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## FAST FACTS AND CONCEPTS #76

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**Background** Telephone notification to family members about a death is one of the most challenging and stressful communication skills, especially for cross-covering housestaff who may have had no direct interactions with the patient or family. Unpredictable variables are involved; telephone notification does not allow the same level of interaction possible with direct personal contact. This Fast Fact offers some guidelines when telephone notification is unavoidable; Fast Fact #77 discusses issues surrounding whether or not to delay notification of death until loved ones arrive at the hospital.

### Preparing for the Call

1. Review death pronouncement protocol (See Fast Facts # 4 and 64).
2. Positively identify the patient (hospital ID tag) and confirm death.
3. Obtain relevant information; e.g. patient's name, age, gender, identification numbers.
4. Obtain the full name, address, phone number(s) of the person/s you are calling. Try to establish from the chart and nursing staff the relationship of the contact to the deceased patient.
5. Establish the circumstances of death; expected or sudden. Write down the key information you need and thoroughly review what you will say.
6. Find a quiet or private area with a phone.

### Timing

1. The call should be made as soon as possible following the death. Whenever possible, inform the family of a grave turn of events prior to the patient dying. When substantial delay is likely, the responsibility for informing the family should be taken by the covering doctor (or the resident).

### The Actual Notification

1. Identify yourself. Ask the identity of the person you are talking to and their relationship to the patient. Ask to speak to the person closest to the patient (ideally, the health care proxy or the contact person indicated in the chart). Avoid responding to any direct question until you have verified the identity of the person to whom you are speaking. Ask if the contact person is alone. Do not give death notification to minor children.
2. If you do not have a prior relationship with the person you are speaking to, ask what they know about the patient's condition: What have the doctors told you about \_\_\_\_\_'s condition?
3. Provide a warning shot: I'm afraid I have some bad news.
4. Use clear and direct language, no medical jargon: I'm sorry, \_\_\_\_\_ has just died. Words like "dead" or "died" should be used. "Expired", "passed away" or "didn't make it" can be misinterpreted.
5. Speak clearly and slowly, allow time for questions. Be empathetic. A perceptive family can easily tell whether the notifier cares or is merely "going through the motions."
6. If the family chooses to come to see the body, arrange to meet them personally.
7. Provide contact information for the physician or hospital official who can meet with them and answer questions about the patient's death and other administrative issues.
8. Ask if you can contact anyone for them. Assess their emotional reaction (see Fast Fact #77).

9. If you feel uncomfortable about telephone notification, ask for help.
10. Never deliver the news of death to an answering machine or voice mail. Instead, leave specific contact information. If you are unable to make contact within 1-2 hours, contact a hospital representative (e.g. social worker) to assist you in locating family or others.

### References

1. Iserson KV. The gravest words: sudden-death notification and emergency care. *Ann Emerg Med.* 2000; 36:75-77.
2. Iserson KV. The gravest words: notifying survivors about sudden, unexpected deaths. *Resident and Staff Physician.* 2001; 47:66-72.

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