

*Education and support only - follow agency protocols and notify the IDT as needed.*

# Grace Harbor Nurse Care Extension Packets

*13-Month Monthly Support Sheets + Quick-Start Guide*

## Purpose

Quick, practical language and actions to support families between visits with calm presence, simple steps, and consistent team alignment.

## Start Here: Nurse Page Access (QR)



*Scan to open the Nurse Care Extension page*

### For nurses (scan first):

Open the online Nurse Care Extension page for packet downloads, updates, and orientation resources.

### Nurse page URL:

<https://www.graceharborcompassionateservices.org/nurses.html>

### For families (offer first):

“Here’s a QR code—scan it for short daily grief support, and choose the path that fits you. You can return anytime.”

### Family support page:

<https://www.graceharborcompassionateservices.org/today>

**Contact:** (903) 796-9669 [info@QueenCityFuneralHome.com](mailto:info@QueenCityFuneralHome.com)

## Quick Start (60–90 seconds)

- Offer the family QR card first (or share the Family support page link above).
- Choose the month theme that matches what you’re seeing.
- Use one borrowable line + one practical offer + one next step.
- Document briefly and loop in the IDT when indicated.



### Family support:

[graceharborcompassionateservices.org/today](https://www.graceharborcompassionateservices.org/today)

*Education and support only - follow agency protocols and notify the IDT as needed.*

## **About the Founder**

Tracy R. Lee, FD, CG-C (ret.) is the founder of Grace Harbor Compassionate Services. She is a funeral service professional, certified grief counselor, author, and nonprofit leader with more than two decades of experience supporting families through loss. Tracy earned an Associate of Science in Funeral and Restorative Arts from the Dallas Institute of Funeral Service and holds grief counseling certifications through the American Institute of Health Care Professionals and Columbia University. She is currently completing her Bachelor of Science in Leadership at Texas A&M University, with a focus in Occupational Leadership.

Tracy's work spans direct family care, community leadership, and grief education. She served as Caregiver Program Director for Easter Seals and founded Heaven Sent Corp, supporting families through pregnancy and infant loss. Through her syndicated column, Pushing Up Daisies, her grief writing has been published more than 1.5 million times across various outlets and professional journals. She is also a retired professional artist and served as Official Hall of Fame Artist (Former) for the International Gymnastics Hall of Fame.

## **Scope & Gentle Guardrails**

- Education and support only. Not medical or mental health advice.
- Follow your agency protocols and notify the IDT for safety, crisis, or escalating needs.
- Keep language simple; offer one small next step at a time.
- Avoid platitudes (for example: "Everything happens for a reason").
- If there is any safety concern (self-harm, abuse, medical instability), escalate to the appropriate emergency/clinical supports.



**Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

## **NURSE SHEET - MONTH 1**

### **Shock & Stabilizing**

**Aim:** Support basic stability in the early days/weeks with calm presence, simple language, and one-step-at-a-time care.

#### **What families often say (3):**

- “This doesn’t feel real.”
- “I can’t think straight.”
- “I don’t know what I’m supposed to do next.”

#### **What you may notice (3):**

- Fog, numbness, agitation, or sudden waves of emotion
- Sleep disruption, appetite changes, shakiness, headaches, low energy
- Decision fatigue; repeating questions; difficulty tracking information

#### **What to say (borrowable lines) (5):**

- “Shock and fog are common in early grief - your body is responding to a lot.”
- “You don’t have to do everything today - just the next small step.”
- “It’s okay if you can’t take in everything at once. We can repeat it.”
- “If it helps, I can write this down so you don’t have to hold it in your head.”
- “You’re not alone. We’ll take this one visit at a time.”

#### **What to offer (practical) (3):**

- QR (first): “Here’s a QR code - scan it for short daily grief support, and choose the path that fits you. You can return anytime.”
- Reduce choices: “Let’s keep today simple - just the next step.”
- Tiny care plan: “For today, basics: water, something small to eat, rest when you can, and one safe person to check in with.”

#### **The Days That Carry Us (2-3):**

- First Week - Early Shock & Survival
- Sleep & Night Fear
- Hard Day - Can You Check In?

#### **Do / Don't language:**



#### **Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

*Education and support only - follow agency protocols and notify the IDT as needed.*

**Do:**

- “One hour at a time.”
- “It makes sense that this is hard.”

**Don't:**

- “You’re strong - you’ll get through this.”
- “Everything happens for a reason.”

**When to notify the IDT (3 prompts):**

- Family expresses feeling unsafe, completely overwhelmed, or unable to cope between visits
- Persistent severe sleep loss/panic that blocks basic functioning
- High caregiver strain with no support system identified

**Documentation-friendly phrasing (2 lines):**

- “Provided education and emotional support; normalized common early-grief responses; reinforced small-step coping.”
- “Offered QR-based between-visit support resource; encouraged use of supports and follow-up with care team as needed.”

