



AGLS

Acute Grief Life Support

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Objectives

- Why consider on-scene termination of resuscitation?
- Compare capabilities of EMS and ER in cardiac resuscitation
- Consider barriers to on-scene termination of resuscitation
- Discuss family presence during cardiac arrest resuscitation
- Discuss structured process to support family during CPR
 - And following termination of efforts



Conflict of Interest / Industry Bias

- I have no conflict of interest or industry bias and will not discuss any off-label product use.
- Sadly, I have no financial conflict of interest to report.



EMS Makes a Difference

- Respiratory Distress
- STEMI
- Trauma
- CVA
- Cardiac Arrest

Own it!



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Would you do this to your patient?

CPR ON-SCENE



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We do it everyday across the nation!

CPR ON-SCENE



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Why CPR on scene?

- Does ER have anything EMS doesn't for CPR?

- NO



- There is nothing, NOTHING, the hospital has to offer that EMS cannot
- Does transporting CPR save lives?
 - No
 - EMS agencies with highest survival rates perform CPR on-scene



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Why CPR on scene?

- **Why do we transport CPR?**
 - History / tradition / dogma
 - Easy to transport
- **CPR and early defibrillation saves lives**, not fast trips in ambulances.
- Staying on-scene - reduces the stress and danger for all





Barriers to CPR On-Scene

- **1. Lack of desire by Administration / Medical Director**
 - Cost
 - Disposition of body
 - Crews out of service for extended period
 - Lack of resources
- **2. Lack of desire by EMS crews**
 - Fear of interacting with family on-scene
 - Fear of allowing family to witness resuscitation
 - Fear of responsibility
 - Lack of protocols

Science Demands We Change

- The science and data can make us better at what we do by showing us where we can improve.
 - 85% of all cardiac arrests occur at home.
 - For every minute of delayed resuscitation the survival chances decrease by 10%.
 - Interruptions in CPR for more than 10 seconds decrease survival chances significantly.
- High Quality CPR makes a difference, **BIG DIFFERENCE.**





Termination of CPR On-Scene

FAMILY PRESENCE DURING CPR

Family presence during CPR

- Recent discussions in medicine / NEW
- Studies began in pediatric population
 - Demonstrated better grieving
 - Demonstrated better closure
 - Reassuring to parents everything was done
- EMS has done this for 40 years
 - 70 – 90 % of all arrests occur in the home





Family Presence / TOR

- France: 15 EMS crews
- Randomized
- Questionnaires following
 - 90 days later survivor interviewed
- 570 families enrolled / 475 completed
- 76 % witnessed in intervention group
- 43 % witnessed in control group
- PTSD symptoms 1.7 X higher in control

Jabre P et al. Family presence during cardiopulmonary resuscitation. N Engl J Med 2013 Mar 14; 368:1008.

