is no available treatment to restore health, or the patient refuses the available treatment¹.

The EDITH Protocol outlines the plan for the pronouncement and certification of death in the deceased individual's home allowing for the timely transportation of the body to the funeral home. Following pronouncement of death by a registered nurse (RN) or registered practical nurse (RPN) the physician or nurse practitioner (NP) agrees to provide a completed death certificate to the funeral home within 24 hours of the death. This reduces stress for the family when death occurs and supports physicians and NPs in delivering comprehensive end-of-life care in the community setting.

The EDITH protocol aims to reduce the unnecessary use of emergency services such as police, fire, ambulance and Coroner.

Legislation

The [Health Care Consent Act, 1996](#) and [Substitute Decisions Act, 1992](#) enable a capable person to develop an individualized plan of treatment based on their current medical condition and express their goals of care related to treatment and planning including for their preferred location of death. Under the Health Care Consent Act 1996, resuscitation is considered a treatment. If a person becomes incapable, the person's substitute decision-maker will decide the goals of care including treatment decisions based on the patient's prior wishes.

There is no legal requirement to obtain a physician's written, telephone, or verbal order to complete a Do Not Resuscitate (DNR). Currently, in Ontario, only physicians and Nurse Practitioners are able to determine the cause of death and sign the Medical Certificate of Death.

The **Do Not Resuscitate Confirmation Form – DNR C (Appendix A)** may be completed by a health care professional (MD, RN, RPN) to direct paramedics and firefighters not to initiate cardiopulmonary resuscitation (CPR). They may administer therapies to provide comfort or alleviate pain in the event they are called to the home.

¹College of Nurses of Ontario, Practice Guideline: [Guiding Decisions About End Of Life Care, 2009](#).

Certifying Death

In Ontario, only physicians and nurse practitioners familiar with the patient can determine the cause of death and fill out the Medical Certificate of Death (Canadian Medical Protective Association, 2016; The College of Physicians and Surgeons of Ontario).

A Nurse Practitioner may complete and sign a medical certificate, in the form approved by the Registrar General and stating the cause of death, only where all the five (5) following circumstances are met:

- the NP has had the primary responsibility for the care of the deceased during the last illness of the deceased;
- the death was expected during the last illness of the deceased;
- there was a documented medical diagnosis of a terminal disease for the deceased made by a legally qualified medical practitioner during the last illness of the deceased;
- there was a predictable pattern of decline for the deceased during the last illness of the deceased; and
- there were no unexpected events or unexpected complications during the last illness of the deceased.

If any one of the above circumstances was not met, **then a physician or a coroner must complete the medical certificate** ([Handbook on Medical Certification of Death](#), Ministry of Government and Consumer Services, Office of the Registrar General). The Vital Statistics Act, 1990 has an expectation that deaths due to causes other than natural disease must be reported to a coroner for investigation.

Coroner's Act

According to Section 10(1)(a) of the [Coroner's Act, 1990](#) anyone who believes that a person has died due to violence, misadventure, negligence, misconduct, or malpractice must immediately inform a coroner or police officer of the circumstances surrounding the death.

If the Coroner is involved, the body must not be moved, and any medical lines or tubes must remain in place until the Coroner authorizes the release of the body after speaking with the physician/NP. It is important to have a plan in place with the physician/NP if there is a possibility of a death that requires coroner involvement, such as in cases of recent surgery or head injury.

Pediatrics

In the event of an anticipated death at the home of a pediatric patient, the EDITH protocol for may be implemented. This includes arrangements for transferring the body to a funeral home or alternative funeral services and the completion of the medical certificate of death by the physician or NP.

Medical Assistance in Dying (MAID)

As per the [Medical Assistance in Dying Statute Law Amendment Act, 2017](#) deaths as a result of MAID are to be reported by physician or NP who provided the MAID to the Coroner in Ontario.

Process

A. Planning and Completion of the Expected Death in the Home Form

Health Care Professional (Physician, NP, Nurse, or other member of the care team):