**Note:** Offer the QR first, keep steps simple, and align follow-up with your hospice/agency protocols.



**Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

## **NURSE SHEET - MONTH 2**

### **The Body Keeps the Score**

**Aim:** Normalize physical grief responses and support basic functioning with gentle pacing and practical body care.

#### **What families often say (3):**

- “I’m exhausted, but I can’t rest.”
- “My body feels off - nothing feels normal.”
- “I’m not hungry... or I can’t stop snacking.”

#### **What you may notice (3):**

- Fatigue, sleep disruption, appetite changes, aches/tension, headaches
- Foggy thinking, low motivation, irritability, overwhelm
- Increased health anxiety or fear that something is “wrong” with them

#### **What to say (borrowable lines) (5):**

- “Grief affects the body, not just the heart - this can be a normal response.”
- “Your energy may be lower for a while. Small steps are still progress.”
- “If rest is hard, we can aim for ‘rest in pieces’ - short breaks still help.”
- “You’re not weak - you’re carrying a lot.”
- “Let’s focus on basics that support your body this week.”

#### **What to offer (practical) (3):**

- QR (first): “Here’s a QR code - scan it for short daily grief support, and choose the path that fits you. You can return anytime.”
- Reduce choices: “Let’s choose one body-supporting step for today - just one.”
- Tiny care plan: “Try one stabilizer: water + a little protein, a warm shower, or a 2-minute step outside for air.”

#### **The Days That Carry Us (2-3):**

- Sleep & Night Fear
- Anxiety & Spiral Thoughts
- Returning to Work & Functioning (if applicable)

#### **Do / Don't language:**



**Family support:**  
[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

*Education and support only - follow agency protocols and notify the IDT as needed.*

**Do:**

- “Your body is responding to stress and sorrow.”
- “Basic care is real care.”

**Don't:**

- “Try not to think about it.”
- “You should be feeling better by now.”

**When to notify the IDT (3 prompts):**

- Ongoing sleep loss causing unsafe fatigue or inability to function
- Escalating distress that prevents basic self-care, or frequent panic episodes reported
- Caregiver exhaustion with no respite plan or minimal support resources

**Documentation-friendly phrasing (2 lines):**

- “Provided education on common physical grief responses; reinforced pacing and basic self-care supports.”
- “Offered QR-based between-visit support resource; encouraged follow-up with care team/IDT as needed.”

**Note:** Offer the QR first, keep steps simple, and align follow-up with your hospice/agency protocols.



**Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

## **NURSE SHEET - MONTH 3**

### **Waves, Triggers & “Out of Nowhere”**

**Aim:** Help families expect grief waves and triggers, reduce fear of ‘backsliding,’ and practice quick grounding in the moment.

#### **What families often say (3):**

- “I was okay... then it hit me again.”
- “I can’t handle triggers - everything sets me off.”
- “I feel like I’m getting worse, not better.”

#### **What you may notice (3):**

- Sudden tears, irritability, panic-like sensations when reminded
- Avoidance of places/items, social withdrawal
- Hypervigilance, startle response, difficulty concentrating

#### **What to say (borrowable lines) (5):**

- “Waves are common - grief isn’t a straight line.”
- “A trigger doesn’t mean you’re failing; it means you cared deeply.”
- “We can’t stop every wave, but we can shorten the time it controls the day.”
- “When it hits, try one simple anchor: feet on the floor, a slow breath, name what you see.”
- “Let’s pick one ‘steadying phrase’ you can repeat when the wave comes.”

#### **What to offer (practical) (3):**

- QR (first): “Here’s a QR code - scan it for short daily grief support, and choose the path that fits you. You can return anytime.”
- Reduce choices: “Pick one tool for triggers - just one.”
- Tiny care plan: “When a wave hits: drink water, sit down, text one safe person, and do 60 seconds of grounding.”

#### **The Days That Carry Us (2-3):**

- Triggers & Waves
- 5-4-3-2-1 Grounding (Senses)
- Hard Day - Can You Check In?

#### **Do / Don't language:**



#### **Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

*Education and support only - follow agency protocols and notify the IDT as needed.*

**Do:**

- “This is a wave; it will pass.”
- “Let’s focus on one anchor right now.”

**Don't:**

- “You’re overreacting.”
- “If you’d just stay busy, you’d be fine.”

**When to notify the IDT (3 prompts):**

- Repeated reports of panic episodes or inability to settle between visits
- Family reports increasing fear of being alone or driving/going out due to triggers
- Persistent intrusive thoughts, nightmares, or escalating distress impacting safety

**Documentation-friendly phrasing (2 lines):**

- “Provided education on grief waves/triggers; normalized non-linear grief; reinforced brief grounding strategies.”
- “Offered QR-based between-visit support resource; encouraged use of supports and IDT follow-up as indicated.”

