

CHS94 Explain to the family the patient's brain stem death

OVERVIEW

In the case of potential heart beating donation, before any request is made for organ donation, it is essential that the patient's family understand that the patient has died. This standard involves being secure in an understanding of brain stem death, sensitivity to the responses and likely feelings of the family and a skill in conveying that the patient, warm, and apparently breathing, is dead. Users of this standard will need to ensure that practice reflects up to date information and policies. Version No 1

KNOWLEDGE AND UNDERSTANDING

You will need to know and understand:

1. Anatomy and physiology of the human body
2. Psychological care skills/loss counselling
3. Issues of maintenance of patient confidentiality in the critical care and donation contexts
4. Evidence of beliefs about donation and transplantation among informed and uninformed religious and cultural groups
5. Anatomy and physiology of brain stem death
6. Guidelines for performing brain stem death tests
7. Recommendations of the ICS Working Group on Organ Donation regarding observation for apnoea
8. Preconditions to testing for brain stem death
9. Reversible causes of coma
10. Clinical tests for brain stem death
11. Legal definitions of death
12. Procedures for certification of death
13. Clinical management of an intensive care patient
14. Clinical management of a potential heart beating donor
15. How to break bad news
16. How to explain brain stem death
17. Psychology of altruistic action
18. Beliefs about death and dying
19. Roles of other members of the multidisciplinary team
20. How to adapt communication styles in ways which are appropriate to different people
21. The importance of establishing rapport and how to do so

- 22.How to ask questions, listen carefully and summarise back
- 23.The importance of encouraging individuals to ask questions and how to do so
- 24.Religious beliefs of different cultures
- 25.Effects of different cultures and religions on care management and effects on family dynamics
- 26.The importance of involving individuals in discussions, and how to do so
- 27.How to negotiate effectively with individuals, families and other professionals
- 28.Principles of evidence-based practice, and how to apply them
- 29.How to explain difficult subjects in an emotional context

PERFORMANCE CRITERIA

You must be able to do the following:

- 1.establish with colleagues that the patient is brain stem dead from preconditions having been satisfied, reversible causes of coma excluded and from clinical tests for brain stem death
- 2.hold the conversation with the family before, and separate from, discussion of donation
- 3.allow the family to choose whether to have the conversation at the bedside or somewhere else privately
- 4.show respect for patients and their families
- 5.allow the family to express their understanding of what is happening first and build on their knowledge
- 6.explain the procedures and definitions involved in the determination of brain stem death and certification of death
- 7.answer the family's questions factually
- 8.enquire about and respect cultural, religious and other influences and expectations
- 9.distinguish between death and the removal of support for respiration
- 10.use unambiguous phrases that do not imply some sort of continuing life
- 11.use the word 'dead'
- 12.talk about the patient in the past tense and not to the patient or as if they were still alive
- 13.be sensitive to the family's failure to absorb information in this crisis and be prepared to repeat and re-explain uncritically
- 14.respond to the suggestion of donation if it is volunteered by arranging a discussion, immediately if the family wishes it
- 15.detect any references to the patient that might indicate how they would have felt about donation
- 16.recognise where the family are in the grieving process and how this may influence the way they should subsequently be approached regarding donation

ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health. This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004): Dimension: Core 1 Communication. This standard has replaced RenDD3.