**Appendix 4 Talking to Relatives**

Remember you must do it with the patient’s consent or if the patient is critically unwell or too cognitively impaired, do it (and document that you have done it) in the patient’s best interests.

Introduce yourself “Hello, my name is” and your role

Avoid talking **over** the patient at the bedside (even if patient is unconscious or very cognitively impaired)

Aim to actively seek out relatives – even if it’s just to introduce yourself – they will usually appreciate it and come quickly to what they are worried about if they have concerns

If you haven’t spoken to any relatives at all for a specific patient (e.g. they only visit in the evenings), ring up the NOK on the phone (even if it’s only for a brief update of what’s been happening or to find out if they have any concerns)

Remember to get their name (and put it in the notes) so that you know who has said what to whom.

If you are being asked for multiple updates by different relatives of the same patient ask (in a sensitive fashion) for them to nominate ideally one (or two) main people as a family “spokesperson” (to avoid mixed messages).

If a patient is particularly complex eg in pain, very confused, an acute change in their condition, very ill or doing very poorly, be especially proactive about speaking to their relatives – it is very upsetting to visit and find your loved one like this without any warning. Explain and offer them the Trust delirium sheet.

Be careful not to make promises or give opinions about what social services are or should be available or about eligibility for social care funding

If a relative is waiting and you are going to be a while, acknowledging them, asking them how long they have to wait and giving them a rough estimate of how long you will be, is polite and often appreciated.

Don’t forget to try to document discussions clearly in the notes using the actual terminology used in the conversation rather than just the medical terminology as you understand it.