- Initiates the discussion regarding advanced care planning with the patient and family and completes the sections A, B and C of the EDITH form, indicating that the patient has an expressed wish for no resuscitation when their heart stops beating, or they stop breathing
- Completes the DNRc form if not already completed and ensures the family knows where to find it
- Educates the family on who to call when death occurs (i.e., do NOT call 911)
- If completed by someone other than the physician/NP, contacts the physician or NP to discuss the plan for certification/pronouncement of death and obtains their agreement to support the EDITH protocol.
- Engages the Ontario Health atHome Care Coordinator with any questions or challenges in obtaining consents or completing the EDITH form
- Confirms the nursing agency is aware and agrees to support pronouncement and the Expected Death in the Home Protocol
- Obtains the funeral home information from the family
- Documents the plan for pronouncement / certification of death and funeral home information on the Expected Death in the Home form
- In addition to the responsible physician/NP, the health care professional who obtained agreement from the MD/NP to support the EDITH protocol must sign and date the form
- Shares a copy of the Expected Death in the Home form with health care team members (Ontario Health atHome, physician/NP, nursing agency) and funeral home
- Leaves a copy of the completed Expected Death in the Home form in the home

B. When a death occurs:

Nurse:

- Attends the home to pronounce the death and support the family
- Confirms there is completed EDITH form in place in the home
- Completes Section D and E of the EDITH form and forwards copies of the EDITH form as follows:
 - **Copy 1** - to accompany the body to the funeral home/ alternative funeral services.
 - **Copy 2** - to Ontario Health atHome.
 - **Copy 3** - for nursing service provider agency records.
- Notifies the Ontario Health atHome and the physician or NP of the patient death, noting the date and time of death, and requests the MD/NP to provide the funeral home with the signed death certificate within 24 hours
- Notifies the funeral home of death and arranges for transport of the deceased

- Leaves a completed copy of the Expected Death in the Home Form and Medical Certificate of Death in the home for the Funeral Home

Physician or Nurse Practitioner:

- Completes the Medical Certificate of Death and makes the completed certificate available to the Funeral Home within 24 hours of death
- Ensures there is a system in place to receive a notification of a patient's death at any time of day
- Ensures covering physicians/NPs, if utilized, are aware of the above expectations (TELEHEALTH, Med Visit, or Coroner are not acceptable coverage arrangements)

Funeral Home:

- Is responsible for ensuring they have received a completed Medical Certificate of Death from the physician or NP
- If the physician, NP or their alternate is unavailable, they will contact the on-call Coroner for Assistance. The on-call Coroner can be contacted by calling "Locating" at a local hospital and requesting the on-call Coroner's telephone number <https://www.ontario.ca/page/office-chief-coroner-and-ontario-frensic-pathology-service>

In Cases of Self-Administered MAID:

- The visiting nurse may pronounce death. The nurse will then contact the physician/NP who prescribed the MAID medications. The physician/NP will then notify the Coroner.
- All medical records related to the MAID process, including discussions, assessments, prescriptions, and procedures, should be easily accessible and promptly provided to the Coroner for review.
- The patient and family will be informed that the Coroner will be notified, and an investigation may proceed.
- The Coroner will contact the Funeral Director or alternative post-mortem professional to provide instructions on how to proceed.
- The Coroner may complete the death investigation and the MCOB.

References

Canadian Medical Protective Association. (2016). *CMPA - Completing medical certificates of death: Who's responsible?* CMPA. <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2016/completing-medical-certificates-of-death-who-s-responsible>

Coroners Act, R.S.O. 1990, c. C.37. <https://www.ontario.ca/laws/statute/90c37>

Health Care Consent Act, 1996, S. O. 1996, c. 2, Sched. A. <https://www.ontario.ca/laws/statute/96h02>

Substitute Decisions Act, 1992, S.O. 1992, c. 30. <https://www.ontario.ca/laws/statute/92s305>

Vital Statistics Act, R.S.O. 1990, c. V.4. Ontario.Ca. <https://www.ontario.ca/laws/statute/90v04>

Reporting requirements under the Regulations Amending the Regulations for the Monitoring of Medical Assistance in Dying: Guidance document <https://www.canada.ca/en/health-canada/services/publications/health-system-services/guidance-document-reporting-requirements-under-regulations-amending-regulations-monitoring-medical-assistance-dying.html>

The College of Physicians and Surgeons of Ontario - *Advice to the Profession: End-of-Life Care.* On. <https://www.cpso.on.ca/en/Physicians/Policies-Guidance/Policies/Decision-Making-for-End-of-Life-Care/Advice-to-the-Profession-End-of-Life-Care>

Together for Short Lives. *The Verification of Expected Death in Childhood Guidance for Services.*

Together for Short Lives. <https://www.togetherforshortlives.org.uk/resource/verification-expected-death-childhood-guidance/>

Appendix A. Do Not Resuscitate Confirmation Form (DNRc)

Do Not Resuscitate Confirmation To Direct the Practice of Paramedics and Firefighters *Confidential when completed*

