**Loss & Grief Practice Questions**

A 1-year-old boy with terminal cancer has chosen to chosen to spend his last days in a local hospice facility. What is the advantage of a hospice facility?

1. It is a homelike setting with access to nursing care specializing in treatment of death and dying
2. The most technologically advanced medical equipment
3. The least expensive option
4. The number of specialty surgeons on staff

Explanation: The advantage of a hospice facility as an environment for death is that it offers a homelike setting along with skilled professional health care. Hospitals would likely have the most technologically advanced medical equipment and the greatest number of specialty surgeons on staff, but neither of these would matter to a patient who is dying. A hospice facility is not likely the least expensive option.

The homecare nurse is on a visit, caring for a dying child. While speaking with the mother, she discovers that the mother has a strong desire to attend one of her older son's soccer games. The nurse immediately informs the mother of a service that can care for the sick child while she attends the older son's soccer game. Which of the following services is the nurse speaking of?

1. Home care
2. Respite care
3. Health care
4. Hospice care

Explanation: Respite care allows the parents and family to leave the child with the assistance of a home health aide or hospice volunteer. Hospice care often has a respite care service that is part of the service they offer; however, hospice care refers to the palliative care given to dying people and their families. Homecare is performed in the presence of the family, not to relieve the family. Healthcare is a general term that applies to the care of an individual or group in the prevention or treatment of a disease process.

The nurse caring for young children in a hospice setting is aware of the following statistics related to the occurrence of death in children. Which one of the following statements accurately reflects one of these statistics?

1. Each year, about 50,000 children die in the United States; of those, about 15,000 are infants.
2. It is unusual for a child's chronic illness to progress to the point of becoming a terminal illness.
3. Despite strides made, diabetes remains the leading cause of death from disease in all children older than the age of 1 year.

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| 1. Congenital defects and traumatic injuries are the most common causes of diseases leading to death. |

Explanation: Diseases can lead to terminal illness in children, with congenital defects and traumatic injuries being the more common causes. Each year, about 50,000 children die in the United States; of those, about 28,500 are infants. In many cases, a child's chronic illness may progress to the point of becoming a terminal illness. Cancer remains the leading cause of death from disease in all children older than the age of 1 year.

A single parent of a dying child has told the nurse she would like to take care of her daughter at home. Which of the following would be best for the nurse to do to help the mother reach a decision that will be good for both the mother and the child? The nurse should

1. Put the mother in touch with the department of a hospital that can help her sort out the availability of home nursing care, insurance coverage, and respite care.
2. Remind the mother that the number of staff people caring for the child in the hospital is unlikely to be duplicated at home, making the hospital a better choice.
3. Validate her courageous idea and say that the staff at the hospital will always be available to answer her questions.
4. Suggest that she look into a hospice residence, which is often a good alternative to caring for the child alone at home or having the child remain in the hospital.

Explanation: The home can be a more loving and caring environment but this choice must be considered carefully in terms of financial, health care, and caregiver health concerns. This is an extremely difficult decision for a family. Family members need support and guidance from health care personnel while they are trying to make the decision, after the decision is made, and even after the child dies.

The nurse is providing palliative care for a 9-year-old boy in hospice. Which is unique to hospice care for children?

1. Encouraging visits from friends and family
2. Educating parents about terminal dehydration
3. Prolonging treatment that might possibly help
4. Treating constipation to relieve abdominal pain

Explanation: Hospice for children allows for continuation of hopeful treatment so long as certain criteria are met. This is different from adult hospice. Encouraging visits from friends and family, educating parents about terminal dehydration, and treating constipation are common to family-centered care.

The nurse is caring for the family of a recently deceased child. A friend of the family expresses to the nurse that she does not know what to say or how to act with the parents. Which of the following is advice that the nurse should give to the friend?

1. You don't always need to say anything, listen to the parents with understanding.
2. Don't laugh with the parents until the grieving period has passed.
3. Look for something positive to say to the parents.
4. Do not cry around them in order to prevent the parents from losing control.

Explanation: Having a person to actively listen to and understand what they are feeling is supportive to the parents. It is important to recall humorous incidents and endearing qualities about the child. These memories may bring mutual smiles and laughter. Remember, though, that jokes and trivial discussions are not appropriate at this time. There is no need to point out the positive in this situation, and this action may be perceived by the parents or family as a lack of understanding for their pain. Family members and friends often feel that they must "hold up" to be supportive. This is not necessarily true. Your tears show that you care. However, if your own grief is so overwhelming that you cannot function, it is probably best to wait to interact with the parents or family until you can function.

The father of a 4-year-old boy with leukemia tells the nurse that he believes his son was misdiagnosed by his two previous oncologists and that the lab results were in error. Thus, he has switched doctors in hopes of "finding someone who can diagnose his son accurately." Which stage of grief does the nurse suspect this father to be in?

1. Denial
2. Anger
3. Bargaining
4. Depression

Explanation: The father seems to not be able to accept the reality of his son's diagnosis and thus is in denial.

To be an effective nurse with a child who is dying, it is first necessary to

1. explain the stages of grief to her parents.
2. assess at which stage of grief the parents are.
3. help the child understand the grieving process.
4. identify your own reactions and feelings about death.

Explanation: It is difficult to help children and parents deal with dying and grief until you understand it yourself.

The nurse is working with a group of caregivers who have children who are dying. Which of the following statements made by one of the caregivers indicates that this caregiver is in the bargaining stage of anticipatory grief?