**Note:** Offer the QR first, keep steps simple, and align follow-up with your hospice/agency protocols.



**Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

## **NURSE SHEET - MONTH 4**

### **The Practical Weight: Decisions, Paperwork & 'Too Much'**

**Aim:** Support decision fatigue and practical overload with simple prioritizing, permission to delay non-urgent tasks, and concrete next steps.

#### **What families often say (3):**

- "I can't keep up with all the decisions."
- "I'm afraid I'll mess something up."
- "I don't even know where to start."

#### **What you may notice (3):**

- Stacks of paperwork, missed calls, unfinished tasks
- Shame, self-criticism, overwhelm when discussing 'to-dos'
- Caregiver conflict around responsibilities

#### **What to say (borrowable lines) (5):**

- "Decision fatigue is real - grief makes everyday tasks heavier."
- "Let's sort what's urgent, what can wait, and what can be delegated."
- "You don't have to carry this alone - this is a time to borrow support."
- "We can write down the next step so your mind can rest."
- "Progress isn't doing everything; it's doing the next right thing."

#### **What to offer (practical) (3):**

- QR (first): "Here's a QR code - scan it for short daily grief support, and choose the path that fits you. You can return anytime."
- Reduce choices: "Today we'll pick the top 1-2 tasks - nothing more."
- Tiny care plan: "Create a 'Parking Lot' list: write everything down, then circle only what must happen this week."

#### **The Days That Carry Us (2-3):**

- Decision Fatigue
- Practical Next Steps
- Asking for Help

#### **Do / Don't language:**



**Family support:**  
[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

*Education and support only - follow agency protocols and notify the IDT as needed.*

**Do:**

- “What can wait is allowed to wait.”
- “Who can help with one piece?”

**Don't:**

- “Just get it done.”
- “You need to be stronger.”

**When to notify the IDT (3 prompts):**

- Overwhelm leading to missed essential caregiving tasks or unsafe home management
- Family conflict or caregiver breakdown related to responsibilities
- Need for MSW support for resources, benefits, planning, or crisis stabilization

**Documentation-friendly phrasing (2 lines):**

- “Assessed caregiver strain and decision fatigue; provided support and prioritization guidance; reinforced delegation/resources.”
- “Offered QR-based between-visit support resource; coordinated/encouraged IDT follow-up for practical supports as needed.”

**Note:** Offer the QR first, keep steps simple, and align follow-up with your hospice/agency protocols.



**Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

## **NURSE SHEET - MONTH 5**

### **Connection vs. Isolation**

**Aim:** Gently address withdrawal and loneliness while honoring boundaries; help families identify one safe connection and one 'low-pressure' support step.

#### **What families often say (3):**

- "I don't want to talk to anyone."
- "People don't understand."
- "I feel alone even when people are around."

#### **What you may notice (3):**

- Canceled plans, unanswered calls, avoidance of visitors
- Bitterness or hurt over others' reactions
- Caregiver burnout from being the 'only one'

#### **What to say (borrowable lines) (5):**

- "Wanting space can be normal - especially when everything feels raw."
- "It's okay to set boundaries, and it's also okay to ask for the right kind of help."
- "Not everyone will understand, but we can find one safe person who can simply show up."
- "You don't have to explain everything - short check-ins count."
- "Let's choose one connection that feels doable this week."

#### **What to offer (practical) (3):**

- QR (first): "Here's a QR code - scan it for short daily grief support, and choose the path that fits you. You can return anytime."
- Reduce choices: "Pick one person and one message - keep it simple."
- Tiny care plan: "Send a 'low-pressure text': 'I'm having a hard week. Could you check in once today?'"

#### **The Days That Carry Us (2-3):**

- Loneliness & Isolation
- Boundaries & Support
- Hard Day - Can You Check In?

#### **Do / Don't language:**



#### **Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

*Education and support only - follow agency protocols and notify the IDT as needed.*

**Do:**

- “You can want space and still deserve support.”
- “Let’s make support smaller and safer.”

**Don't:**

- “You should get out more.”
- “If you’d just talk about it, you’d be fine.”

**When to notify the IDT (3 prompts):**

- Significant isolation with worsening mood/functioning or inability to cope between visits
- Family reports no support network and high caregiver strain
- Need for chaplain/MSW support for community connection, support groups, or spiritual distress

**Documentation-friendly phrasing (2 lines):**

- “Explored support needs and isolation; reinforced boundaries and low-pressure connection steps; encouraged use of supports.”
- “Offered QR-based between-visit support resource; coordinated/encouraged IDT follow-up for additional support resources as indicated.”