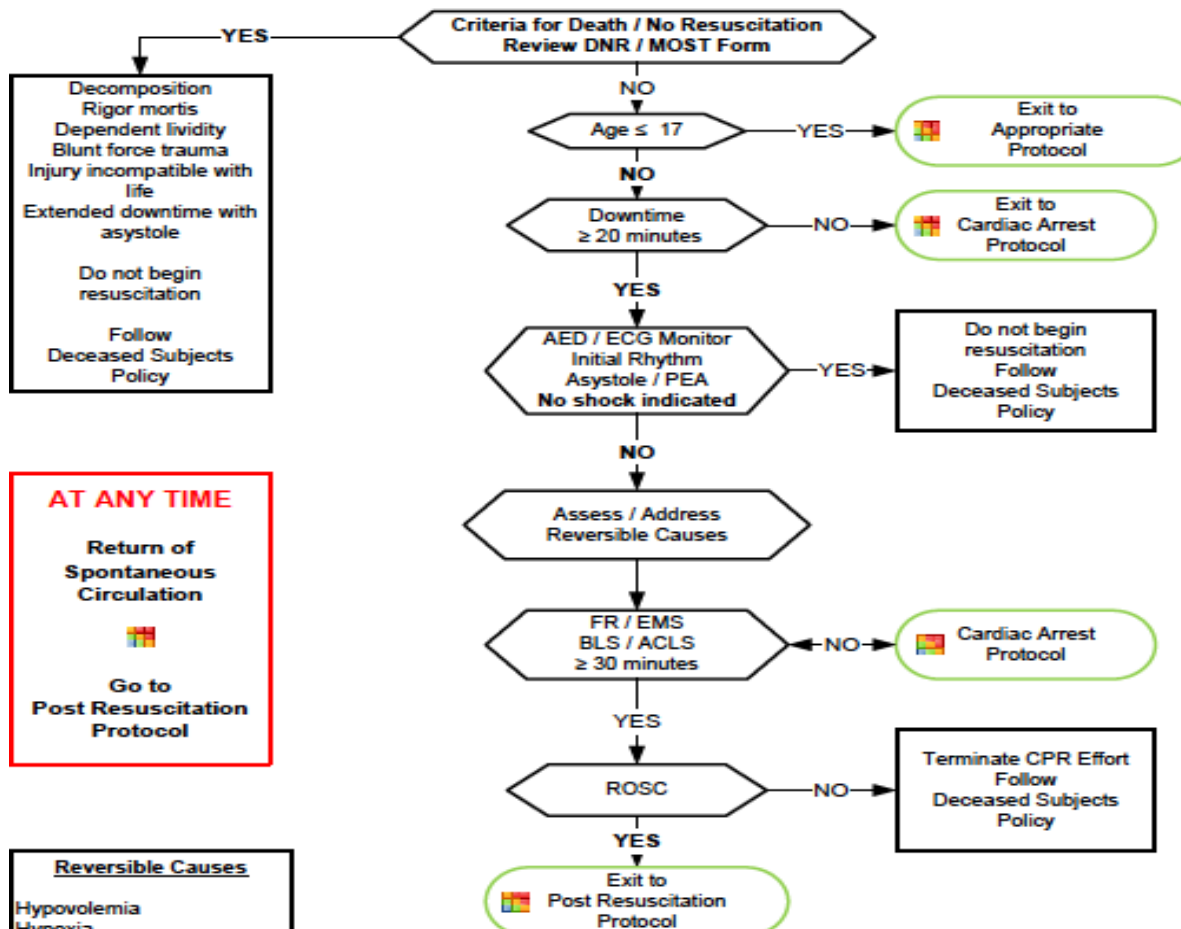
Termination of Resuscitation

- 3 Validated TOR Rules currently exist
- 2483 patients with CPR performed 08 – 10
- Survival to discharge is 6.6 %
- Field ROSC 36 %
- Survival 17.2 % with ROSC
- Without ROSC in field survival is 0.7 %
 - By following TOR Rules transports would have decreased by 50 %

Wampler DA et al. Cardiac arrest survival is rare without prehospital return of spontaneous circulation. Prehosp Emerg Care 2012 Jul 26



Termination of CPR



AT ANY TIME

Return of Spontaneous Circulation



Go to Post Resuscitation Protocol

Reversible Causes

Hypovolemia
Hypoxia
Hydrogen ion (acidosis)
Hypothermia
Hypo / Hyperkalemia
Hypoglycemia
Tension pneumothorax
Tamponade; cardiac
Toxins
Thrombosis; pulmonary (PE)
Thrombosis; coronary (MI)

Team Leader

ALS Personnel
Responsible for patient care
Responsible for briefing / counseling family

Incident Commander

Fire Department / First Responder Officer
Team Leader until ALS arrival
Manages Scene / Bystanders
Ensures high-quality compressions
Ensures frequent compressor change
Responsible for briefing family prior to ALS arrival

Adult Cardiac Section Protocols



Delivering Bad News

INTERACTION WITH FAMILY DURING CRISIS



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Delivering Bad News is Important

- What is bad news?
 - Information adversely affecting view of his or her future
- Family want the truth
 - Families want current therapy and prognosis
- Unethical to withhold clinical information
- Delay in delivering bad news affects future adjustment

Baile, Walter et al. SPIKES – A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer. The Oncologist. 2000(5)4:302-311.



