



NHS

Great Ormond Street
Hospital for Children
NHS Foundation Trust

Association
abpn
of British Paediatric
Nurses

www.abpn-uk.com

Committed to promoting the development of children's nursing through
evidence based information about practice and education



After death – care of the child and family

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Content

Care after death

- Environment - Home, Hospice, Hospital (Ward /ICU /AD)
- Personal care /changes to the body
- Communication with the family/
(Hospital Mortuary Visting v's viewings)
- Impact of grief



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Practicalities

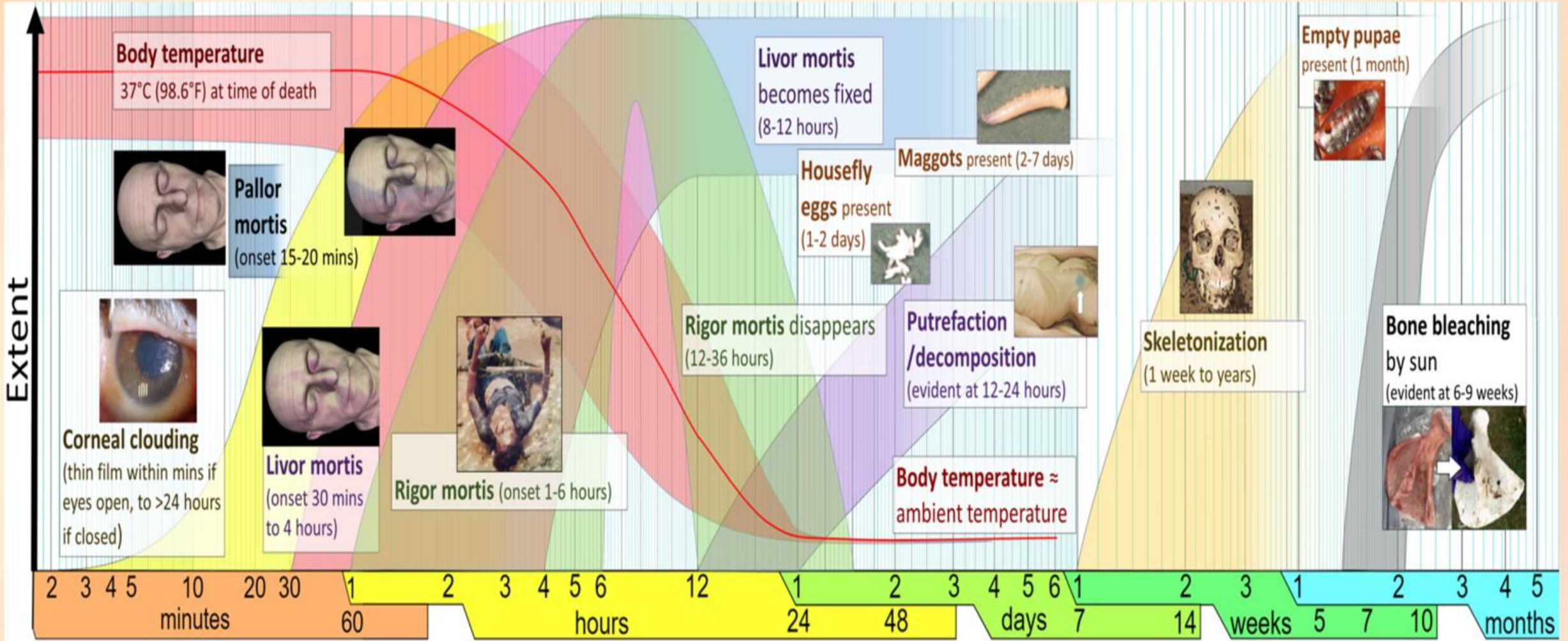
Changes and appearances to consider

- **Rigor mortis** –
3-4 hours after death
it can disappear 36- 48hrs

- **Livor mortis** – starts in 20–30 minutes, but is usually not observable until two hours after death

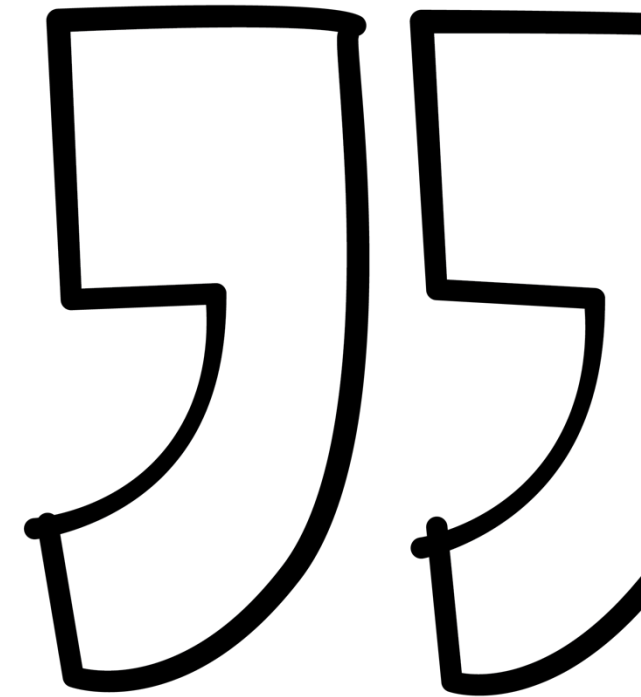
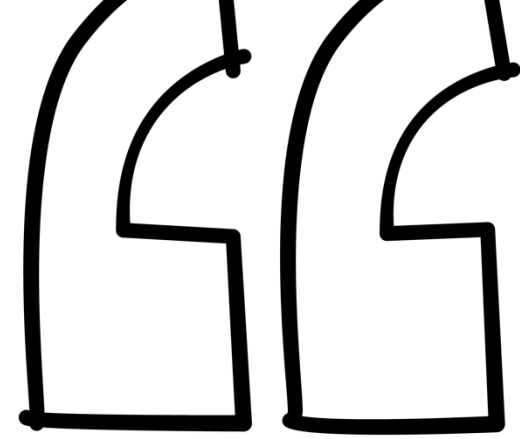
- **Algor mortis** – Change in body temperature