When this form is signed by a physician (M.D.), registered nurse (R.N.), registered nurse in the extended class (R.N. (EC)) or registered practical nurse (R.P.N.), a paramedic or firefighter **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) (see point #1) and **will** provide necessary comfort measures (see point #2) to the patient named below:

Patient's name – please print clearly

Surname

Given Name

1. "Do Not Resuscitate" means that the paramedic (according to scope of practice) or firefighter (according to skill level) **will not** initiate basic or advanced cardiopulmonary resuscitation (CPR) such as:
 - Chest compression;
 - Defibrillation;
 - Artificial ventilation;
 - Insertion of an oropharyngeal or nasopharyngeal airway;
 - Endotracheal intubation;
 - Transcutaneous pacing;
 - Advanced resuscitation drugs such as, but not limited to, vasopressors, antiarrhythmic agents and opioid antagonists.
2. For the purposes of providing comfort (palliative) care, the paramedic (according to scope of practice) or firefighter (according to skill level) **will** provide interventions or therapies considered necessary to provide comfort or alleviate pain. These include but are not limited to the provision of oropharyngeal suctioning, oxygen, nitroglycerin, salbutamol, glucagon, epinephrine for anaphylaxis, morphine (or other opioid analgesic), ASA or benzodiazepines.

The signature below confirms with respect to the above-named patient, that the following condition (check one) has been met and documented in the patient's health record.

- A current plan of treatment exists that reflects the patient's expressed wish when capable, or consent of the substitute decision maker when the patient is incapable, that CPR not be included in the patient's plan of treatment.
- The physician's current opinion is that CPR will almost certainly not benefit the patient and is not part of the plan of treatment, and the physician has discussed this with the capable patient, or the substitute decision-maker when the patient is incapable.

Check one of the following:

M.D. R.N. R.N. (EC) R.P.N.

Print name in full

Surname

Given Name

Signature

Date (yyyy/mm/dd)

- Each form has a unique serial number.
- Use of photocopies is permitted only after this form has been fully completed.

Appendix B. Expected Death In The Home (EDITH) Form



Patient Name:	
Health Card Number:	
Address:	Tel:
Date of Birth (day/month/year):	

Expected Death in the Home (EDITH) Service Plan

Please read all guidelines on the back of this form before completing.

SECTION A CONSENT AND MD/NP CONTACT INFORMATION

I, _____, have discussed and understand my health status and prognosis with my MD/NP _____.

Patient's name (print) MD/NP name (print)

I request to have comfort (palliative) measures only, including interventions or therapies considered necessary to provide comfort and alleviate pain. _____ has been appointed as the substitute decision-maker in the event the above named patient is incapable of making or understanding their own health care decisions.

Name and relationship (POA, SDM) (print)

_____	_____	_____	_____
Patient's signature	Date (DD/MM/YY)	Substitute decision-maker signature	Date (DD/MM/YY)

_____	_____	_____	_____
Responsible MD/NP name	Tel # (contact to advise of death)	Fax #	Cell # / Pager

(See reverse for agreed responsibilities. Do not place MD/NP contact information above prior to them agreeing to conditions on reverse)

_____	_____	_____	_____
Alternate MD/NP	Tel # (contact to advise of death)	Fax #	Cell # / Pager

_____	_____	_____
Nurse who obtained verbal MD/NP agreement	Signature and Date	Agency Telephone

SECTION B DO NOT RESUSCITATE ORDER

DNR Form completed and in home Family aware to call nursing agency at time of death (not 911)

SECTION C FUNERAL HOME INFORMATION

_____	_____	_____
Funeral Home	Address	Contact person (print)

_____	_____
Tel #	Fax #

SECTION D PRONOUNCEMENT INFORMATION

Death pronounced at home on _____ at _____ am/pm (circle)

Date (DD/MM/YY) Time (hh:mm)

by _____

Nurse's name (surname, first name) (print) Signature Agency

Doctor/NP _____ notified on _____ at _____ am/pm (circle)

MD/NP name (surname, first name) (print) Date (DD/MM/YY) Time (hh:mm)

Death Certificate to be picked up at _____

Specify location (address)

_____, from _____ contacted on _____

Name of individual Funeral Home/mosque Date (DD/MM/YY and time)

SECTION E DISTRIBUTION OF THE EDITH FORM

Copies of EDITH form provided to the following:

Funeral Home Ontario Health atHome Brampton office (fax: 905-796-4671) Physician/NP

189 County Court Blvd., Brampton ON L6W 4P3
Phone: 905-796-0940 / 1-888-733-1177