

Family/Close Friend Bereavement Risk Assessment¹

To be completed by the primary nurse following the patient's death

Patient Name: _____ Date/Time of Death _____

The Moment Death

Nurse at Time of Death _____

1. Moment of Death		2. Who was present?
Sudden / Unexpected	<input type="checkbox"/>	_____
Calm / Peaceful	<input type="checkbox"/>	_____
Problematic/Traumatic	<input type="checkbox"/>	_____

Details at the time of Death: _____

Specific family member(s)/friend(s) at risk

(A) _____ (B) _____

Risk Factors (if known)

	A	B		A	B
3. Emotional Response to the Death			4. Guilt/Self-Blame		
Appropriate	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>
Disorganized	<input type="checkbox"/>	<input type="checkbox"/>	Mild self-reproach	<input type="checkbox"/>	<input type="checkbox"/>
Highly emotional	<input type="checkbox"/>	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	<input type="checkbox"/>
Inappropriate (e.g.,...)	<input type="checkbox"/>	<input type="checkbox"/>	Extreme	<input type="checkbox"/>	<input type="checkbox"/>
5. Physical Health			6. Financial Situation		
Good	<input type="checkbox"/>	<input type="checkbox"/>	Stable	<input type="checkbox"/>	<input type="checkbox"/>
Existing physical illness	<input type="checkbox"/>	<input type="checkbox"/>	Unstable	<input type="checkbox"/>	<input type="checkbox"/>
7. Anticipated Employment			8. General Anger		
Works full/part time	<input type="checkbox"/>	<input type="checkbox"/>	None	<input type="checkbox"/>	<input type="checkbox"/>
Retired	<input type="checkbox"/>	<input type="checkbox"/>	Mild irritation	<input type="checkbox"/>	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	<input type="checkbox"/>
Presently on medical leave	<input type="checkbox"/>	<input type="checkbox"/>	Severely aggressive	<input type="checkbox"/>	<input type="checkbox"/>
9. Coping			10. Anxiety		
Well	<input type="checkbox"/>	<input type="checkbox"/>	Appropriate	<input type="checkbox"/>	<input type="checkbox"/>
Fair / Marginal	<input type="checkbox"/>	<input type="checkbox"/>	Moderate	<input type="checkbox"/>	<input type="checkbox"/>
Poorly	<input type="checkbox"/>	<input type="checkbox"/>	Extreme (panic attacks)	<input type="checkbox"/>	<input type="checkbox"/>
11. Current Social Support			12. Were any suicidal statements made?	Y	Y
Well surrounded	<input type="checkbox"/>	<input type="checkbox"/>		N	N
Family supportive but distant	<input type="checkbox"/>	<input type="checkbox"/>	13. Is an urgent referral to our psychosocial team indicated?	Y	Y
Unsupported / Isolated	<input type="checkbox"/>	<input type="checkbox"/>		N	N
Conflictual	<input type="checkbox"/>	<input type="checkbox"/>			

Other comments regarding bereavement risk for the psychosocial team

1 Developed by Dr. C. MacKinnon, Psychologist, MUHC Palliative Care, Modified version of the Bereavement Risk Index (Kristjanson et al., 2005) and the Bereavement Risk Assessment Tool (Melliar-Smith, 2002)