STATEWIDE DON/Nursing Meeting
July 28, 2020

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A Few Updates and FYI’s
Testing/Labs


Scroll down to find the Word document titled State and Community-Based COVID-19 Testing Qualified Vendor List:


An updated list of labs on state contract has been placed on DHSS website.
The first round of POC testing machines were distributed to hot spots across the US.

- Alabama
- Arizona
- California
- Florida
- Georgia
- Indiana
- Mississippi
- North Carolina
- North Virginia
- South Carolina
- Tennessee
- Texas
- Utah

Updated CDC Guidance

HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/HCP/DISPOSITION-HOSPITALIZED-PATIENTS.HTML
**UPDATED CDC GUIDANCE**

- Utilize Symptom Based criteria
- A test-based strategy is no longer recommended

**UPDATED CDC GUIDANCE MILD TO MODERATE ILLNESS**

- Patients with *mild to moderate illness* who are not severely immunocompromised:
  - At least 10 days have passed since symptoms first appeared **AND**
  - At least 24 hours have passed since last fever without the use of fever-reducing medications **AND**
  - Symptoms (e.g., cough, shortness of breath) have improved

**Note:** For patients who are *not severely immunocompromised* and who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.
**Updated CDC Guidance**  
**Severe to Critical Illness**

- Patients with severe to critical illness or who are severely immunocompromised:
  - At least 20 days have passed since symptoms first appeared **AND**
  - At least 24 hours have passed since last fever **without** the use of fever-reducing medications **AND**
  - Symptoms (e.g., cough, shortness of breath) have **improved**

Note: For severely immunocompromised patients who were asymptomatic throughout their infection, Transmission-Based Precautions may be discontinued when at least **20 days** have passed since the date of their first positive viral diagnostic test.

**Updated CDC Guidance**  
**A Few Statistics**

- 95% of severely or critically ill patients—including some with severe immunocompromise—no longer had replication-competent virus 15 days after onset of symptoms
- No patients had replication-competent virus more than 20 days after onset of symptoms.
Updated CDC Guidance
Test Based Strategy

- In some instances, a test-based strategy could be considered for discontinuing Transmission-based Precautions earlier than if the symptom-based strategy were used. However, as described in the Decision Memo, many individuals will have prolonged viral shedding, limiting the utility of this approach.

- A test-based strategy could also be considered for some patients (e.g., those who are severely immunocompromised) in consultation with local infectious diseases experts if concerns exist for the patient being infectious for more than 20 days.

Updated CDC Guidance
Test Based Criteria

The criteria for the test-based strategy for Patients who are symptomatic:

- Resolution of fever without the use of fever-reducing medications AND
- Symptoms (e.g., cough, shortness of breath) have improved, AND
- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

**Updated CDC Guidance**

**Test Based Criteria**

The criteria for the test-based strategy for *Patients who are not symptomatic*

- Results are negative from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA.

See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV)].

**Decision Memo**

Recommendations

- **Duration of isolation and precautions**
  - For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days after symptom onset¹ and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms.
  - A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts.
  - For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.

- **Role of PCR testing² to discontinue isolation or precautions**
  - For persons who are severely immunocompromised, a test-based strategy could be considered in consultation with infectious diseases experts.
  - For all others, a test-based strategy is no longer recommended except to discontinue isolation or precautions earlier than would occur under the strategy outlined in Part 1, above.
**DECISION MEMO**

- **Role of PCR testing** after discontinuation of isolation or precautions
  - For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection. In addition, quarantine is not recommended in the event of close contact with an infected person.
  - For persons who develop new symptoms consistent with COVID-19 during the 3 months after the date of initial symptom onset, if an alternative etiology cannot be identified by a provider, then the person may warrant retesting; consultation with infectious disease or infection control experts is recommended. Isolation may be considered during this evaluation based on consultation with an infection control expert, especially in the event symptoms develop within 14 days after close contact with an infected person.
  - For persons who never developed symptoms, the date of first positive RT-PCR test for SARS-CoV-2 RNA should be used in place of the date of symptom onset.

- **Role of serologic testing**
  - Serologic testing should not be used to establish the presence or absence of SARS-CoV-2 infection or reinfection.

**UPDATED CDC GUIDANCE**

**DISPOSITION OF PATIENTS TO HOME**

Patients can be discharged from the healthcare facility whenever clinically indicated.

