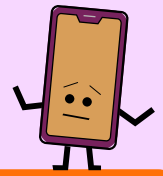


# Talking to relatives

A guide to compassionate phone communication during COVID-19



## Introduce

**SPEAK SLOWLY**

**OPEN WITH A QUESTION**

**ESTABLISH WHAT THEY KNOW**

#hello my name is...  
**GRACE**  
SENIOR CHARGE NURSE

I'm calling to give you an update on your brother, Frank.

Are you OK to talk right now?

Can you tell me what you know about his condition?

## Share info in small chunks



**PAUSES  
SIMPLE LANGUAGE**



**EUPHEMISMS  
JARGON**



## Helpful concepts

### Honesty with uncertainty

There are treatments that might help Frank get better, such as giving him oxygen to help with his breathing. But if his heart stopped, we wouldn't try to restart it, as this wouldn't work.

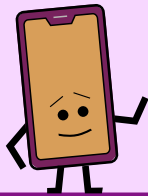
### Hope for the best, plan for the worst

We hope Frank improves with these treatments, but we're worried he may not recover.

### Sick enough to die

Frank is very sick and his body is getting tired. Unfortunately he's now so unwell that he could die in the next hours to days.

I'm so sorry to tell you this over the phone, but sadly Frank died a few minutes ago.



## Comfort and reassure

Is there anything you can tell me about Frank to help us look after him? What matters to him?

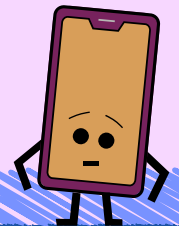
We've been looking after him and making sure he's comfortable.

## Allow silence

**LISTEN**

**EMPATHISE**

**ACKNOWLEDGE**



I am so sorry. Please, take your time.

It must be very hard to take this in, especially over the phone.

I can hear how upset you are. This is an awful situation.

## Ending the call

**DON'T RUSH**

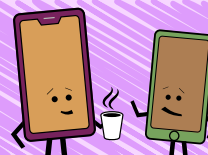
**NEXT STEPS**

Before I say goodbye, do you have any other questions about Frank?

Do you need any further information or support?

## Afterwards

Chat with a colleague.  
These conversations are hard.  
#weareallhuman



**NHS**

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*proud  
to care*



# COVID-19 APPROVED GUIDANCE

## OFFICIAL SENSITIVE

***Note: This guidance has been fast-tracked for approval for use within NHSGGC***

### **Covid-19 Talking to Relatives**

This guidance is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guidance, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following guidance, it is good practice to record these and communicate them to others involved in the care of the patient.

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#### **Important Note:**

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