

Time of Death: The Very Best (and Worst) Words for a Family Following an Unexpected Death in the ED

- Submission ID: 1435207
- Submission: Conference Education (EN23): Abstract
- Submission Category: Clinical
- Submission Status: Complete

Speaker(s)

1. 

Heidi Gilbert, MSN, RN, CEN, TCRN, SANE

Position:

Emergency Department Clinical Educator

Organization:

Stillwater Medical Center

Role:

Primary Speaker

Professional Background

Heidi has been a nurse for 25 years, focusing her career mainly in emergency and pre-hospital care of critical care patients. She is the Emergency Department Clinical Educator and SANE Program Coordinator at Stillwater Medical Center in Stillwater, Oklahoma. Heidi has a passion for emergency nursing, nursing education, and following the untimely death of her sister in 2013, has become a champion for domestic violence and sexual assault survivors. Heidi also lost her son in 2019 to homicide and has used this experience to educate ED nurses on resilience, EMDR, and grief support.

Have you presented at other educational conferences within the last 2 years? If so, please list:

Yes

If yes, where?

EN22, EN21

Are you a member of ENA?

Yes

Are you an advanced practice nurse?

No

Presentation Title & Description

Presentation Description

Unsuccessful resuscitation efforts are tough on ED nurses, and unexpected deaths, namely those involving children or traumatic events, are especially challenging and emotionally charged. Nurses are taught how to perform mechanical post-mortem care and Kubler-Ross's stages of grief, but very little, if anything, on what to say and what to do with the families left behind. The words and demeanor portrayed by the healthcare team will reverberate in the minds of grieving families for the rest of their lives and simple missteps can unintentionally worsen their pain and lead to complicated grief. This presentation will give you practical tips and suggestions from actual grieving parents who've lost children. What were the most helpful and hurtful things they remember from their healthcare team on the worst day of their life? What you do and what you say matter for better or for worse; how will you be perceived?

Presentation Details

1. Teaching Method(s)/Learner Engagement Strategies

Questions & Answer
Role-playing

2. Primary presentation format selection

Education Encounter (45 minutes)

3. Select up to three topic areas.

Behavioral Health
Clinical Knowledge
Communications

4. Has the content of this session been developed for APRN pharmacotherapeutic recognition?

No

Presentation Content / Instructional Flow

1. Part I

When death is eminent and immediately following: Family presence during resuscitation - if at all possible, YES What to do if this is a crime or a medical examiner case?

2. Part 2

What are the worst things to say to a grieving parent following a death in the ED? The bad: use of medical jargon, they've passed on, you need to be strong for your other children, leaving parents alone in a waiting/bereavement room too long The ugly: They're circling the drain, they're in a better place, God needed another angel, everything happens for a reason, not allowing a parent to see their child

3. Part 3

How we can do better: 1. Sometimes saying nothing is best. There are no words to make this any better. Saying "I don't know what to say" and showing emotion are okay. 2. Don't "sugar coat," withhold information, or give false hope. They want to know every single detail. How long was their child resuscitated? What exact interventions and medications were administered? There is never too much information for parents. 3. Let them see their child and spend time with them. A common theme among parents experiencing complicated grief is "they wouldn't let me see him/her." Unless there are extreme physical disfigurements, the reality of what the patient looks like is not as bad as what a parent will imagine. 4. Tangible takeaways are helpful: printing a rhythm strip, locks of hair, thumb prints or handprints, clothing or other personal items (make sure these aren't thrown away even if blood-soaked.) 5. Ask about their child. What were they like? Do they have a picture? 6. Finally, ask "what can I do to support you guys right now?" Do they need help making calls? Do they need a ride home? Do they need contact information for the funeral home, medical examiner, law enforcement, grief support?

Presentation References

1. Reference 1

Parents of Murdered Children (2020, January 19). Information for Doctors and Nurses. Retrieved January 9, 2023, from <https://pomc.org/legal-professional/information-for-doctors-and-nurses/>

2. Reference 2

(Personal communication with bereaved parents)

3. Reference 3

Wayne Wolfram, M. D. (2021, October 16). Coping with the death of a child in the ed. Retrieved January 9, 2023, from https://emedicine.medscape.com/article/806223-overview?icd=login_success_email_match_norm#a6

4. Reference 4

Mayo Foundation for Medical Education and Research. (n.d.). Bereavement and how to help families when patients die. Mayo Clinic. Retrieved January 9, 2023, from <https://www.mayoclinic.org/medical-professionals/trauma/news/bereavement-and-how-to-help-families-when-patients-die/mac-20522945>

5. Reference 5

Supporting grieving families: Tips for RNS and others on the front line. Whats your Grief . (2022, November 15). Retrieved January 9, 2023, from <https://whatsyourgrief.com/supporting-grieving-families-tips-rns-nurses/>

6. Reference 6

Wender, E., Siegel, B. S., Dobbins, M. I., Garner, A. S., McGuinn, L. J., Pascoe, J., Wood, D. L., & Yogman, M. W. (2012, December 1). Supporting the family after the death of a child. American Academy of Pediatrics. Retrieved January 9, 2023, from <https://publications.aap.org/pediatrics/article/130/6/1164/30342/Supporting-the-Family-After-the-Death-of-a-Child?autologincheck=redirected>