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### Background

The Specialist – Nurse Organ Donation (SNOD) team regularly support families with memory making at end of life. They noticed a disparity in the bereavement resources and memory making opportunities offered to adult donor families compared to those offered to other families of adult patients where the SNOD team were not involved at end of life. The reasons for this disparity were multifactorial: a lack of appropriate resources on the Intensive Care Units (ICUs), lack of staff confidence in offering and undertaking memory making activities and clinical pressures affecting the amount of time spent with families.

With the COVID-19 pandemic restricting the number of visitors at end of life, many families have been particularly grateful to receive ‘keepsakes’ made by unit staff. Social media has also highlighted individual family experiences and the personal importance of memory making opportunities. Inspired by the resource provision in another hospital, the SNOD team proposed that some of the NHS Blood and Transplant donor recognition funding (given to the hospital annually) was used to provide a continuous stock of memory making resources that can be used for all patients on ICU, not just donor families.

### Methods - the ‘keepsake cupboard’

Permission was obtained to place a cupboard in a central location, accessible to all ICUs. The SNOD team purchased resources for hairlocks, inkless handprints, fingerprint jewellery, ‘heartbeat in a bottle’ kits and bereavement books for both children and adults. They also purchased memory boxes in which the individual items could be placed after creation for storage and additional items added by the family subsequently. The team also approached local community groups with a request for the creation of knitted or crocheted animals where one toy stays with the patient and the other is kept by the family. The existence and location of these resources was then advertised to all ICU teams. Staff are encouraged to offer families the opportunity to undertake memory making and to choose from the range of items offered. There is no specific limit on the amount of resources available to each family – staff are asked to use their discretion.

### Results

Initial feedback from the unit teams was overwhelmingly positive, with staff extremely grateful to have the resources provided for them. The Neuro ICU is located in a different area of the hospital to the General and Cardiac ICUs but staff are aware that the resources are available for them to use too. Likewise, the Paediatric ICU have their own set of memory making resources but are welcome to access these too. The SNOD team have also reiterated that they can use their skills to support all families at end of life, not just donor families, and that the ICU teams are welcome to ask for this assistance. Verbal feedback from bereaved family members demonstrates the importance of offering and undertaking memory making activities and the sentimental value that these objects then hold.

### Conclusion

The SNOD team are proud to support the ICU teams with memory making activities for all patients at end of life and aim to continue to regularly use donor recognition funding to replenish the supply of resources and ensure this is an ongoing opportunity for families.

### Future plans

The SNOD team plan to film short video clips demonstrating how to undertake each memory making activity. These will be uploaded to an online site and a QR code link will be generated for each resource video. This QR code will then be affixed next to the resources in the cupboard so that if staff are unsure how to use an item they can quickly scan the code and watch the video.



Heartbeat in a bottle



Fingerprint jewellery moulding kits



Knitted and crocheted animals, created by volunteers



Cupboard of memory making resources on ICU