

PEDIATRIC / NEONATAL BEREAVEMENT

PURPOSE:	To outline the nursing management for the dying pediatric/ neonatal patient and the grieving family.
SUPPORTIVE DATA:	Cultural sensitivity to families experiencing the loss of an infant decreases anxiety and stress when care provided includes cultural competency. Emotional support that addresses family needs is imperative to transition through the grieving process.
ASSESSMENT:	<p>Parents need compassionate care when an infant or child dies. Providing an environment that supports the family during the initial stages of grieving allows better progression through the process. Mementos of the infant given to the family provide lasting memories for the grieving family.</p> <ol style="list-style-type: none"> 1. Assess the following a minimum of every day: <ul style="list-style-type: none"> • Patient's condition related to <ul style="list-style-type: none"> - Prognosis - Code Status and other decisions that have been made to limit treatment - Advanced directive if emancipated minor - Organ procurement agency • Family's/ caregiver's/ patient's understanding of condition/ prognosis/ spiritual/ emotional concerns 2. Determine family's/ caregiver's desire for notification of impending death.
COMFORT MEASURES: PHYSICAL & PSYCHOSOCIAL	<ol style="list-style-type: none"> 3. Provide comfort measures as needed: <ul style="list-style-type: none"> • Provide pain relief as ordered/ needed. • Administer oxygen and antiemetics as ordered/ needed. • Limit care to essentials (e.g. hygiene and positioning) • Privacy and quiet environment • Encourage physical closeness with family members • At least one family member encouraged to remain with child/infant at all times <ul style="list-style-type: none"> - Family/ caregiver encouraged to hold child/infant - Allow sibling and other visitors per parental request • Encourage communication with the child even when the child/infant appears to be asleep • Encourage family to bring child's favorite music/ book/ toy, etc. 4. Provide emotional support to patient/ family/ caregiver as needed. 5. Facilitate communication <ul style="list-style-type: none"> • Arrange for referrals in accordance with cultural and religious beliefs/ affiliations (e.g. Spiritual Care, Social Service, Child Life, Palliative Care Service) • Involve patient/ family/ caregiver in decision making as much as possible • Begin to prepare mementos to be given to family/ caregiver after death
POST-MORTEM CARE:	<ol style="list-style-type: none"> 6. Maintain tubes and lines in place if the patient is a Coroner's case. 7. Verify the family/ caregiver has been notified of patient's death. 8. Remain with family/ caregiver/ or provide privacy depending on assessed needs: <ul style="list-style-type: none"> • Allow family/ caregiver the amount of time needed to stay with deceased child/infant • Allow family to hold, rock, or bathe the child/infant 9. Provide family with grief packet/ brochure.
COLLABORATION	10. Collaborate with Physician, Social Work, Spiritual Care, Child life, Palliative Care Service, and Organ Procurement Agency as needed.
PATIENT/FAMILY TEACHING:	<ol style="list-style-type: none"> 11. Instruct on the following: <ul style="list-style-type: none"> • Patient's status • Anticipated grief process • Potential behavioral response of siblings

ADDITIONAL
PROCOCOLS:

12. Implement the following as indicated:

- Grieving
- Pain Management
- Physiologic Monitoring/ Hygiene/ Comfort – Newborn/Pediatric
- Sedation and Analgesia (Intravenous) – ICU

DOCUMENTATION

13. Document in accordance with “Documentation” standards

Initial date approved: 7/98	Reviewed and approved by: Professional Practice Committee Nurse Executive Counsel Attending Staff Association Executive Committee	Revision Date: 4/00, 11/00, 03/05, 4/09, 01/14, 04/17
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