1. "I'll be able to handle my child's dying if she can just live until her next birthday."
2. "It is going to be hard for me when I can't hug my daughter anymore."
3. "I've got to go into my office for a meeting. I'm sure my son will be fine while I'm gone."
4. "I used to love playing board games with my son. Now that just makes me feel sad."

Explanation: Caring for a family facing the death of their child calls on all the nurse's personal and professional skills. It means offering sensitive, gentle, physical care and comfort measures for the child and continuing emotional support for the child, the family caregivers, and the siblings. Diagnosis of a fatal illness initiates the grieving process in the child and the family. In the stage of bargaining, the family says "if only . . ." and puts a condition on what they would like the child to live for or until, such as a holiday or birthday.

A 39-year-old multigravida with diabetes presents to the clinic at 32 weeks' gestation because she has not felt the fetus moving lately. FHR is absent; sonogram confirms that the fetus has died. Your institution has a policy of taking photographs of such fetuses once they are delivered. You inform the woman that pictures have been taken and ask her if she wants them; she angrily tells you no, then bursts into tears. How should you respond?

1. Apologize and tell her that the photos will be destroyed immediately.
2. Console her with the fact that she has other children.
3. Tell her that the hospital will keep the photos for her in case she changes her mind.
4. Tell her that once she gets over her shock and grief, she will probably be happy to have the photos.

Explanation: Emotional care of the woman is complex. The woman may need time to move through the stages of grief and the responses of grief vary from person to person. The mother may request the items later and they should be stored or kept for a year after the delivery. Option A is incorrect as there is no need to apologize to the patient. Option B is incorrect as it would be inappropriate to console her with the fact that she has other children. Option D is incorrect as it negates her feelings and is not supportive of the woman at this time.

The nurse is counseling a family with a 4-year-old child. The child’s grandfather died 3 weeks ago. The nurse should explain to the parents that preschoolers who are grieving often

1. express themselves through fantasy play.
2. engage in risky behaviors.
3. seek comfort from friends.

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| 1. discuss the loss openly. |

Explanation: Children of this age often express grief through fantasy play and mock funerals. Th...[(more)](javascript:HideDiv('#ratrefmore173852');ShowDiv('#ratrefrest173852');)  
  
Explanation: Children of this age often express grief through fantasy play and mock funerals. They often do not express the loss openly and they grieve through somatic complaints or regression.

The nurse is caring for a mother who has just undergone labor and delivery of a severely malformed preterm infant who died in utero. Which of the following nursing interventions is the most beneficial for the mother at this time?

1. Offer to show the mother pictures of her deceased infant.
2. Encourage the mother not to see her malformed infant to spare her the shock.
3. Clean and wrap the infant in a blanket and encourage the mother to hold her infant.

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| 1. Speak with the father present and recommend that the mother not see the infant in order to spare her from trauma and grief. |

Explanation: Parental fantasies about the infant's appearance are often worse than the reality o...[(more)](javascript:HideDiv('#ratrefmore118101');ShowDiv('#ratrefrest118101');)  
  
Explanation: Parental fantasies about the infant's appearance are often worse than the reality of the anomalies or condition of the deceased infant. Seeing and holding the infant validates the existence of the infant and makes the reality of the death more clear. Clean and wrap the infant as appropriate for the gestational age in preparation for this visit, and describe the appearance of the baby to the family before the visit. Offer the parents pictures when they express a desire not to hold or see the infant. Encouraging the mother not to see the infant and encouraging the father to recommend the mother not see the infant are both inappropriate interventions.

The nurse is caring for a family who just experienced the death of a child. Which of the following nursing interventions is a priority at this time?

1. Facilitate the grieving process by assessing grief and assisting family members to acknowledge the loss by expressing grief.
2. Assist the parents in end-of-life decisions such as funeral and burial arrangements.
3. Refer the family to a support group in order to process grief immediately.

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| 1. Refer the family to a counselor in order to obtain advice on end-of-life decisions. |

Explanation: The role of the nurse includes facilitating the grieving process by assessing grief...[(more)](javascript:HideDiv('#ratrefmore118103');ShowDiv('#ratrefrest118103');)  
  
Explanation: The role of the nurse includes facilitating the grieving process by assessing grief and assisting survivors to acknowledge the loss by expressing grief in their own way. Assisting the family with end-of-life arrangements would come later, as well as referring the family to support groups or counselors.

The nurse is caring for a child who has been a patient in the pediatric unit for several weeks. The child has a terminal illness and is dying. The caregivers and the nurse are in the room when the child takes the last breath and dies. Which of the following actions by the nurse would be considered appropriate at this time?

1. The nurse walks out of the room and call the nursing supervisor and chaplain.
2. The nurse tells the family that he or she shares in their sadness and cries with them.
3. The nurse maintains his or her professional demeanor and tells the caregivers that a staff person will be in to take the body soon.

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| 1. The nurse consoles the family members by hugging or rubbing their backs and then moves to a corner in the room to cry. |

Explanation: When death comes, it is perfectly appropriate to share the fam...[(more)](javascript:HideDiv('#ratrefmore120117');ShowDiv('#ratrefrest120117');)  
  
Explanation: When death comes, it is perfectly appropriate to share the family's grief, crying with them then giving them privacy to express their sorrow. The nurse can stay with the family for awhile, remaining quietly supportive with an attitude of a comforting listener. An appropriate comment may be, “I am so sorry” or “This is a very sad time.” The nurse needs to keep the focus on the family's grief and what the nurse can do to support them.