

**SECTION I:**

Patient Name \_\_\_\_\_

MR# \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_

Diagnosis \_\_\_\_\_

Brief history surrounding death \_\_\_\_\_

Family contact information (name, relationship, contact#) \_\_\_\_\_

Primary RN \_\_\_\_\_ Attending MD \_\_\_\_\_

**Section II: NOTIFICATION (please note, organ bank is notified by admitting staff: please defer discussion of organ donation to organ bank staff)**

	Phone or Pager #	Name
Charge Coordinator	_____	_____
Psychiatric Nurse Specialist	_____	_____
Social Worker	_____	_____
Child Life Specialist	_____	_____
Chaplaincy	_____	_____

Medical Examiner's Office \_\_\_\_\_

**Section III: FAMILY MEMBERS:**

**Key: Father=F Mother=M Sibling=S Spouse=SP Child=C Significant Other=SO**

Family presence during resuscitation?	F M S SP C SO	_____
Not offered? Why?	F M S SP C SO	_____
Not accepted? Why?	F M S SP C SO	_____
Present with patient after death?	F M S SP C SO	_____
Touched child after death?	F M S SP C SO	_____
Held child after death?	F M S SP C SO	_____
Assisted with aftercare?	F M S SP C SO	_____

**Section IV: GENERAL INFORMATION FOR PEDIATRIC PATIENTS**

**MEMORY BOX**

Baby blanket  
 Box given to \_\_\_\_\_ or box locked in valuables cabinet  
 Instant photo with permission  
 Hand mold and/or prints  
 Lock of hair in small bag  
 Bereavement resources  
 Any personal articles/artifacts  
 Siblings names/ages \_\_\_\_\_

**Section V: AFTERCARE OF THE DECEASED/DOCUMENTATION**

Prepare child's body for morgue/funeral home (if autopsy leave tubes in place)  
 Cover with clean blanket (adult or baby bereavement blanket to go with family)  
 Nursing note to document date/time of death  
 MD note to document date/time of death  
 Assist family with information about funeral arrangements  
 Informational booklets given to family

\*\*\*Please place this finished checklist \_\_\_\_\_

**APPENDIX 3A**

Bereavement Checklist. MR, medical record.