The decision to send the patient home should be made in

- consultation with the patient's clinical care team and local or state public health departments.
- It should include considerations of the home's suitability for and patient's ability to adhere to home isolation recommendations.

Guidance on implementing home care of persons who do not require hospitalization and the discontinuation of home isolation for persons with COVID-19 is available.
**UPDATED CDC GUIDANCE**

**DISPOSITION OF PATIENTS TO NH/LTC**

- If discharged to a nursing home or other long-term care facility (e.g., assisted living facility), **AND**
- If Transmission-Based Precautions *are still required*, the patient should go to a facility with an ability to adhere to infection prevention and control recommendations for the care of residents with SARS-CoV-2 infection. Preferably, the patient would be placed in a location designated to care for residents with SARS-CoV-2 infection.
- If Transmission-Based Precautions *have been discontinued*, the patient does not require further restrictions, based upon their history of SARS-CoV-2 infection.
Starting on July 1, 2020, SNFs are expected to resume timely quality data collection and submission of measure and patient assessment data for the MDS/RAI.

Data Submission After July 1, 2020 - Which MDS records should you submit?

- The MDS should be submitted for:
  - all new admission records and discharge records that occur on or after July 1, 2020.
  - The submission deadline for Q3 data (July 2020–September 2020) is February 15, 2021.
  - The submission deadline for Q4 measure data (October 2020–December 2020) is May 15, 2021.

FAQ

QIPMO & CATS
RCF/ALF
QIPMO CAT Nurses

- Rob Siem: Regions 1, 2  Email: rws266@missouri.edu
- Sharon Thomas: Regions 3, 4, 5  Email: thomassg@missouri.edu
- Carol Siem: Regions 6, 7  Email: SiemC@health.missouri.edu
Questions?
• Please take time to complete our survey. Let us know how we are doing and what future subject matter you would like!

Take SURVEY HERE

REFERENCES
www.nursinghomehelp.org
data.gov
Dealing with Loss, Grief, and Bereavement in a Pandemic
All experience losses.

The pandemic complicates “normal grief” and loss experiences at the end of life.

Each person grieves in his/her own way

Remember, each person grieves in his or her own way, influenced by culture and past experience.
Definitions

- Loss: Absence of an object, position, ability, or attribute.

- Grief: Reaction to a loss; many types of grief and death during the pandemic puts family at risk for complicated grief.

- Bereavement: Provides dispensation from usual activities for a variable period of time.

- Mourning: Refers not so much to the reaction to the loss but rather to the process of integrating the loss into everyday life.

Corless & Meisenhelder, 2019
Types of Grief

Anticipatory Grief

Acute Grief

Normal Grief

Complicated Grief

Disenfranchised Grief

Corless & Meisenhelder, 2019; Shear, 2015
Complicated Grief

- Complicated grief: response to a loss that is more intense and prolonged than usual and affecting one’s ability to return to a new normal.
  
  Mason & Stofthagen, 2019

- Risk factors for complicated grief include:
  
  Ø Sudden death
  Ø Traumatic death
  Ø Multiple losses occurring close together
  Ø Concurrent stressors

  Limbo et al., 2019
Complicated Grief (cont’d)

- Coronavirus –related concurrent stressors:
  - Isolation in quarantine
  - Financial stress
  - Cannot be with loved ones
  - Loved ones suffering in isolation
  - Less availability of team members (i.e. social workers, chaplains, etc)
Losses Related to the Coronavirus

- Serious illness and death
- Patients are dying alone
- Sudden decline and frequent deaths, allow little time for nurses to process all the losses
The Grief Process

- Emotional ‘waves’/oscillation is normal and expected
- The Coronavirus pandemic complicates grief process because:
  - Family members could not be with their loved one at time of death
  - Families cannot grieve together in a culturally appropriate manner
  - There were difficulties securing a morgue/funeral home
  - Funerals are delayed until after the pandemic
  - There may be unresolved family issues
Completion of the Grieving Process: Is It Possible?

Grief work is never completely finished

Healing occurs when the pain is less

Letting go
Hazards in the “Helping Professions”

“Everyone who cares about patients is at risk of eventually being injured, to a greater or lesser extent, by the hazards of frequent encounters with illness, injury, trauma, and death—not because we did something wrong, but because we care. Ironically, those who are burned out, worn down, fatigued, and traumatized tend to work harder.”

