

Modified Bereavement Risk Index

Name of Resident: _____

Name of family member: _____

Relationship to resident: _____

Contact details of family member

Address: _____

Phone number: (H) _____

(W) _____

(M) _____

	Risk Factor		Score
1	Anger	None	1
		Mild Irritation	2
		Moderate (occasional outbursts)	3
		Severe (spoiling relationships)	4
		Extreme (always bitter)	5
2	Self Reproach (Self blame/guilt, feeling bad and/or responsible for something)	None	1
		Mild (vague and general)	2
		Moderate (some clear self-reproach)	3
		Severe (preoccupied with self-blame)	4
		Extreme (major problem)	5
3	Current Relationships	Close intimate relationship with another	1
		Warm supportive family	2
		Family supportive but lives at a distance	3
		Doubtful (patient unsure whether family members are supportive or not)	4
		Unsupportive	5
4	How will key person cope?	Well (normal grief and recovery without help)	1
		Fair (probably get by without specialist help)	2
		Doubtful (may need specialist help)	3
		Badly (requires specialist help)*	4
		Very badly (requires urgent help)*	5
Total Score			

*Will be automatically referred to specialist bereavement support

Low risk score (less than 7)

- Give a copy of the booklet – “Now What? Understanding Grief” (a copy is included in the PA Toolkit)

Moderate risk score (7-10)

- Give a copy of the booklet – “Now What? Understanding Grief”
- Suggest they may like to contact one of the support agencies listed in the booklet

High risk score (10 or more)

- Encourage the person to contact a health professional e.g. GP, psychologist, counselling service, or bereavement counsellor
- Give a copy of the booklet – “Now What? Understanding Grief”

Self-directed learning package: Advanced nurses quiz

	<i>True</i>	<i>False</i>	<i>Don't Know</i>
1 The resident and/or family must provide the nurse with information concerning their wishes about end of life care at the initial assessment and care planning interview after admission.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 There is no way of recording treatment preferences for a resident who has advanced dementia and did not record their wishes on a legal document when they still had mental capacity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Regular reviews of advance care plans mean checking if there is a form in the clinical records from when the resident was admitted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 The "Understanding the Dying Process" brochure is appropriate to give to family members at a palliative care case conference.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 It is appropriate to accept a careworker estimation of the severity of a resident's dyspnoea if they cannot remember what rating score a resident provided them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Attitudes and beliefs of residents, family and health professionals can be barriers to effective pain management.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 A resident with chronic pain that is moderate to severe intensity will look pale, perhaps be sweating and have changes in their heart rate and/or blood pressure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 A tingling, burning pain that runs around one side of the chest wall between two ribs is most likely to be neuropathic in origin.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9 It is up to the nurse to assess the condition of a resident's oral health each day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10 A resident with dementia exhibits fluctuating confusion and wakefulness. This is best attributed to the dementia itself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11 Alfred has not responded to environmental and nursing interventions for his delirium. You should question the GP's order of a dose of diazepam to help manage Alfred's hallucinations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12 Urinary tract infections that are the cause of a delirium should always be treated.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13 The GP is responsible for initiating the use of an End of Life Care Pathway when a resident is expected to die in the next week.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14 A resident born in India lists their religion as Buddhist. This means that they must not be given strong analgesics or sedatives, especially at the end of life as it is important for the mind to be clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15 If Rhonda's Modified Bereavement Risk Index score is eleven, you only need to give her a copy of the "Now What? Understanding Grief" booklet.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>