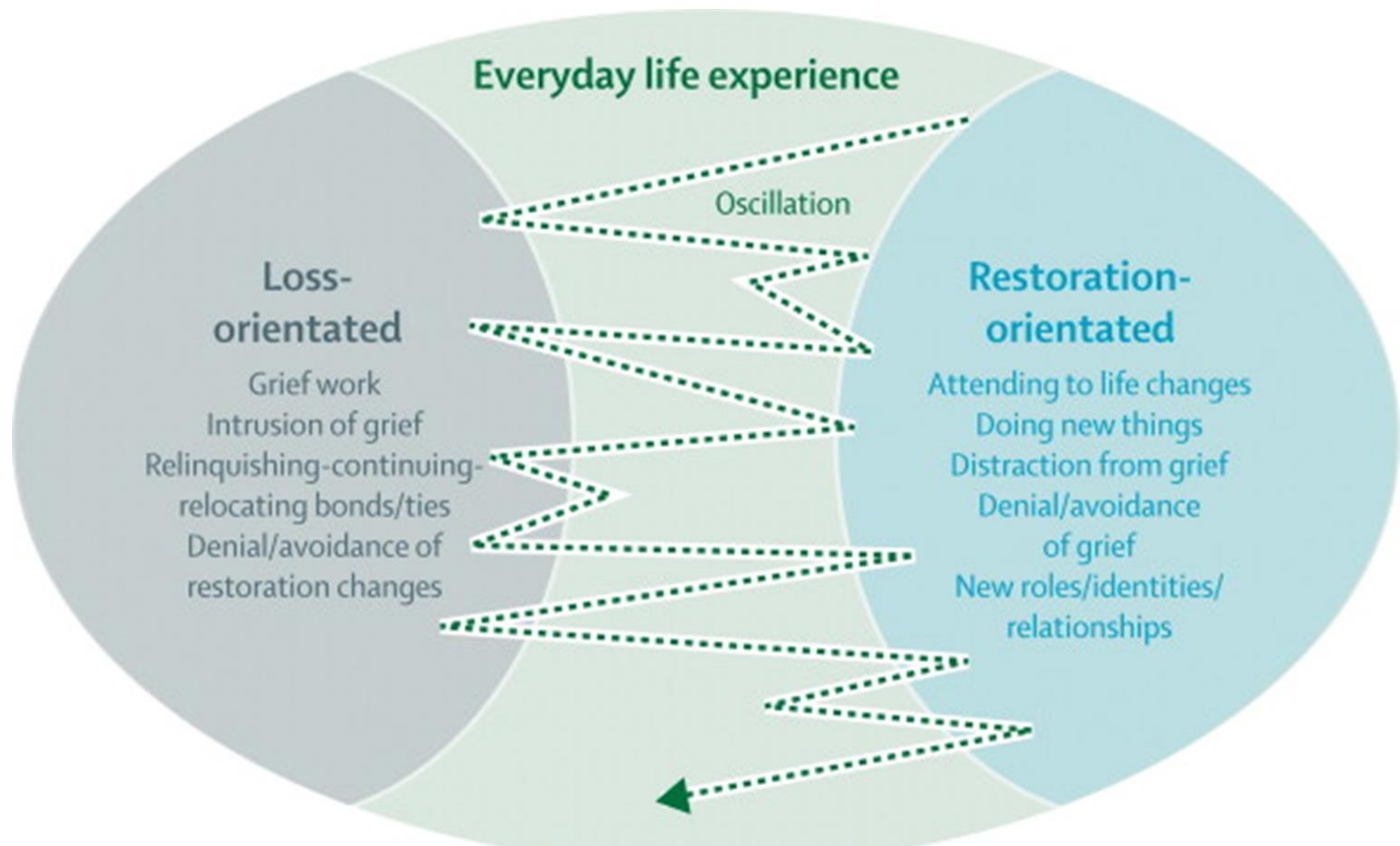




'Normal' grief reactions

- **Feelings:** numbness, sadness, anger, guilt, anxiety, despair, loneliness, powerlessness, relief
- **Physical sensations:** shock, fatigue, hollow stomach, aching limbs, dry mouth, breathlessness
- **Thoughts;** disbelief, confusion, disorientation, obsessional preoccupation, visual/auditory hallucinations
- **Behaviours:** sleep disturbance, lack of appetite, absent-mindedness, crying, sighing, over activity, searching, visiting the grave