Fox et al., 2014
We Cannot Provide Great Care, if We Don’t Practice Self-Care, Especially During the Pandemic

We must:

• Be proactive in caring for ourselves
• Take a moment for self-reflection at the end of each day
• Believe in yourself-You are doing a great job!
• Practice body monitoring
• Wellness plan
Cultivate Moral Resilience

Moral resilience is the ability to be “buoyant in adverse circumstances”.

We know how to do this!!!

Look for meaning in despair
Caring for Each Other

Find creative ways to offer support to each other:

- Leave supportive notes for colleagues.
- Start each day with an uplifting quote, poem, or reflection.
- Try to end each day remembering at least three things that went well that day.
- Encourage each other to take much needed breaks!

Kravits, 2019
Stay Safe and Healthy

Mental health is as important as physical health

In this time of “physical distancing”

- Utilize technology to stay connected to family and friends
- Reach out to elders or others in need in your neighborhood
- Consider meeting with a group of friends on “Zoom” or other facetime avenues for chatting or other activity such as book club
- Access church services or prayer groups online
- Take advantage of a short walk outdoors and soak up the sun
We Need You!!

Remember: It is not selfish to practice self-care especially during this crisis!!

Keep in mind what we tell family caregivers: “If you don’t take good care of yourself, you cannot take care of your loved ones
Thank you for ALL You are doing for your patients, families, communities
Stay Safe, Healthy, and Find Meaning in These Challenging Times
References


