INITIAL BEREAVEMENT PLAN OF CARE
For Routine Bereavement

Name of Bereaved: ________________________________ Relationship to Patient: ____________

Patient Name/Number: ____________________________ DOD: ____________________________

PROBLEM: P350 – BEREAVEMENT CARE/ROUTINE

G01: Accepts patient’s death
G02: Grieves appropriately
G03: Resumes own life
G04: Family mourns appropriately

INTERVENTIONS:

_____ Establish Bereavement Care Plan
_____ Care Plan discussed and signed by IDG

Bereavement file contents include:

_____ Initial Bereavement Risk Assessment
_____ Time of Death Bereavement Risk Assessment
_____ Key Person in Bereavement Form
_____ Bereavement Plan of Care in chart
_____ Condolence Phone Call
_____ Sympathy Card (within 14 business days)
_____ Bereavement Services Letter
_____ Face Sheet

_____ Attend wake/funeral. Who attended? ______________________
_____ Attend memorial service. Who attended? ______________________
_____ Conduct memorial service. Who attended? ______________________

IDG TEAM SIGNATURES:

____________________________________ Date: ______________________
Bereavement Coordinator/ Department

____________________________________ Date: ______________________

____________________________________ Date: ______________________

____________________________________ Date: ______________________

____________________________________ Date: ______________________

____________________________________ Date: ______________________

____________________________________ Date: ______________________

____________________________________ Date: ______________________

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