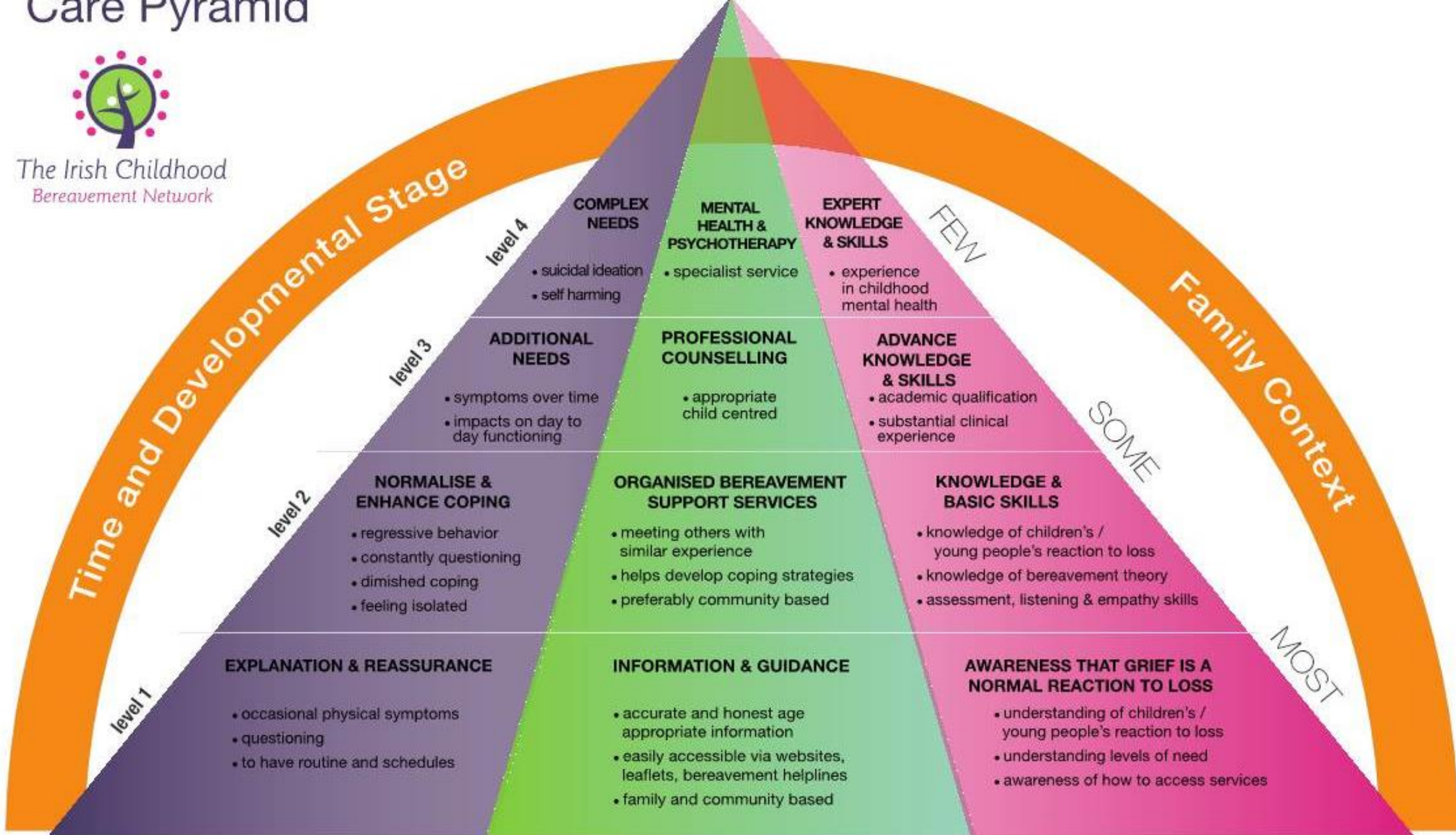




Care Pyramid



The Irish Childhood
Bereavement Network



NEEDS

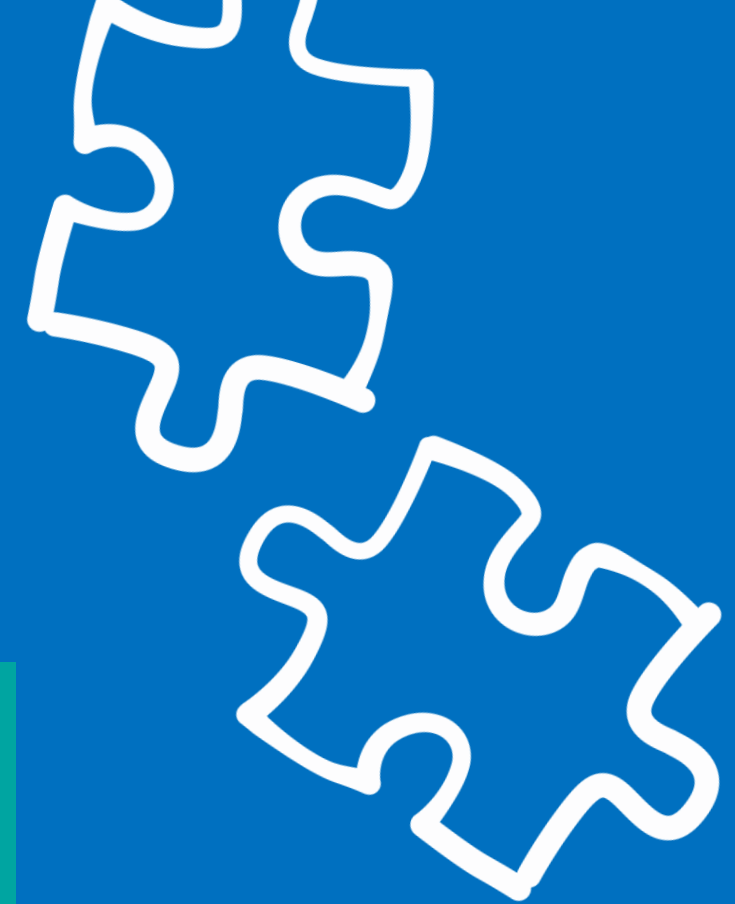
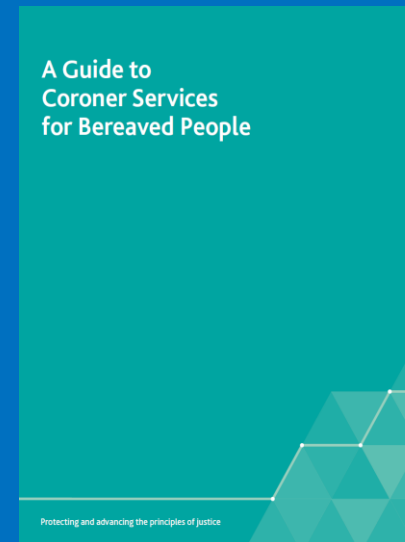
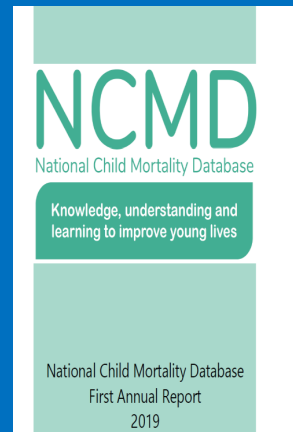
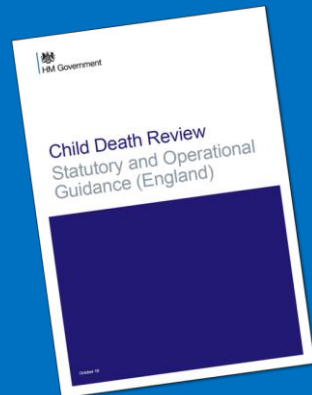
SERVICE/SUPPORT

COMPETENCIES

Content

Bereavement Key working

- Legal aspects (MCCCD/HMC/ME)
- Expected /unexpected death (SUDIC)
- Signposting / Resources
- Child death review process



Who is the key worker?



- Family Liaison Sister for ICUs and for Ward Deaths a healthcare professional close to the family.
- In the case of children on a palliative care pathway, there will often be a specialist nurse involved (eg. Oncology/Cardiac/Metabolic Clinical Nurse Specialist), who knows the family extremely well and may be better placed to take on this role.

Main responsibilities

- Be a reliable and readily accessible point of contact for the family after the death.
- Help co-ordinate meetings between the family and professionals as required
- Be able to provide information on the child death review process and the course of any investigations pertaining to the child, including liaising with the coroner's officer and any police family liaison officer
- Represent the 'voice' of the parents at professional meetings, ensure that their questions are effectively addressed, and to provide feedback to the family afterwards
- Signpost to expert bereavement support if required.



Medical Examiner

Purpose of the medical examiner system is to:

- provide greater safeguards for the public by ensuring proper scrutiny of all non-coronial deaths
- ensure the appropriate direction of deaths to the coroner
- provide a better service for the bereaved and an opportunity for them to raise any concerns to a doctor not involved in the care of the deceased
- improve the quality of death certification
- improve the quality of mortality data.



Coroners (HMC) Eng & Wales

Coroners investigate deaths that have been reported to them if it appears that:

- the death was violent or unnatural
- the cause of death is unknown
- the person died in prison, police custody, or another type of state detention.

In these cases coroners must investigate to find out, for the benefit of bereaved people and for official records, who has died and how, when, and where they died.