## Module 7: Loss, Grief, Bereavement
### Supplemental Teaching Materials/Training Session Activities

### Module 7

**Table 1: Types of Grief**

<table>
<thead>
<tr>
<th>Type of Grief</th>
<th>Definition</th>
<th>Characteristics</th>
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<tbody>
<tr>
<td>Anticipatory Grief</td>
<td>Anticipated and real losses associated with diagnosis, acute and chronic illnesses and terminal illness.</td>
<td>With acute illness, chronic illness, accidents and other changes in health, a patient may experience loss of general health, loss of functionality, loss of independence, loss of role in the family (breadwinner, caretaker) and loss of lifestyle as a result of dietary or activity restrictions. Loss of a limb or body part (breast, uterus) may cause loss of self-confidence, changes in perception about body image.</td>
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<td>(Rando, 2000)</td>
<td>Experiencing anticipatory grief may provide time for preparation of loss, acceptance of loss, finish unfinished business, life review, resolve conflicts. For survivor, anticipatory grief provides time for preparing for life without deceased including preparation for role change, mastering life skills such as paying bills and learning how to manage a checkbook.</td>
<td>Family members, significant others will also experience losses when patient is ill, including loss of role in the family, loss of relationship, loss of finances, loss of security, loss of companionship, loss of relationship, etc. AIDS can cause multiple losses over short periods of time, such as loss of a job, material possessions, body image due to changes in physical appearance, functionality, privacy (the secret is out), friends, partners, and social acceptance. With diagnosis of terminal illness, additional losses may include loss of control (choice), loss of physical and/or mental function, loss of relationships, loss of body image, loss of future, loss of dignity, loss of life.</td>
</tr>
<tr>
<td>Normal Grief</td>
<td>Also known as uncomplicated grief. Normal feelings, reactions and behaviors to a loss; grief reactions can be physical, psychological, cognitive, behavioral.</td>
<td>Reactions to loss can be physical, psychological and cognitive.</td>
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<td></td>
<td>(Doka, 1989; Parkes &amp; Prigerson, 2013; Worden 2018).</td>
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<tr>
<td>Complicated grief</td>
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<td>Those at risk for any of the four types of complicated grief may have experienced loss associated with:</td>
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<td>includes:</td>
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<td>• traumatic death</td>
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<td>Chronic Grief</td>
<td>Normal grief reactions that do not subside and continue over very long periods of time.</td>
<td>• sudden, unexpected death such as heart attacks, accidents</td>
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<td>Delayed Grief</td>
<td>Normal grief reactions that are suppressed or postponed. The survivor consciously or unconsciously avoids</td>
<td>• suicide</td>
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<td>• homicide</td>
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<td>• dependent relationship with deceased</td>
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<td>Type of Grief</td>
<td>Definition</td>
<td>Characteristics</td>
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<tr>
<td>Exaggerated Grief</td>
<td>the pain of the loss.</td>
<td>• mature person or those with chronic illnesses (survivor may have difficulty believing death actually occurred after years of remissions and exacerbations)</td>
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<td>Survivor resorts to self-destructive behaviors such as suicide.</td>
<td>• death of a child</td>
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<td>The survivor is not aware that behaviors that interfere with normal functioning are a result of the loss.</td>
<td>• multiple losses</td>
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<td>• unresolved grief from prior losses</td>
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<td>• concurrent stressor (the loss plus other stresses in life such as divorce, a move, children leaving home, other ill family members, financial issues, etc.).</td>
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<td>• history of mental illness or substance abuse</td>
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<td>• patient’s dying process was difficult including poor pain and symptom management, psychosocial and/or spiritual suffering</td>
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<td>• poor or few support systems</td>
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<td>• no faith system, cultural traditions, religious beliefs</td>
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<td>Complicated grief reactions can include any of the normal grief reactions, but the reactions may be intensified, prolonged, last more than a year and/or interfere with the person’s psychological, social, and physiological functioning. Other complicated grief reactions may include:</td>
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<td>• severe isolation</td>
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<td>• violent behavior</td>
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<td>• suicidal ideation</td>
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<td>• workaholic behavior</td>
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<td>• severe deterioration of functional status</td>
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<td>• symptoms of post traumatic stress disorder</td>
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<td>• denial beyond normal expectation</td>
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<td>• severe or prolonged depression</td>
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<td>• loss of interest in health and/or personal care</td>
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<td>• severe impairment in communication, thought or motor skills</td>
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<td>• ongoing inability to eat or sleep</td>
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<td>• replacing loss and relationship quickly</td>
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<td>• social withdrawal</td>
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<td>• searching and calling out for deceased</td>
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<td>• avoidance of reminders of the deceased</td>
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<td>• imitating the deceased</td>
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<td>Survivors experiencing complicated grief should be referred to a grief and bereavement specialist/counselor.</td>
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<tr>
<td>Disenfranchised Grief</td>
<td>The grief encountered when a loss is experienced and cannot be openly acknowledged, socially sanctioned or publicly shared.</td>
<td>Those at risk for experiencing disenfranchised grief include partners of HIV/AIDS patients, ex-spouses, ex-partners, fiancés, friends, lovers, mistresses, co-workers, children who experience the death of a step-parent and others persons close to the patient but not biological family members.</td>
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<td>(Doka, 2002)</td>
<td>Usually survivor experiencing</td>
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<tr>
<td>Type of Grief</td>
<td>Definition</td>
<td>Characteristics</td>
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<td>disenfranchised grief is not recognized by employers for time off for</td>
<td>The mother of a stillborn delivery may also experience disenfranchised grief, as society may not acknowledge a relationship between the mother and a child who experienced death prior to birth.</td>
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<td>funeral/memorial service, grief. May not be recognized by biological family</td>
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<td>members and excluded from rites, rituals and traditions for loss.</td>
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<tr>
<td>Children’s Grief</td>
<td>Children mourn, grieve based on their developmental level.</td>
<td>Symptoms of grief in younger children:</td>
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<tr>
<td></td>
<td></td>
<td>• Nervousness</td>
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<td>• Uncontrollable rages</td>
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<td>• Frequent sickness</td>
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<td>• Accident proneness</td>
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<td>• Antisocial behavior</td>
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<td>• Rebellious behavior</td>
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<td>• Hyperactivity</td>
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<td>• Nightmares</td>
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<td>• Depression</td>
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<td>• Compulsive behavior</td>
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<td>• Memories fading in and out</td>
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<td>• Excessive anger</td>
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<td>• Excessive dependency on remaining parent</td>
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<td>• Recurring dreams ...wish-filling, denial, disguised</td>
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<td>Symptoms of grief in older children:</td>
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<td>• Difficulty in concentrating</td>
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<td>• Forgetfulness</td>
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<td>• Poor schoolwork</td>
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<td>• Insomnia or sleeping too much</td>
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<td>• Reclusiveness or social withdrawal</td>
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<td>• Antisocial behavior</td>
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<td>• Resentment of authority</td>
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<td>• Overdependence, regression</td>
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<td></td>
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<td>• Resistance to discipline</td>
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<td></td>
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<td>• Talk of or attempted suicide</td>
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<td></td>
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<td>• Nightmares, symbolic dreams</td>
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<td></td>
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<td>• Frequent sickness</td>
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<td>• Accident proneness</td>
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<td>• Overeating or undereating</td>
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<td>• Truancy</td>
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<td></td>
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<td>• Experimentation with alcohol/drugs</td>
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<td>• Depression</td>
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<td>• Secretiveness</td>
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<td></td>
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<td>• Sexual promiscuity</td>
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<td>• Staying away or running away from home</td>
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<td></td>
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<td>• Compulsive behavior</td>
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</tbody>
</table>
References:


