

## Medical Disclaimer

Medicine is a dynamic science; as research and clinical experience enhance and inform the practice of medicine, changes in treatment protocols and drug therapies are required. The authors have checked with sources believed to be reliable in their effort to provide information that is complete and generally in accord with standards accepted at the time of publication. However, because of the possibility of human error and changes in medical science, neither the authors nor Children's Hospital and Health System, Inc. nor any other party involved in the preparation of this work warrant that the information contained in this work is in every respect accurate or complete, and they are not responsible for any errors in, omissions from, or results obtained from the use of this information. Readers are encouraged to confirm the information contained in this work with other sources.

## Children's Hospital and Health System Unit - Specific Policy and Procedure EDTC Department

This policy applies to the following entity(s):

CHW - Milwaukee

### **SUBJECT: EDTC – Patient Death**

#### **PURPOSE OR DESCRIPTION:**

Maintaining a safe and functional environment after the death of a child

#### **POLICY**

Maintain safety of staff members, families and visitors while attending to the unique family needs after the death of a patient. Assure a productive environment is facilitated through timely and effective resource allocation.

#### **PROCEDURE**

- A. Notify Security and the charge nurse when a patient arrives in the emergency room as dead upon arrival (DOA) or expires during time in EDTC.
- B. Assessment for proper resource allocation is completed by the following individuals:
  1. Security Officer
  2. Charge Nurse
  3. Social Worker
  4. Spiritual Care/Chaplain
  5. Patient Care Manager

Original: 7/2014

Revised: 10/17/2018

Effective: 11/26/2018

EDTC – Patient Death/EDTC - CNS

1



\*If an ED Code Blue or Trauma has not been activated, contact on-call social work, chaplain and patient care manager (can be delegated to the ED Communicator).

C. The above staff members, with the attending, will determine:

1. Best and safest practice if additional family/community members are expected to arrive (violent event, media involved) (see *Visitor and Special Guest* policy).
2. Determine room/location where extended family and visitors will be debriefed.
3. Assign a staff member(s) at the EDTC entrance to meet family and escort to that specific room/location to be debriefed. (ie security)
4. Assign a staff member to stay with the immediate family and deceased child.
5. Determine feasibility of moving deceased patient to a more private location.
  - a. Law enforcement or investigators may place restrictions on movement or interaction with the body. Social work can support guidance. (ie. Medical Examiner Case)
    - i. Assign a staff member to remain with the deceased patient at all times.
    - ii. In most cases where law enforcement involvement exists, family members, as designated by the parent or guardian, are permitted to visit their deceased child. In extenuating circumstances when law enforcement states no visitors - acknowledge the police officer by saying, *“At Children’s Hospital, it is important to allow the family to grieve the loss of their child by viewing their child’s body. Please respect that need. Please also let us know your needs and we will do our best to assist both the family and you in the aftercare for this situation. Thank you for your understanding”*.
    - iii. When visitors are prohibited, notify CHW security officer.

6. The Chapel may be used within the following guidelines:

- a. When Spiritual Care has been called in to support family
- b. An identified staff member is able to stay in the Chapel with the family (ie. Chaplain)
  - i. Family members may express grief or anger over the loss of a loved one.
  - ii. Staff should address any negative behaviors that disturb or have the potential to disturb the therapeutic and healing environment that we strive to maintain. If staff are unsuccessful in de-escalating negative behaviors, Security should be requested to attempt to de-escalate. Family members who continue to demonstrate violent or disruptive behavior may be asked to leave our environment to continue identifying their healing process.

D. Security Officer alerts Welcome Center, Emergency Department Entrance, and Milwaukee County Sheriff personnel of possible family/community members arrival – those arrived must be badged as visitors and escorted to predetermined location.

Original: 7/2014

Revised: 10/17/2018

Effective: 11/26/2018

EDTC – Patient Death/EDTC - CNS

2



- E. Security Officer, Charge Nurse, Triage Nurses, Chaplain, Social Work and attending provider should be notified of what names are on the expected/approved list to visit.
- F. The assigned staff member meets with the extended family/community members. Use scripting to message to families the need to maintain a safe environment and then escorts the approved visitors to the predetermined room/location.
  - *“The family has requested the need for [names of individuals] to stay and have asked the rest of you to please identify one person that will communicate back to them where you will be so you can all continue to support them the best way possible.” “A hospital staff member or security will be back to help the rest of you get safely back to your car.”*