Goals When Delivering Bad News

- 1. Gathering information from family
- 2. Provide information to family
- 3. Support family by reducing emotional impact and isolation
- 4. Form treatment plan and same of new patient: The Family

Baile, Walter et al. SPIKES – A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer. The Oncologist. 2000(5)4:302-



Strategies to help us Both

- We are all uncomfortable in giving bad news
 - Causes us to avoid the situation / information
- A standardized way or protocol helps
 - Disclosing bad news should be stepwise





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Delivering Bad News

WHAT STRATEGIES EXIST TO HELP

What Strategies Exist?

- Unfortunately not a great deal for EMS
 - Medical literature
 - Pediatric literature
 - Oncology literature
 - Palliative literature
 - Hospice literature
 - Military training
 - Police training
- What is the difference in our situation?
 - Bad news has already happened
 - **We** are in the middle of the bad news



S P I K E S

- S Setting up for the interaction
- P Perception of family
- I Invitation to hear news
- K Knowledge received and given
- E Emotions addressed
- S Strategy and Summary

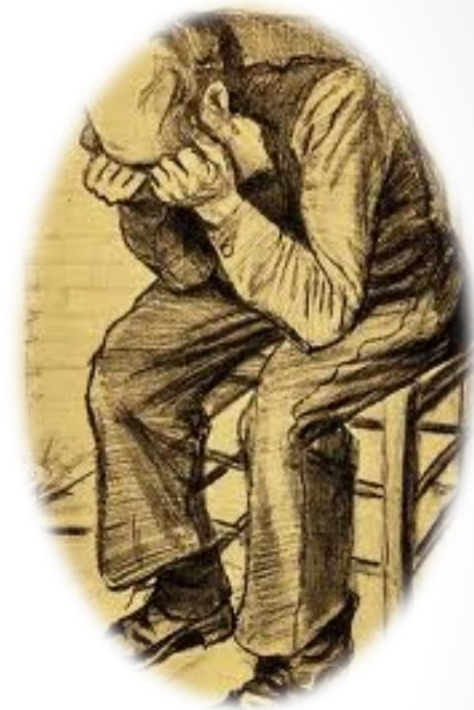


Baile, Walter et al. SPIKES – A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer. The Oncologist. 2000(5)4:302-311.



GRIEV__ING

- G Gather family and give information
- R Resources, call what is needed
- I Identify yourself, family's knowledge
- E Educate about situation
- V Verify information, patient
- __ Space to process and respond
- I Inquire of questions, needs
- N Nuts n Bolts: Legal, ME, paperwork
- G Give family contact information, local resources



Hobgood, C et al. The Educational Intervention "GRIEV_ING" Improves the Death Notification Skills of Residents. Acad Emerg Med. 2005(12)4:296-301.



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4 Phase Approach to Family Support

ACUTE GRIEF LIFE SUPPORT



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AGLS

- Lets incorporate what we know into AGLS mnemonic
 - **A**cute (Assemble, Ask, and Advise)
 - **G**rief (Get and Give information)
 - **L**ife (Let them...process, react, ask questions)
 - **S**upport (Situational updates, Summarize events, Secure information and Secure Scene)



Phases of Care / Interaction

- Treating the family during the resuscitation
- Four phases
 - **Phase 1 (First 5 – 10 minutes)**
 - Assemble, gather and explain
 - Use the word dead
 - **Phase 2 (10 – 15 minutes)**
 - Update
 - **Phase 3 (15 – 20 Minutes)**
 - Update
 - Emphasize dead and low likely hood of survival
 - **Phase 4 (20 – 30 Minutes)**
 - Closing out the resuscitation effort





Scenario

CASE STUDY USING AGLS

Case Study



- 50 y/o male
- Mowing yard, comes inside and complains of weakness
- Wife sees him collapse from a kitchen chair
- Calls 911 and gives bystander CPR
- First Responders arrive with AED and BIAD
- Team Focused / High Quality Resuscitation ongoing
- ALS arrives, starts IO, PEA noted, gives 1 mg of Epi 1:10,000



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AGLS Phase I (First 5 – 10 Minutes)



- **A**
 - **Assemble** family / others involved
 - Quiet, separate space away from resuscitation
 - Have everyone sit
 - Ask if you may sit, use empathetic posture and maintain eye contact
 - Allows privacy
- **Ask** their names and relationships and give yours
- **Ask** for additional resources if needed
- **Ask** what you can do for family
- **Advise** on situation, pick up where they left off...