# Module 7

**Table 2: Normal Grief Reactions**

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<th>Physical</th>
<th>Emotional</th>
<th>Cognitive</th>
<th>Behavioral</th>
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</thead>
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<td>hollowness in stomach</td>
<td>numbnness</td>
<td>disbelief state of depersonalization</td>
<td>impaired work performance</td>
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<td>tightness in chest</td>
<td>relief</td>
<td>confusion</td>
<td>crying</td>
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<tr>
<td>heart palpitations</td>
<td>emancipation</td>
<td>inability to concentrate</td>
<td>withdrawal</td>
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<tr>
<td>sensitivity to noise</td>
<td>sadness</td>
<td>idealization of deceased</td>
<td>avoiding reminders of the deceased</td>
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<td>breathlessness</td>
<td>yearning</td>
<td>preoccupation with thoughts or image of the deceased</td>
<td>seeking or carrying reminders of the deceased</td>
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<tr>
<td>weakness</td>
<td>anxiety</td>
<td>dreams of the deceased</td>
<td>over-reactivity</td>
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<tr>
<td>tension</td>
<td>fear</td>
<td>sense of presence of deceased</td>
<td>changed relationships</td>
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<tr>
<td>lack of energy</td>
<td>anger</td>
<td>fledging, tactile, olfactory, visual and auditory hallucinatory experiences</td>
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<td>dry mouth</td>
<td>guilt and self-reproach</td>
<td>search for meaning in life and death</td>
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<td>gastrointestinal disturbances</td>
<td>shame</td>
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<td>loss of libido</td>
<td>loneliness</td>
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<td>increase in appetite, loss of appetite</td>
<td>helplessness</td>
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<td>weight gain or loss</td>
<td>hopelessness</td>
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<td>exhaustion</td>
<td>abandonment</td>
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<td>tight throat</td>
<td>loss of control</td>
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<tr>
<td>vulnerable to illness</td>
<td>emptiness</td>
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<td>restlessness</td>
<td>despair</td>
<td></td>
<td></td>
</tr>
<tr>
<td>headaches</td>
<td>ambivalence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dizziness</td>
<td>loss of ability for pleasure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>muscle aches</td>
<td>shock</td>
<td></td>
<td></td>
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<tr>
<td>sexual dysfunction</td>
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<tr>
<td>insomnia</td>
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<tr>
<td>tremors, shakes</td>
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</tr>
</tbody>
</table>

References:


## Module 7
### Table 4: Unhelpful & Helpful Comments in Speaking with the Bereaved

<table>
<thead>
<tr>
<th>Unhelpful Comments</th>
<th>Helpful Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>I know exactly how you’re feeling.</td>
<td>I am sorry that you are going through this painful process.</td>
</tr>
<tr>
<td>I can imagine how you are feeling.</td>
<td>It must be hard to accept that this has happened.</td>
</tr>
<tr>
<td>I understand how you are feeling.</td>
<td>It’s OK to grieve and be really angry with God and anyone else.</td>
</tr>
<tr>
<td>I’m always here for you, call me if you need anything.</td>
<td>I can bring dinner over either Tuesday or Friday. Which will be better for you?</td>
</tr>
<tr>
<td>You should be over it by now. It’s time you moved on.</td>
<td>Grieving takes time. Don’t feel pushed to hurry through it.</td>
</tr>
<tr>
<td>You had so many years together. You are so lucky.</td>
<td>I did not know __________, will you tell me about him? What was your relationship like?</td>
</tr>
<tr>
<td>At least you have your children.</td>
<td>It’s not your fault. You did everything you could do.</td>
</tr>
<tr>
<td>You’re young, you’ll meet someone else.</td>
<td>What’s the scariest part about facing the future alone without __________?</td>
</tr>
<tr>
<td>At least her suffering is over. She is in a better place now.</td>
<td>You will never forget __________, will you?</td>
</tr>
<tr>
<td>He lived a really long and full life.</td>
<td>It’s not easy for you, is it? What about your relationship will you miss the most?</td>
</tr>
<tr>
<td>How old was he?</td>
<td>He meant a lot to you.</td>
</tr>
</tbody>
</table>

Adapted:
Module 7
Table 8: Interventions for Grieving Children

Explanation of Death
- Silence about death (which indicates that the subject is taboo) does not help children deal with loss. When discussing death with a child, the explanation should be kept as simple and direct as possible. Each child needs to be told the truth with as much detail as can be comprehended at his or her age and stage of development. Questions should be addressed honestly and directly. Children need to be reassured about their own security (they frequently worry that they will also die or that their surviving parent will go away). Children’s questions should be answered, making sure that the child processes the information.