## **FAMILY EDUCATION**

- Bereavement Packet

## **DOCUMENTATION**

- Document safety concerns in *Safety Note* in the EHR

## **SUPPORTIVE INFORMATION**

Please list any additional resources available such as:

CHW Policy and Procedure

- Death - Disposition of a Body
- Assisting Families after the Death of a Child
- Visitor and Special Guest Policy and Procedure

## **REFERENCES**

American Academy of Pediatrics Committee on Pediatric Emergency Medicine et al. (2014). Death of a Child in the Emergency Department. *Pediatrics*, 134(1). Retrieved from: <http://pediatrics.aappublications.org/content/134/1/198.full.pdf+html>

Garstang, J., Griffiths, F., Sidebotham, P. (2014). What do bereaved parents want from professionals after the sudden death of their child: a systematic review of the literature. *BMC Pediatrics*, 14 (269).

Original: 7/2014

Revised: 10/17/2018

Effective: 11/26/2018

EDTC – Patient Death/EDTC - CNS

3



Lindsay J & Heliker D. (2018). The Unexpected death of a child and the experience of emergency service personnel. *Journal of Emergency Nursing*, 44(1), 64-70

O'Meara, M. & Trethewie, S. (2016). Managing paediatric death in the emergency department. *Journal of Paediatrics and Child Health*, 52(2), 164-167. DOI:10.1111/jpc.12957

Approved by the Clinical Practice Council October 17, 2018

## **ADDENDUM:**

### **Assisting Families after the Death of a Child**

Literature tells us that facilitating the departure of a family after the death of a child is one of the most difficult tasks of emergency healthcare providers. The guidelines below are provided to assist the caregiver in his or her role in acknowledging the death to the family and offer supportive suggestions to help the family in their grieving process. While there is no limitation to how long a family can/should stay after the death of a child, our responsibility is to every child and family in the EDTC. Bereaved families look to us for guidance, sincerity, and compassion as we help to support them at this difficult time.

---

#### **Bereaved parents inform us these behaviors are helpful:**

- **Sit with us**
- **Use my child's name whenever possible**
- **Acknowledge my pain**
  - "I am so sorry"
- **Recognize the importance of memory (Needs to be approved by medical examiner)**
  - Ask if family would like a keepsake of their child – handprint, photo, lock of hair
  - Allow family to participate in bathing body if appropriate
- **Dismiss the need to judge**
- **Guide us**
  - Ask the family if you can assist them in calling one or two people they may want with them right now.
  - Acknowledge that there may be other family members and friends that care for them and may come to the hospital wanting to support them.
    - Help the family identify a set meeting place that additional family and friends can gather. Perhaps another relative's house or the family's home.

Original: 7/2014

Revised: 10/17/2018

Effective: 11/26/2018

EDTC – Patient Death/EDTC - CNS

4



For questions concerning this work,  
contact lbrowne@mcw.edu  
© 2022 Children's Hospital and Health System, Inc.  
**See Medical Disclaimer**

Updated: October 2018  
Valid until: March 2025

- Inform the family if additional family and friends come to the hospital, they will be told to meet at the set gathering place.
- **Intervene if necessary**
  - If the family states that the child is to be cremated & there will not be a funeral or memorial service, we should ask what can we do to help them and who else would be important to have here.
  - If the family is delayed in arriving to the ED, the morgue family room is a good alternative (if it is an infant or small child because a gurney does not fit in the room).
  - Emotional responses are expected.
  - Emotional de-escalation may be necessary. Instruct **one person** to call the individual by name, indicate what behavior is needed, if appropriate, invite the individual to come and see the patient. (Example: “Sara, I need you to take a couple of slow deep breaths for me. If you would like, once you are able to talk
- **Ask for help**
  - Circumstances may be out of our control – In some cases there will be other variables that may affect who the family wants included and how long the child is in the department. (ME case, police case, family that live far away or are not released immediately to come to the hospital.)
  - If you anticipate concerns - utilize manager on-call to help defuse situations
  - Obtain Just In Time Clinical teaching sheet from Clinical Resource on the Intranet for instructions to access additional support
- **Self care is vital** - Seek additional support from fellow co-workers, a chaplain, the hospital’s CISM Team or the NEAS
  - CISM: Critical Incident Stress Management Team – leave a message by calling 414-266-2662
  - NEAS: National Employee Assistance Program (NEAS) 1-800-634-6433 (available 24 hours a day, 7 days a week) [www.neas.com](http://www.neas.com) Password: CHW1