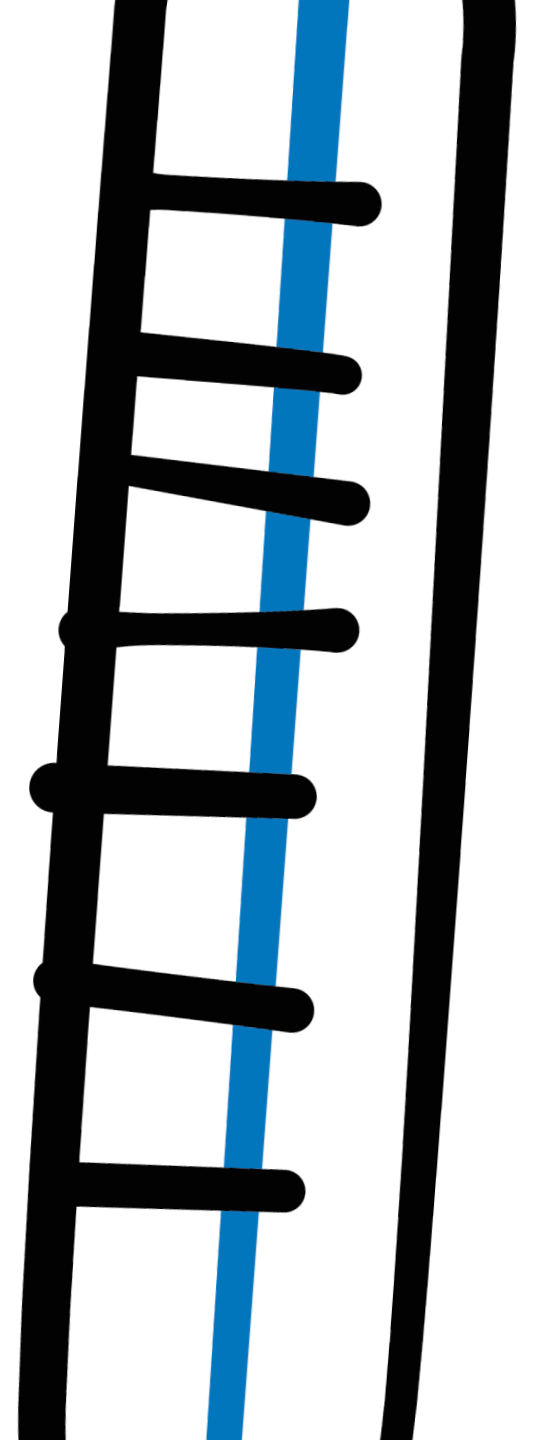


Guide to coroner's service

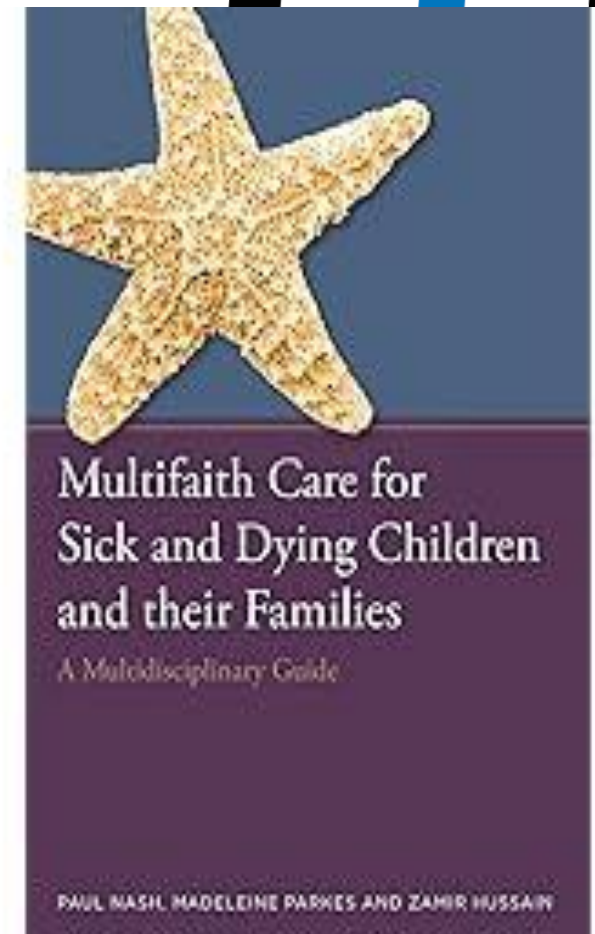
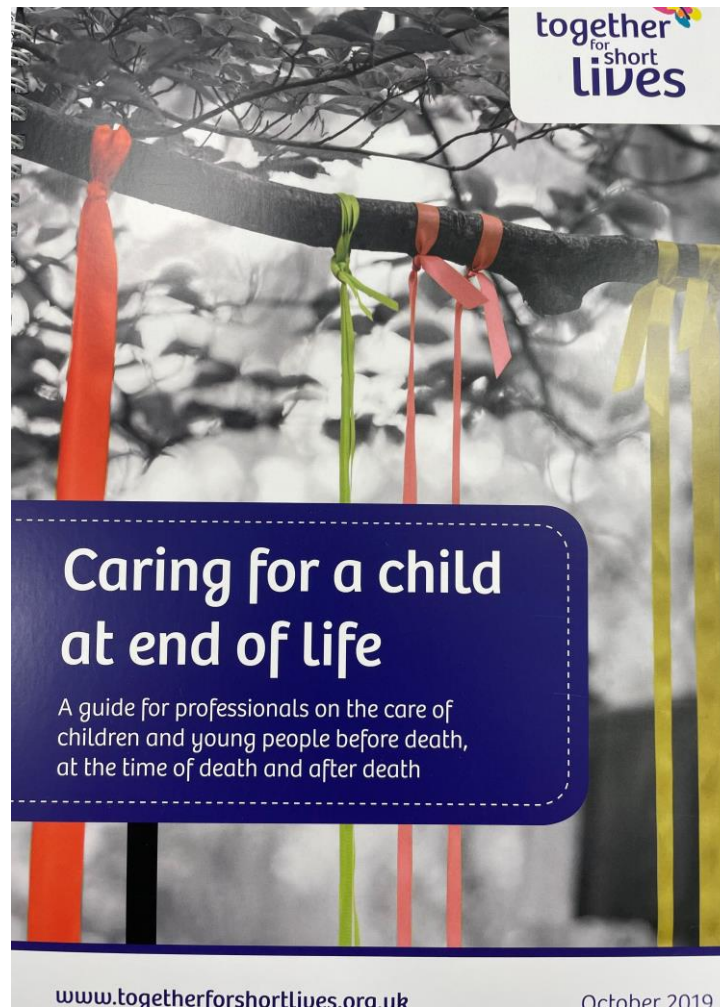
A Guide to
Coroner Services
for Bereaved People

Protecting and advancing the principles of justice

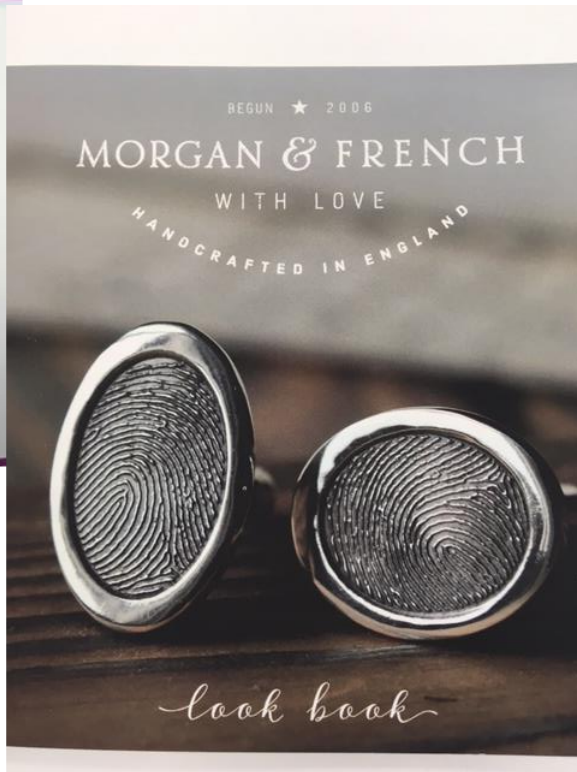
- Published Jan 2020



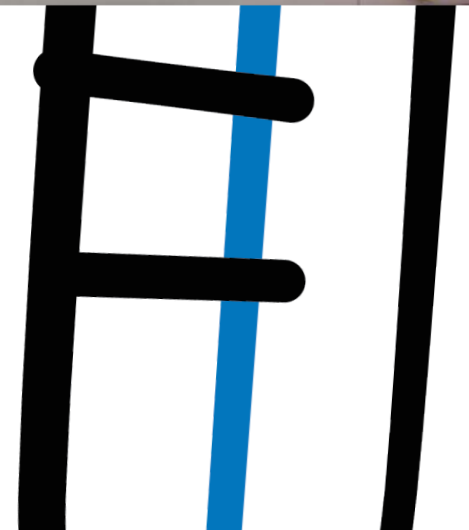
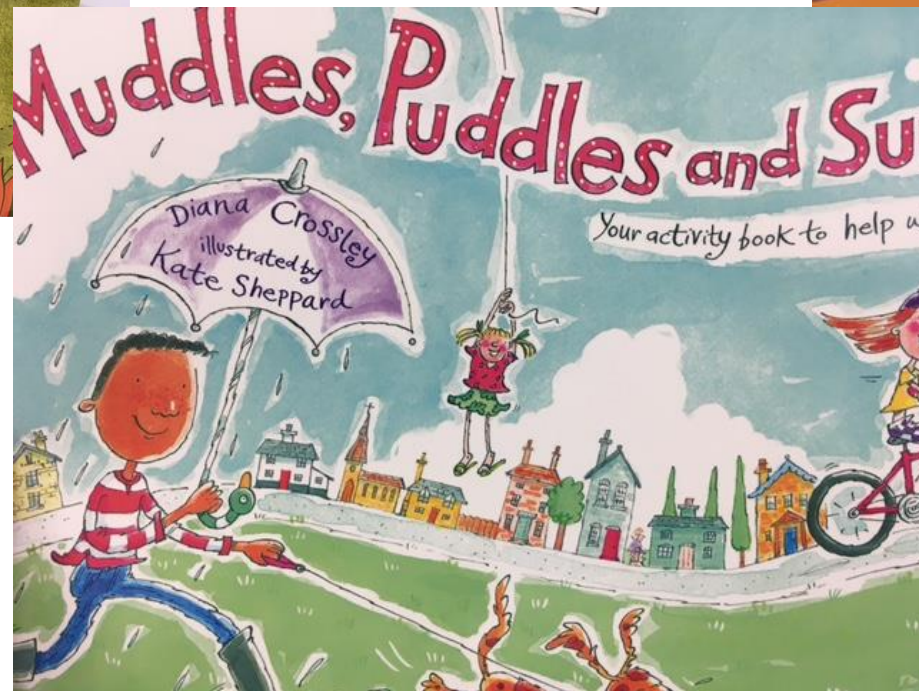
Resources



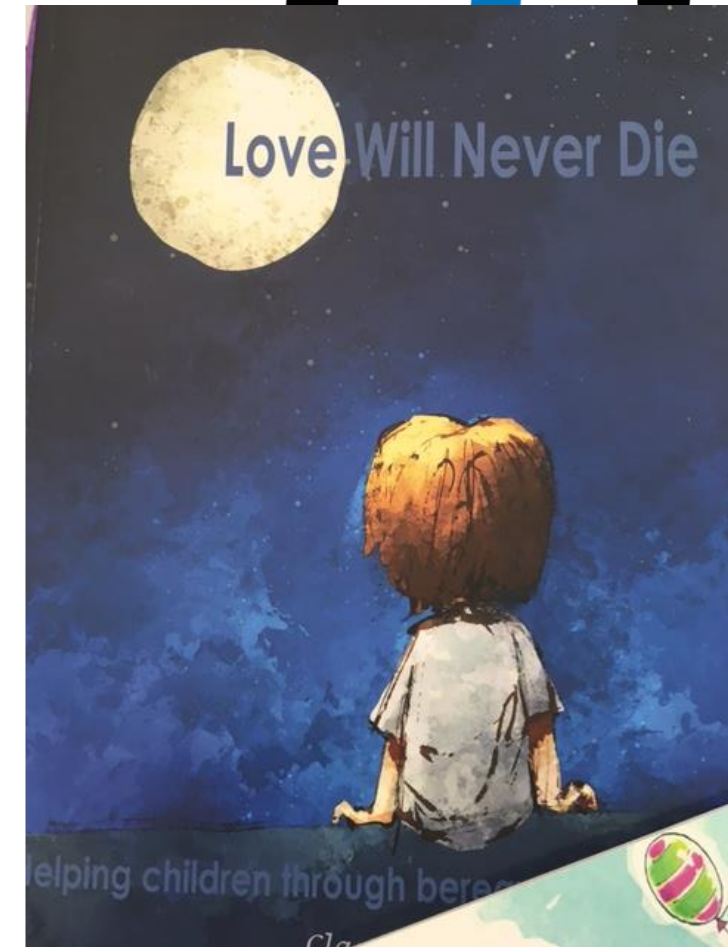
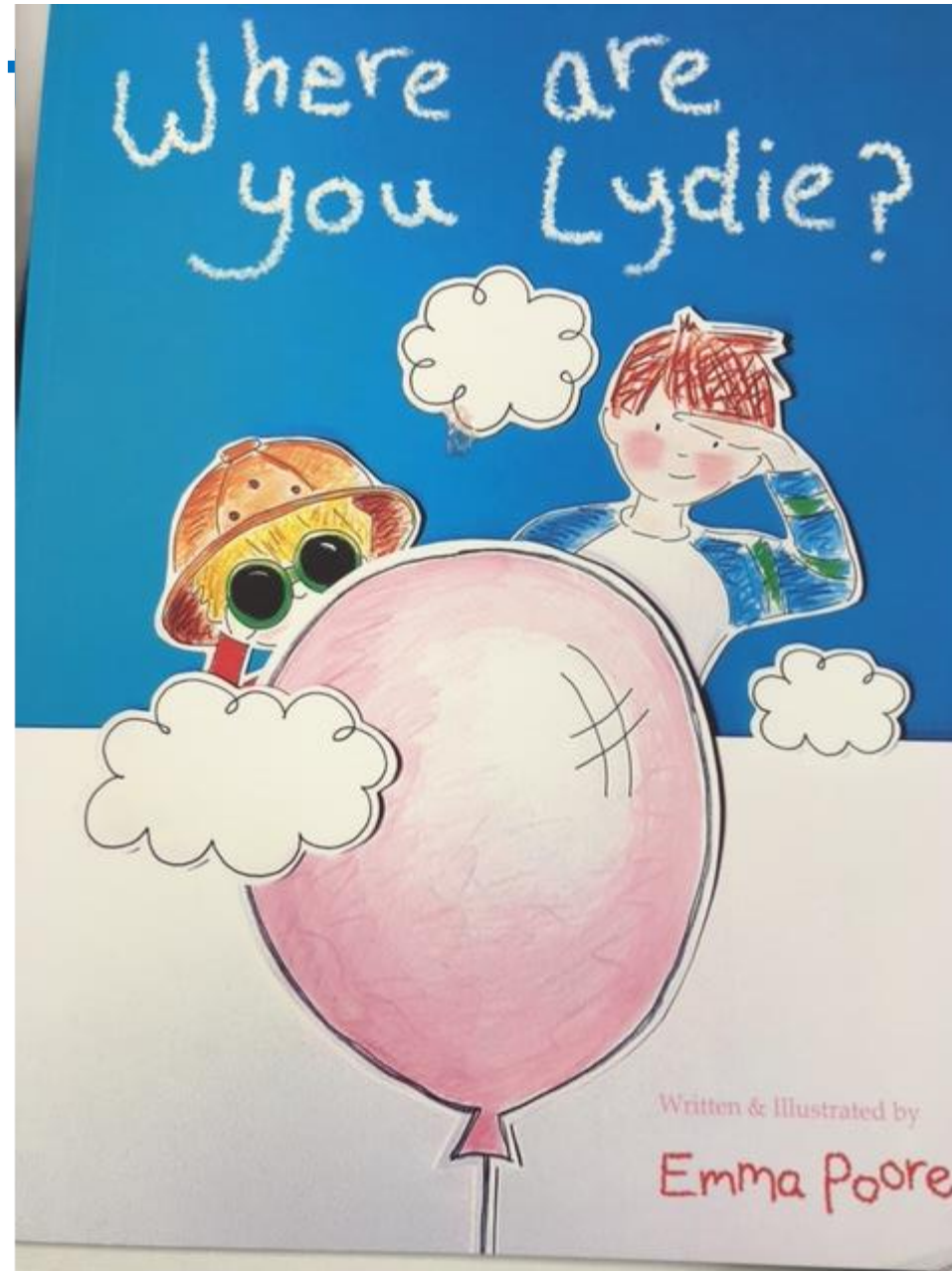
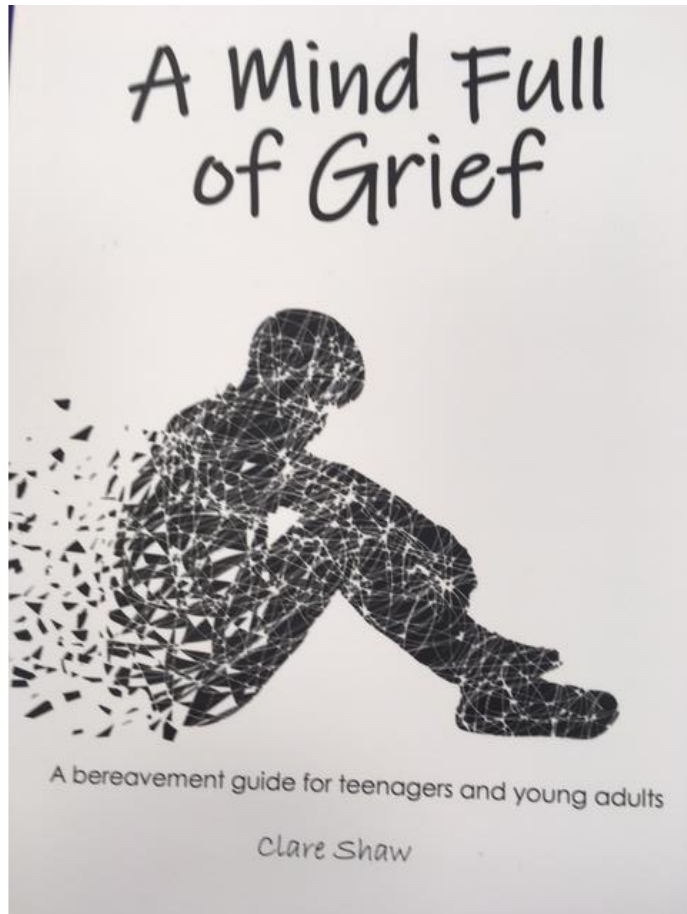
Memories



Book for siblings



Siblings and



Websites

<https://www.siblingsupport.co.uk/>

**sibling
support**

<https://www.thegoodgrieftrust.org/>

**WINSTON'S
WISH WW**

Child 
Bereavement UK
REBUILDING LIVES TOGETHER

At a
Loss.org
Helping the bereaved
find **support**



A colorful, abstract logo consisting of a thick, curved line in shades of pink, purple, and blue. To the right of the logo, the text 'Child Death Helpline' is written in a purple sans-serif font.

Child Death
Helpline

Sands The Sands logo features the word 'Sands' in a large, bold, orange sans-serif font. To its right is a blue icon of a hand holding a baby, with a single blue tear falling from the hand.



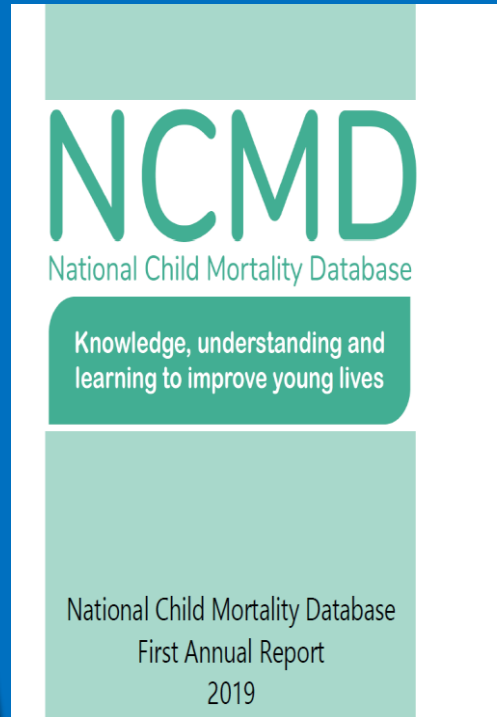
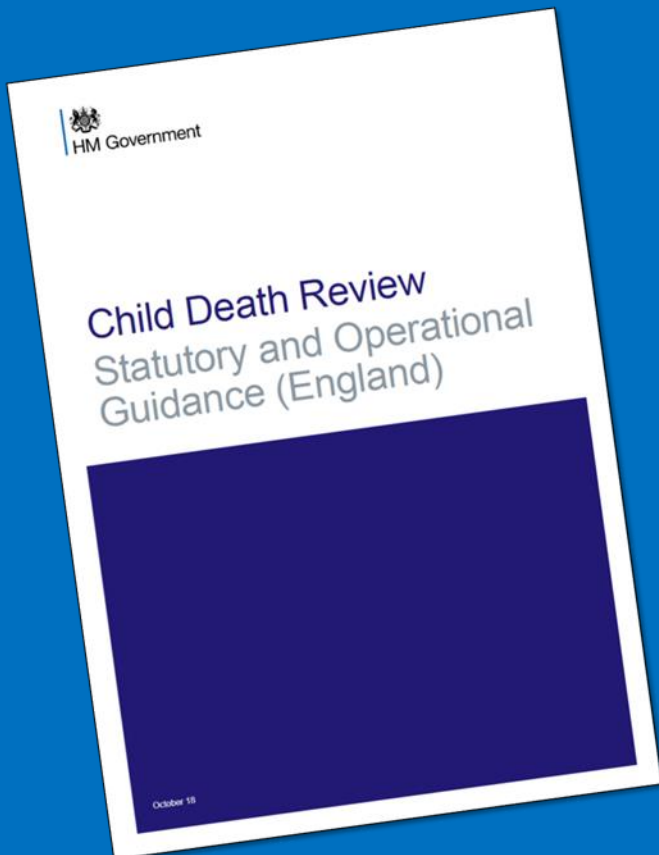
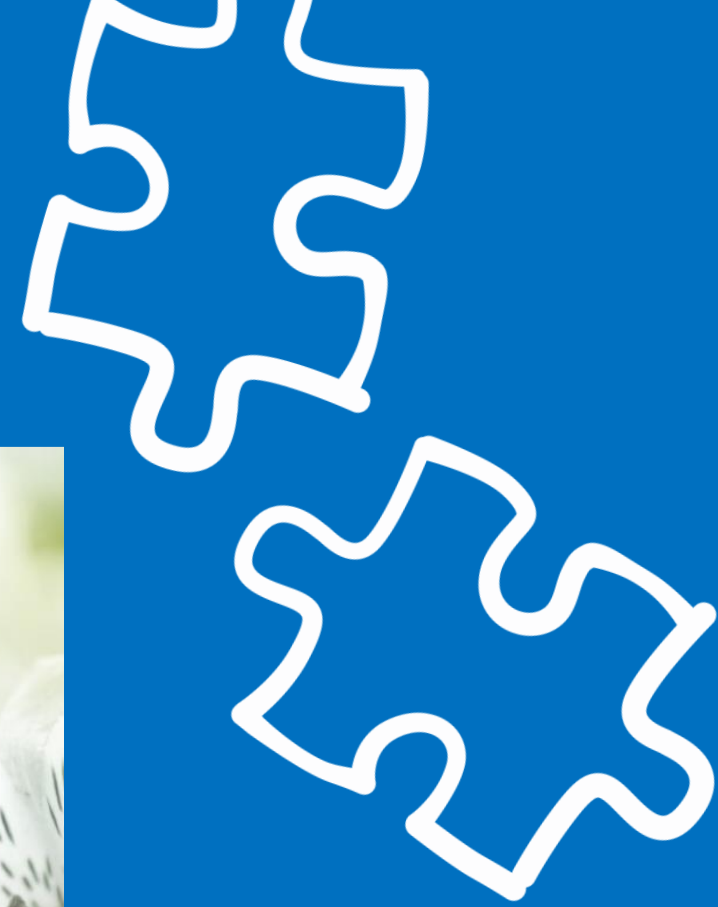
**gr'ef
encounter**
supporting bereaved children & young people