Correct language
- Although it is a difficult conversation to initiate with children, any discussion about death must include proper words (e.g., “cancer,” “died,” “death”). Euphemisms (e.g., “passed away,” “he is sleeping,” “we lost him”) should never be used because they can confuse children and lead to misinterpretations.

Planning Rituals
- After a death occurs, children can and should be included in the planning and participation of mourning rituals. As with bereaved adults, these rituals help children to memorialize loved ones. Although children should never be forced to attend or participate in mourning rituals, their participation should be encouraged. Children can be encouraged to participate in those aspects of funeral or memorial services with which they feel comfortable. If the child wants to attend the funeral (wake, memorial service, etc.) it is important that a full explanation of what to expect is given in advance. This preparation should include the layout of the room, who might be present (e.g., friends and family members), what the child will see (e.g., a casket, people crying), and what will happen. The surviving parent may be too involved in his or her own grief to give their child the attention needed, therefore, it is often helpful to identify a familiar adult friend or family member who will be assigned to care for the grieving child during the funeral.

References:


Exercise & Spiritual Practice for Stress Reduction, Health and Well Being

**Exercise:**
When you are in a stressed “fight or flight” state, exercise is a natural outlet to help restore your body to its normal state. “Good” chemicals, such as endorphins are released.

*Aerobic exercise, such as walking, biking, dancing and swimming:*
- Strengthens your cardiovascular system
- Increases your stamina
- Helps regulate blood pressure
- Helps regulate blood sugar
- Helps you work off “emotional steam”
- Relieves chronic tension
- Decreases feelings of depression and anxiety
- Helps you sleep better (caution: aerobic exercise should not be done 2 hours before bedtime; exercise in the morning, afternoon or early evening)

*Stretching exercise, such as yoga, tai chi, palates, or general stretching routine:*
- Helps you relax
- Relieves chronic tension
- Decreases feelings of depression and anxiety
- Improves your circulation
- Increases your muscle strength and tone
- Helps with joint mobility
- Helps you sleep better if done before bedtime

**Creating time to exercise:**
- Set up a schedule of at least 3 times per week.
- Decide what days and times are best.
- Use music to help motivate you.
- Exercise with a friend if you need support.

**Familiar excuses:**
- I’m too tired.
- Exercise is boring.
- I walk a lot at work.
**Spirituality and Well Being:**
Spirituality means feeling centered, connected with a higher power or feeling that life has meaning and purpose. It may include religious practices or rituals. It usually includes some type of quiet time. We all have a need to express ourselves spiritually. However, the manner in which we do so is very individual.

Think about what is important to you and how you may already be experiencing meaning and purpose. Think about what would be helpful to you in expressing your spirituality consistently.

*Examples of Spiritual Practice:*
- Meditation
- Prayer
- Quiet reflection time in nature
- Spiritual or inspirational reading
- Meditative walking
- Going to worship services
- Looking at an icon
- Creating a home altar
- Bible study group
- Singing/chanting
- Drumming
- Spiritual Dance
- Yoga

Adapted from:
*Self Care Strategies for Healthcare Professionals*, Department of Nursing Research and Education, City of Hope, Kate Kravits, RN MA, Principal Investigator and supported by a grant from the UniHealth Foundation.
“When we attend to ourselves with compassion and mercy, more healing is made available for others.”
--Wayne Muller

**Grace**

Give me the **grace**
To care
Without neglecting my needs,
The **humility**
To assist
Without rescuing,
The **kindness**
To be clear
Without being cold,
The **mercy**
To be angry
Without rejecting,
The **prudence**
To disclose
Without disrespecting my privacy,
The **humor**
To admit human failings
Without experiencing shame,
The **compassion**
To give freely
**Without giving myself away**
--Source unknown