AGLS Phase I

(First 5 – 10 Minutes)

- **G**
 - **Get** information pertaining to situation, SAMPLE, PCP
 - **Get** a sense of their understanding of the situation
 - **Give** information to family, what is happening now
 - Give in lay terms, do not use medical jargon
 - **Give** bad news
 - “Mr. Smith’s heart is NOT beating and he is not breathing...which means he has DIED suddenly...”
 - **Give** the family reassurance that you will keep them updated and will allow them to remain with their loved one
 - **Give** someone to stay with them during the resuscitation



AGLS Phase I (First 5 – 10 Minutes)

- **L**
 - **Let them** have time to process information
 - **Let them** ask questions and answer them honestly
 - **Let them** have silence. Silence is okay but sometimes awkward
 - **Let them** witness the resuscitation
 - If they choose
 - Always have a provider stay with them for support
 - Provider should be able to answer questions



AGLS Phase I (First 5 – 10 Minutes)

- **S**
 - **Situational** updates every 5 – 10 minutes during resuscitation
 - **Summarize situation** and current events
 - **Secure** ongoing support for family



Phase I Summary

- Resuscitation is top priority but family is equal
- I understand Mr. Smith was doing well today but after mowing his yard he felt unusually weak. He then collapsed and you called 911. Thank you for starting CPR, that is very important. Unfortunately **I have some bad news to give you.**
- While we are not sure exactly what happened, Mr. Smith's heart is not beating and he is not breathing **which means he has died suddenly.** We are compressing his chest to pump his heart and have placed a breathing tube to give him oxygen. We are using a defibrillator and medications in order to try and restart his heart.



Phase I Summary

- We are doing everything for Mr. Smith that can be done, right here in your home. In fact the doctors do not want us to move him because every time we stop CPR to move it decreases his chance of survival.
- When someone dies suddenly their chance of survival is very low, less than 8 % even when every thing is done for them. We are giving him every chance of survival right now but unfortunately the chances he will survive are low.
- I know this is a lot to tell you right now. Do you understand what has happened? Do you have any questions?



AGLS Phase II (10 – 15 Minutes)



- **A**
 - **Assemble** family / others involved
 - Quiet, separate space away from resuscitation
 - Have everyone sit
 - Ask if you may sit, use empathetic posture and maintain eye contact
 - Allows privacy
 - Allow for questions
 - **Ask** for additional resources if needed
 - **Ask** what you can do for family
 - **Advise** on situation up to this point

AGLS Phase II

(10 – 15 Minutes)

- **G**

- **Get** a sense of their understanding of the situation
- **Give** information to family, what is happening now
 - Give in lay terms, do not use medical jargon
- **Give** bad news
 - “Unfortunately Mr. Smith is not responding to our efforts. His heart is not beating and he is not breathing. We will continue to work hard to restart his heart, but with each passing minute his chance of survival becomes even less.”
- **Give** the family reassurance that you will keep them updated and will allow them to remain with their loved one
- **Give** someone to stay with them during the resuscitation



AGLS Phase II (10 – 15 Minutes)

- **L**
 - **Let them** have time to process information
 - **Let them** ask questions and answer them honestly
 - **Let them** have silence. Silence is okay but sometimes awkward
 - **Let them** witness the resuscitation
 - If they choose
 - Always have a provider stay with them for support
 - Provider should be able to answer questions



AGLS Phase II (10 – 15 Minutes)

- **S**
 - **Situational updates** every 5 – 10 minutes during resuscitation
 - **Summarize situation** and current events
 - **Secure** ongoing support for family



Phase II Summary

- Resuscitation is top priority but family is equal
- After about 10-15 minutes you reassemble family into private area
- Despite our efforts so far Mr. Smith is not responding to our treatments. His heart is not beating and he is not breathing. It has been (X AMOUNT) of time since he collapsed. With every passing minute his chance of survival drops even less. We are continuing to compress his heart and breath for him, giving him medicines and shocking his heart but he is not responding. Once a person has no heart beat for 30 minutes the chance of survival reaches zero.
- Again, I know this is very difficult. Do you have any questions?
- I will return in 5 to 10 minutes to update you. Okay.