**Note:** Offer the QR first, keep steps simple, and align follow-up with your hospice/agency protocols.



**Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

## **NURSE SHEET - MONTH 6**

### **Anticipatory Moments & 'Firsts'**

**Aim:** Prepare families for 'firsts' (first holiday, birthday, anniversary, first time in a room alone) with a plan:

name it, choose it, support it.

#### **What families often say (3):**

- "I'm dreading the first (birthday/holiday/anniversary)."
- "I don't know how we'll get through it."
- "Part of me wants to skip it completely."

#### **What you may notice (3):**

- Increased anxiety as a date approaches
- Family disagreement about traditions
- Sleep issues or agitation around 'firsts'

#### **What to say (borrowable lines) (5):**

- "It makes sense to dread the firsts - they carry a lot of meaning."
- "We can make a simple plan so the day doesn't ambush you."
- "You can keep it, change it, or skip it - any of those can be loving choices."
- "Let's decide what you need most that day: quiet, company, or a small ritual."
- "You don't have to be brave the whole day - just the next hour."

#### **What to offer (practical) (3):**

- QR (first): "Here's a QR code - scan it for short daily grief support, and choose the path that fits you. You can return anytime."
- Reduce choices: "Pick ONE plan for the day: keep, change, or skip."
- Tiny care plan: "Choose a 10-minute ritual: light a candle, play one song, share one story, or write one sentence."

#### **The Days That Carry Us (2-3):**

- The Firsts
- Holidays & Anniversaries
- Gentle Rituals

#### **Do / Don't language:**



#### **Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

*Education and support only - follow agency protocols and notify the IDT as needed.*

**Do:**

- “Let’s plan for the day, not just the date.”
- “Any loving choice is valid.”

**Don't:**

- “You should celebrate like normal.”
- “If you avoid it, you’ll never heal.”

**When to notify the IDT (3 prompts):**

- Severe anticipatory distress leading to inability to function or escalating panic
- Family conflict escalating around traditions or decision-making
- Need for chaplain/MSW support for ritual planning, spiritual distress, or coping resources

**Documentation-friendly phrasing (2 lines):**

- “Provided anticipatory guidance for grief ‘firsts’; assisted with simple plan and coping strategies; reinforced normalization and choice.”
- “Offered QR-based between-visit support resource; encouraged/initiated IDT follow-up for additional support as indicated.”

**Note:** Offer the QR first, keep steps simple, and align follow-up with your hospice/agency protocols.



**Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

## **NURSE SHEET - MONTH 7**

### **Guilt, Regret & 'If Only'**

**Aim:** Normalize guilt/regret as common grief language; shift toward compassion, reality-based reframing, and making amends where possible.

#### **What families often say (3):**

- "If only I had..."
- "I keep replaying everything."
- "I feel guilty when I have a good moment."

#### **What you may notice (3):**

- Rumination, self-blame, moral distress
- Avoidance of rest/joy as 'disrespect'
- Tension with other family members over 'what should have happened'

#### **What to say (borrowable lines) (5):**

- "Guilt is a common visitor in grief - it shows how much you cared."
- "Your mind is trying to make sense of something that hurts."
- "We can honor your love without punishing you."
- "A good moment doesn't erase love; it's a sign your heart can still breathe."
- "If there's something you wish you could say, we can find a safe way to express it."

#### **What to offer (practical) (3):**

- QR (first): "Here's a QR code - scan it for short daily grief support, and choose the path that fits you. You can return anytime."
- Reduce choices: "Pick one question to steady the mind: 'What did I do out of love?'"
- Tiny care plan: "Write a 3-line

#### **The Days That Carry Us (2-3):**

- Guilt & Regret
- Self-Compassion
- Letters & Unspoken Words

#### **Do / Don't language:**



**Family support:**  
[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

*Education and support only - follow agency protocols and notify the IDT as needed.*

**Do:**

- “You did what you knew to do at the time.”
- “Love and grief often speak in ‘if only.’”

**Don't:**

- “Don't feel guilty.”
- “You need to move on.”

**When to notify the IDT (3 prompts):**

- Persistent or escalating guilt leading to inability to function or significant distress between visits
- Family reports intense rumination, hopelessness, or worsening coping
- Need for chaplain/MSW support for moral/spiritual distress or counseling referral pathways per protocol

**Documentation-friendly phrasing (2 lines):**

- “Explored guilt/regret themes; provided normalization and compassion-based reframing; encouraged supportive coping strategies.”
- “Offered QR-based between-visit support resource; encouraged/initiated IDT follow-up for additional support as indicated.” Note: Offer the QR first, keep steps simple, and align follow-up with your hospice/agency protocols.

**Note:** ‘I wish... / I did my best when... / I still love you.’”



**Family support:**  
[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

## **NURSE SHEET - MONTH 8**

### **Family Dynamics & Mixed Grief Styles**

**Aim:** