



After-Death Care Protocol: A Final Act of Caring

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Statement of the Problem

The current after-death care (ADC) protocol at a hospice facility fails to support nurses in finding meaning and closure after the loss of a patient.

Background – After-Death Care

- Provides holistic patient care/support to grieving family members after a loved one's passing
- Gives meaning and purpose to the task of readying the patient to leave the facility
- Serves as an antidote to daily suffering experienced by hospice nurses' loss of patients
- Accomplished by compassionately and respectfully caring for the patient's body after death
- Gives the family a sacred memory of caring for their loved one for the last time
- Offers nurses an opportunity to say final good-byes and to feel a sense of providing excellent care

Few articles focused on nurses' experiences of ADC after the loss of a patient



Purpose /Objectives

Evidence-based practice project developed an ADC protocol and checklist and implemented training for nursing staff at a hospice facility.

- Increase knowledge about ADC with focus on honoring the patient's body and utilizing rituals
- Increase resilience through finding meaning and purpose

Methods

In Fall 2019, an ADC protocol was developed informed by literature review and 4-question survey given to nursing staff (13 RNs and 2 CNAs) at a 20 bed-hospice facility in Vancouver, WA

1. Have you received formal ADC training?
2. Do you believe honoring the patient's body through ADC rituals can be meaningful and provide sense of purpose for nursing staff
3. Do you believe honoring the patient's body through ADC rituals can support nursing staff by finding closure?
4. Do you believe this protocol provides support with finding meaning, sense of purpose, and finding closure after a patient's?

Findings

- Thirteen participants (86%) responded; 100% agreed honoring the patient's body utilizing rituals supports sense of purpose, meaning, and closure.
- Nurses who participated in the training described the experience using words/phrases such as "sacred," "it feels right," "it completes the circle."
- Nurses are concerned they may not have time or staff to support them while providing ADC and supporting family.
- Others stated, "feeling awkward blessing the patient's body" and others found ADC "soul soothing for self and family"
- One respondent described ADC as a time to practice self-care through self-awareness, taking an inventory of feelings and getting close to families.

Implications

- Incorporation of an ADC protocol in a hospice facility impacts nursing by supporting meaning making, a sense of purpose, and fosters closure
- For evidence-based ADC to take place, it is vital to have management's support.
- Next step: To present the ADC protocol to Shared-Governance for approval and implementation.

Limitations

- Most of the evidence was >10 years
- ADC is a newer term; many articles related to care of the body after death are found using terms such as postmortem care and last offices
- Evidence found was predominantly qualitative phenomenologically designed studies

Acknowledgement & References

Thank you to my mentor: Nancy Robertson, MSN, ANP-BC, ACHPN and Regina Fink, PhD, APRN, AOCN, CHPN, FAAN

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Translating Research into Practice (TRIP): After-Death Care: Final Act of Caring

What Does the Evidence Say?

- The nurse does not stop caring for the patient after dying but helps the patient transition from life into death by providing after-death care (ADC) through honoring patient's wishes, providing privacy, maintaining integrity, and respecting cultural beliefs (Martin & Bristowe, 2015)
- ADC rituals allow nursing staff to find regularity, security, and control amid emotional turmoil caused by the death of the patient (Olaussen & Ferrell, 2010).
- ADC is a sacred time for the family to care for their loved one for the last time. ADC facilitates bereavement to family and closure to nursing staff (Olaussen & Ferrell, 2010).

Change in Practice

- ADC protocol is integral for an inpatient hospice facility:
1. To standardize nursing practice and maintain quality throughout the shifts and disciplines.
 2. To encourage nursing staff to see ADC rituals as integral part of excellent patient care.
 3. To promote compassionate, respectful and patient-centered care after death while supporting the family through the grieving process.
 4. To support nurses with meaning-making, sense of purpose, and in finding closure after the loss of a patient.

Bathing/Honoring

- After bathing is done, begin applying patient's/family's preferred fragrance to the patient while reading the following words:
- We honor/bless (patient's name) eyes which looked on us with kindness (lightly oil the eyelids)
 - We honor/bless (patient's name) hands for the work they have done in this life (lightly oil the hands)
 - We honor/bless (patient's name) feet which carried him/her through this life (lightly oil the feet)
 - We have been honored to care for (patient's name) and to have been part of his/her journey.

Bathing/Toasting

- After bathing, alert staff of bedside toast over the Vocera.
- Allow a few minutes for staff to gather in patient's room
- Distribute glasses to family/friends already present making sure glasses are full. Staff participating in the toast can pick up a glass upon entering.
- All staff are welcome to make a bedside toast (even if the patient was not assigned to the staff member that shift)
- Invite everyone in the room to join in the toast.
- The toast should be short, simple, and heartfelt.
- It is appropriate to say, "I'd like to make a toast" or a similar phrase.
- Wait for everyone's attention and speak from the heart.

Remembrance Box

- Includes: cranes (ask family to leave the crane on Chaplain's Mary desk for her to hang), stones, pieces of ribbon, scissors, (to cut a lock of hair from loved one), ink and cards (for family to take fingerprints of loved one), angels (families can take home)
- After providing ADC, have family choose any of the articles from the box.



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