AGLS Phase III (15 – 20 Minutes)



- **A**
 - **Assemble** family / others involved
 - Quiet, separate space away from resuscitation
 - Have everyone sit
 - Ask if you may sit, use empathetic posture and maintain eye contact
 - Allows privacy
 - Allow for questions
 - **Ask** for additional resources if needed
 - **Ask** what you can do for family
 - **Advise** on situation up to this point

AGLS Phase III

(15 – 20 Minutes)

- **G**

- **Get** a sense of their understanding of the situation
- **Give** information to family, what is happening now
 - Give in lay terms, do not use medical jargon
- **Give** bad news
 - “Unfortunately Mr. Smith is not responding to our efforts. His heart is not beating and he is not breathing. We are approaching 30 minutes and his chance of survival is approaching zero. At 30 minutes we will have to consider stopping our efforts if he doesn’t respond.”
- **Give** the family reassurance that you will keep them updated and will allow them to remain with their loved one
- **Give** someone to stay with them during the resuscitation



AGLS Phase III

(15 – 20 Minutes)

- **L**
 - **Let them** have time to process information
 - **Let them** ask questions and answer them honestly
 - **Let them** have silence. Silence is okay but sometimes awkward
 - **Let them** witness the resuscitation
 - If they choose
 - Always have a provider stay with them for support
 - Provider should be able to answer questions



AGLS Phase III (15 – 20 Minutes)

- **S**
 - **Situational updates** every 5 – 10 minutes during resuscitation
 - **Summarize situation** and current events
 - **Secure** ongoing support for family



Phase III Summary

- Resuscitation is top priority but family is equal
- After about 15-20 minutes you reassemble family into private area
- **“Unfortunately I have bad news.** Mr. Smith is not responding to our treatments. We continue to provide compressions to pump his heart and oxygen as well as medications and shocks to start his heart but he is not responding.”
- **“With each passing minute his chance of survival grows less and less. After 30 minutes of no heart beat the chance of survival is essentially zero.”**



Phase III Summary

- I am very sorry. Our entire team is working very hard to save your husband, but he is not responding.
- Again I know this is very difficult. Our team agrees we have attempted everything medically possible to resuscitate Mr. Smith but he is just not responding. Once we reach 30 minutes his chance of survival is essentially zero and **we will need to think about stopping our efforts.**
- Do you have any questions? Is there anything we can do for you? Is there anyone else you would like us to call?



AGLS Phase IV (20 - 30 Minutes)



- **A**
 - **Assemble** family / others involved
 - Quiet, separate space away from resuscitation
 - Have everyone sit
 - Ask if you may sit, use empathetic posture and maintain eye contact
 - Allows privacy
 - Allow for questions
 - **Ask** for additional resources if needed
 - **Ask** what you can do for family
 - **Advise** on situation up to this point

AGLS Phase IV

(20 - 30 Minutes)



- **G**
 - **Get** a sense of their understanding of the situation
 - **Give** information to family, what is happening now
 - Give in lay terms, do not use medical jargon
 - **Give** bad news
 - “Unfortunately Mr. Smith is not responding to our efforts. His heart is not beating and he is not breathing. Now we are close to 30 minutes and his chance of survival is essentially zero. Our team agrees we have done everything possible and we agree that we must consider stopping our efforts. **We would like your permission to stop the resuscitation. I am very sorry but Mr. Smith has died.**”
- **Give** the family reassurance that you will keep them updated and will allow them to remain with their loved one
- **Give** someone to stay with them after the resuscitation

AGLS Phase IV

(20 - 30 Minutes)

- **L**
 - **Let them** have time to process information
 - **Let them** ask questions and answer them honestly
 - **Let them** have silence. Silence is okay but sometimes awkward
 - **Let them** witness the resuscitation and remain with the body or view body if completed resuscitation
 - If they choose
 - Always have a provider near-by them for support
 - Provider should be able to answer questions



AGLS Phase IV

(20 - 30 Minutes)

- **S**
 - **Summarize situation** and current events
 - **Secure** ongoing support for family
 - **Secure** scene if ME case
 - **Secure** debris, clean up resuscitation area and move furniture\ul> - **If possible place the decedent in bed or on a sofa**
 - **Raise head slightly**
 - **Ask if family would like body covered including head**
 - **If possible leave a hand out for family to touch**
 - **Allow family to spend time with their loved one**
 - **Treat body with upmost respect**



Phase IV Summary

- Family now is top priority
- After about 20-30 minutes you reassemble family into private area
- Allow time for family to process what you have just explained
- Variety of reactions may follow, silence to rage
- Rarely rage or physical violence is directed at you
 - Be prepared just in case



Phase IV Summary

- Ask if there is anything you can do for family
- Allow the family to lead you in the interaction
- Always refer to the decedent by name
- Explain the process following death
 - Follow your local protocol
- Death certificate signing, funeral arrangements or medical examiners case, notify organ donation organizations



Phase IV Summary

- Make arrangements for family if possible
- Release unnecessary responders from scene
- Keep someone with family until deceased is removed
- Develop a local resource brochure with your agency name



**DONT
EVEN
GO THERE**



Choose words wisely!

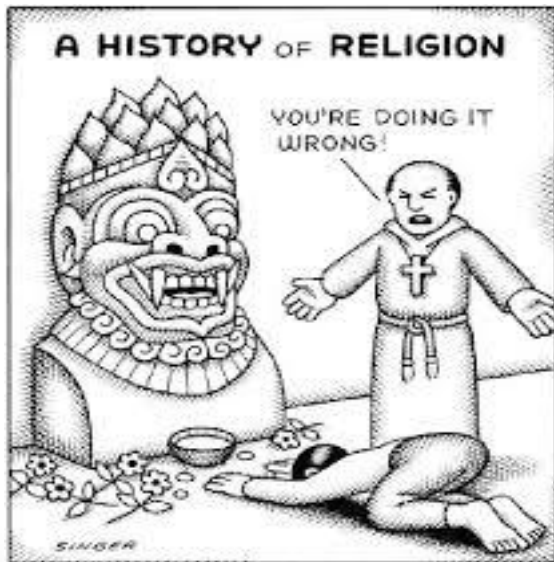
THINGS NOT TO SAY



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Things NOT to Say

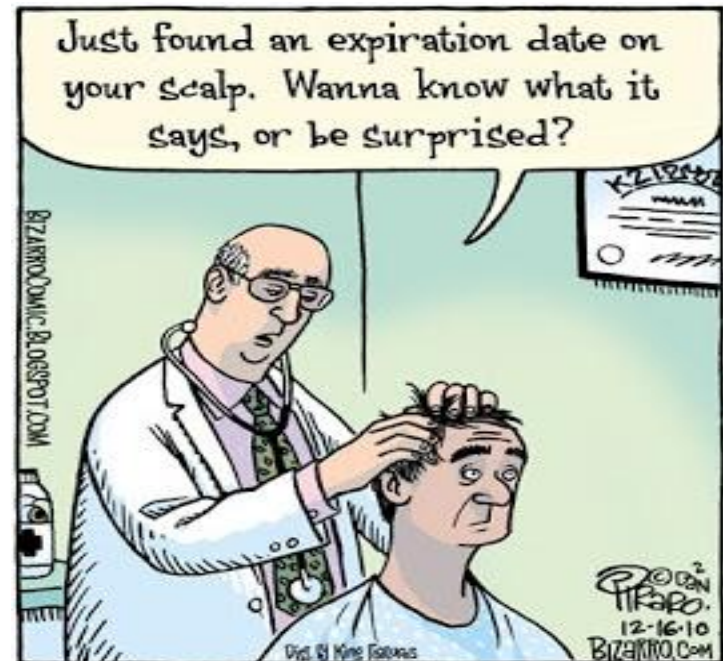
- What not to say:
- Religious discussions:
 - Avoid discussing the death in terms of religion or in religious ideas. Religious terms are easily misconstrued by family members even when the family invite the conversation.



Things NOT to Say



- What not to say:
- Euphemisms:
 - Do not use phrases such as passed on, passed away.
 - You must use the word dead or died.
- “We lost him.”
- “Gone to be with the Lord.”
- “God must have had a plan.”
- **“Expired.”**



Things NOT to Say

- What not to say:
- Euphemisms:
 - "He's in a better place now."
 - "I know how you feel, I had it happen to me."
 - "He had a good life."
 - "At least he's not suffering."
 - "It was for the best."
 - **"At least you have the other two children."**
 - **"Well, nobody lives forever."**
 - **"You're young, I'm sure you'll find another spouse."**



Brochures for Family

- Develop an agency brochure to leave with family
- Steps to take following the death of a loved one:
 - 1. Make sure agency name and contact information is clear
 - 2. Divide into first week following death and weeks after death
 - 3. First week
 - Notify SSA, employer, VA, insurance companies, post office
 - Local grief consoling and support agencies
 - 2 – 3 weeks following death
 - Obtain 10 - 20 copies of death certificate from county clerks office
 - Obtain copy of will and identify executor of the estate
 - Obtain letters of testamentary 10 – 20 copies
 - Consult an attorney (if needed)
 - Obtain insurance policies, credit card statements, investment accounts / retirement accounts, mortgage statement, marriage certificate and up-to-date credit report
 - Notify
 - Credit bureaus
 - Credit card companies
 - Utilities
 - Creditors

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Locate Important Documents

Will
Birth Certificate
Social Security Card
Marriage license
Military Discharge papers
Deed to burial property
Copy of funeral prearrangements
Life Insurance Policies

Funeral Home Information

First, Middle, Last and Maiden names
Home address

Social Security Number / Date of Birth
Age, Gender
Race / Ethnicity / Marital status
Spouse First and Last names
Highest education level
Occupation
Place of Birth (City / State)

Father and Mother's name with birth
city and state for each

Veteran: Service date and number,
service place entered, end of service
date, grade, rank or rating and
organization or branch of service

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Department of Veteran's Affairs

1-800-827-1000

www.va.gov

Social Security Administration

1-800-772-1213

NC Vital Records

1-919-733-3000

Stokes County Register of Deeds

336-593-2811

Stokes County Public Health

336-593-2400

Hospice / Grief Support

Walnut Cove

336-591-1124

Winston-Salem

336-768-3972

www.hospicecarecenter.org

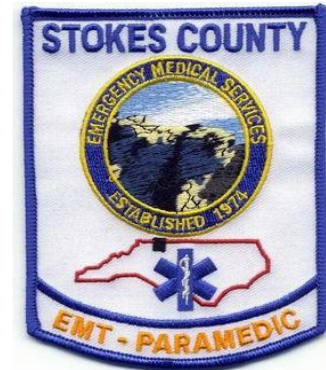
King Survivors of Suicide

336-407-7573

Tragedy/Crime Scene Restoration

1-866-942-6583 or

1-800-860-4268



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Immediately After Death

! Contact Funeral Service of choice

Contact your religious leader

Alert immediate family members
and close friends.

Contact employer.

Alert the executor of estate.

Arrange care for any dependents.

If the deceased has any pets,
arrange for immediate care.

Remove any valuables from the
deceased home, secure the
residence, and take steps to make
the home appear to be occupied.

Arrange for the disposal of any
perishables left in the deceased's
home –such as food, refrigerated
items, and existing refuse.

! Alert the post office to forward
the deceased's mail or stop
delivery.

!

Within 1 – 4 Weeks Following Death

Financial / Legal / Estate

Consult an Attorney (if needed)

Notify Agent under Power of
Attorney

Discuss Probate of Estate
Meet with accountant to discuss
estate taxes

Credit / Bills

Contact all 3 Credit Reporting Bureaus

Obtain a current copy of credit report

Notify all creditors in writing of the
death

Change ownership of credit lines

Obtain copies of all bills

Medical

Cancel Prescriptions and discard
remaining medicines at medication
drop-off locations (336-593-5409)

Insurance

Notify insurance agencies, home,
vehicle and life

Inquire for benefits associated with
any existing loans or credit cards

Government

Contact Social Security Administration

Contact other government offices where
payments are being made

Veteran: Contact Veteran Affairs about
benefits

Notify DMV and change vehicle
registrations

Needed Documents

10 – 15 copies of Death Certificate

Real Estate Deeds and Titles

Stock Certificates

Mortgage / Vehicle Loans

Bank Statements

Retirement Account Statements

Last 4 years of Tax Returns

Personal

Notify employer and inquire as to any
benefits available

If home is unoccupied cancel unneeded
home services such as newspaper
delivery, lawn service, and utilities

Send acknowledgement cards for
sympathy gestures such as flowers, etc

SUMMARY

- Remain Professional and Compassionate at all Times
- Choose your words wisely
- Mission First: Resuscitation
- People Always: Compassion for family and crew
- Remember:
 - **People may not remember your name, the great things you did but they will remember what you say and how you made them feel.**





Acute Grief Life Support

PLEASE CONTACT FOR ANY QUESTIONS OR IF
INTERESTED IN A COURSE FOR YOUR AGENCY

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Appendix

ADDITIONAL SLIDE RESOURCES

S Setting up Interaction

- Mental rehearsal / prepare yourself
- Arrange for privacy
- Involve significant others when available
 - May call for friends, family, clergy
- Sit down
 - Gives sign you are not rushing
- Make connection
 - Maintain eye contact
 - Make sure you introduce yourself
- Manage time constraints
 - Outline time frame for discussion



P Perception of Family

- Gathering information pertaining to situation
- Assess what family knows
- Assess accuracy of family's perception of situation



I Invitation to Hear News

- Look for clues during discussion to open the bad news topic



K Knowledge Get and Give

- Warn family that bad news is coming
- Give knowledge at level of family's comprehension / vocabulary
- Never use medical jargon
- Give information in small chunks



E Emotions Addressed

- Responding to family's emotions
- Silence, disbelief, crying, denial, anger, shock, isolation, explosive
 - Observe for emotional response
 - Identify the emotion
 - Give family a period to express feelings



S Strategy and Summary

- Families with a plan will feel less anxious
- Work to create a shared decision-making with family
- Assess perception of family and knowledge of situation



G Gather and Give

- Gather family; everyone who needs to be there
- Allow for privacy



R Resources

- Call for support services
- May include family, friends, clergy



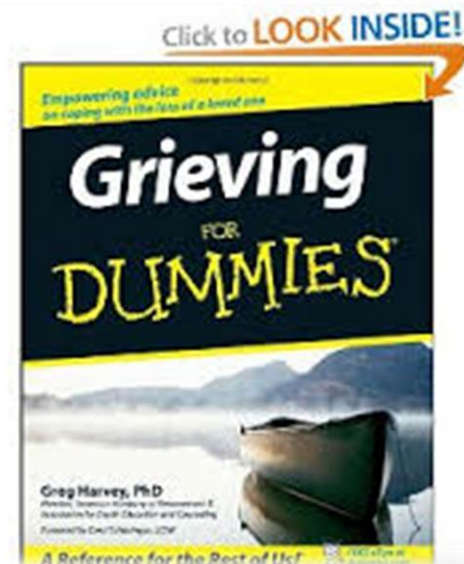
I Identify

- Identify yourself and role
- Identify patient by name
- Identify family by name
- Identify family's knowledge about situation
- Identify the situation as having bad news



E Educate

- Educate family about situation
- Begin where their knowledge ends
- Use their terms when discussing



V Verify

- Verify family members name
- Verify the situation and use the word DEAD



— Space

- Allow personal space
- Allow to process and react to news
- Allow silence
- Okay to touch



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I Inquire

- Inquire if family has questions
- Inquire if you can do anything for them at this point



N Nuts n Bolts

- Legal aspects of death
- Funeral service preference
- Personal belongings
- Viewing the body
- Organ donation



G Give

- Give family your name and contact information
- Give opportunity to ask questions
- Make sure family has support
- Give information on local resources