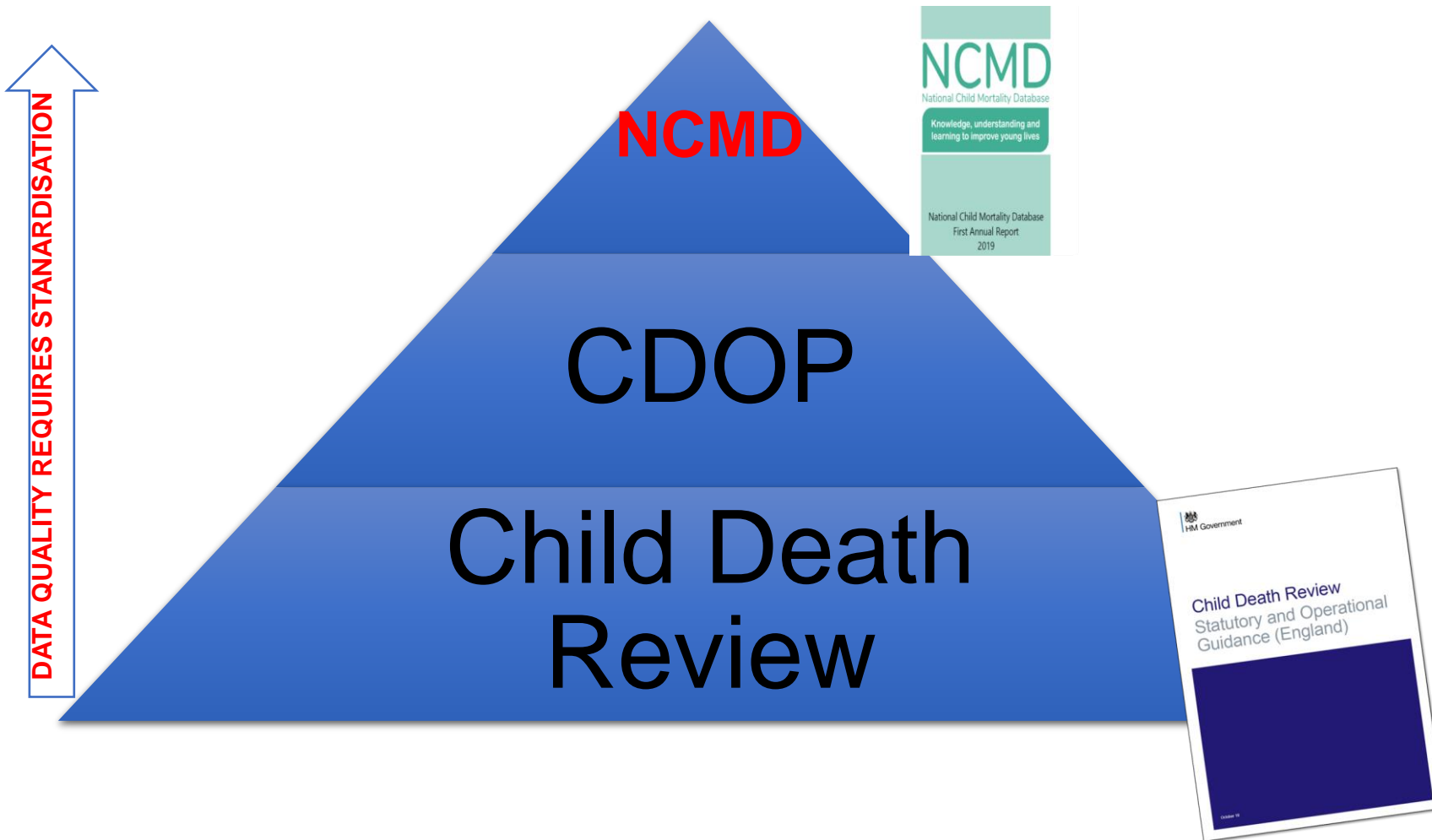
website

<https://www.yourfuneralchoice.com/>



Child death Overview process

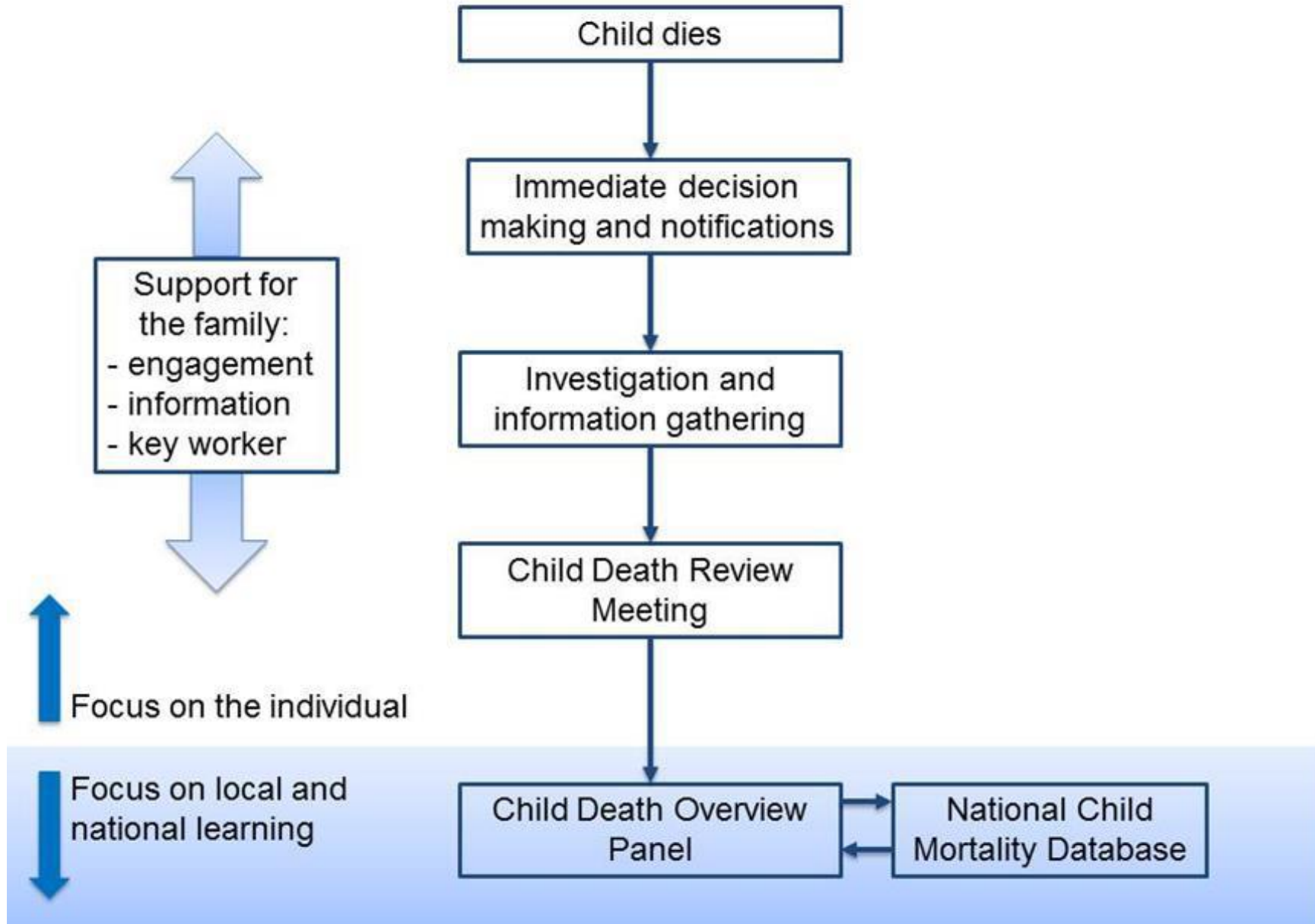




Child Death Review Meeting (CDRM)

Purpose:

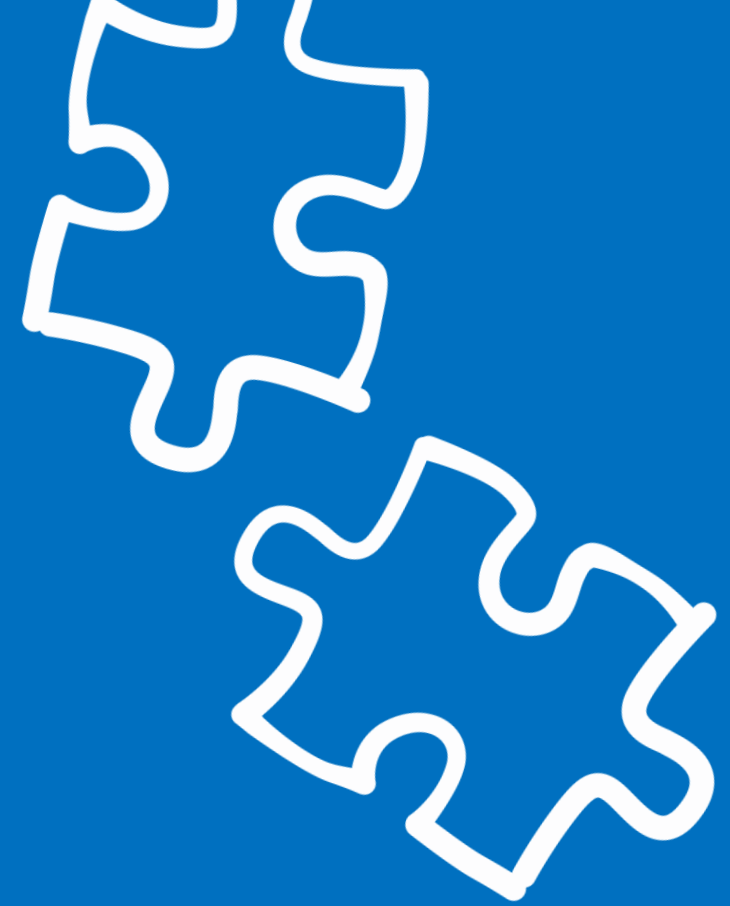
- to review the background history, treatment, and outcomes of investigations, to determine, as far as is possible, the likely cause of death;
- to ascertain contributory and modifiable factors across domains specific to the child, the social and physical environment, and service delivery;
- to describe any learning arising from the death and, where appropriate, to identify any actions that should be taken by any of the organisations involved to improve the safety or welfare of children or the child death review process;
- to review the support provided to the family




Content contd...

Self care – Emotional labour

- Hot /cold debrief
- Supervision – self awareness
- Reflection journaling



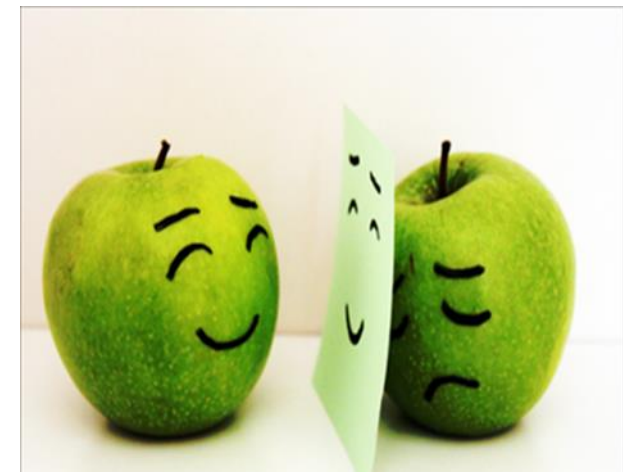
THE SCIENCE OF STRETCHING AND WARMING UP



Emotional labour

Emotional labour is defined as, 'the expression of one's capacity to manage personal emotions, sense others' emotions, and to respond appropriately, based on one's job'

Mastracci SH, Newman MA, Guy ME. Emotional labor: Why and how to teach it. *Journal of Public Affairs Education*. 2010:123-41 (p.125).



Emotional labour

If staff are to be able to manage their emotional labour, avoid burnout, and continue to provide care for patients they need to be supported

(Maben et al 2012; Heaslip and Board 2012; Ballatt and Campling, 2011)

E.g.

- **Schwartz Centre Rounds** (Goodrich, 2011)
- **Restorative Supervision** (Wallbank and Preece, 2010).



Co-memorating Meetings



Drawing on key concepts and approaches of Narrative and Systemic Family Therapy, in her 1997 book “Death Talk: Conversations with Children and Families”, Glenda Fredman developed **“Co-memorating Meetings”** as a model for all professionals involved in a child’s care to **“Re-member”** a child who has died.

Debriefs following a death

- **Hot** (immediate) during or end of shift. Checking that staff are OK and if needing to discuss events
- **Cold** Normally held 48 hours- one week this is to process the emotional impact



Safety Nets!

- Restorative supervision
- Debrief
- Schwartz© rounds
- “Lavender”/duvet days
- Peer support (networks)
- Self awareness-
personality testing
e.g. Myers Briggs





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Thank you for listening

