

NURSE ACTIVITIES FOR COMMUNICATING WITH FAMILIES (NACF)

UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE
END-OF-LIFE CARE RESEARCH PROGRAM

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In this survey, we are interested in learning about what nurses do to help families. The following questions are about ways you or other nurses may have helped your patient's family during the patient's ICU stay. We know that nurses are not always able to do everything for every patient and family, but we would like to know specifically what you were able to do to help this family.

During the time your patient was in the ICU, did you:

1. **Explain to the family about the patient's medical equipment and therapies?**
(Check all that apply)

Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

2. **Tell the family what to expect during conferences with the health care team members?** (Check all that apply)

Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

3. **Talk with the family about their spiritual or religious needs?** (Check all that apply)

Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

4. **Take actions to address the spiritual or religious needs of the family?**
(Check all that apply)

Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

5. **Talk with the family about specific cultural needs?** (Check all that apply)

Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

During the time your patient was in the ICU, did you:

6. Take actions to address the cultural needs of the family? *(Check all that apply)*

- Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

7. Talk with the family about what the patient valued in life? *(Check all that apply)*

- Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

8. Talk with the family about the patient's illness and treatment?
(Check all that apply)

- Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

9. Talk with the family about their feelings? *(Check all that apply)*

- Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

10. Reminisce with the family about the patient? *(Check all that apply)*

- Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

11. Talk with the family about it being all right to talk to and touch their loved one?
(Check all that apply)

- Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

12. Discuss with the family what the patient might have wanted if he/she were able to participate in the treatment decision-making process? *(Check all that apply)*

- Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

During the time your patient was in the ICU, did you:

13. Locate a private place or room for the family to talk among themselves?

(Check all that apply)

- Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

14. Talk with the family about any disagreement among the family concerning the plan of care? *(Check all that apply)*

- Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

15. Talk with the family about changes in the patient's plan of care?

(Check all that apply)

- Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

16. Support the decision/s the family made concerning the patient's care?

(Check all that apply)

- Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

17. Assure the family that the patient would be kept comfortable? *(Check all that apply)*

- Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

18. Offer additional support to the family? *(Check all that apply)*

- Yes, I did this. Yes, another nurse did this. No, not done or don't know. Does not apply for this family.

If yes, please specify _____

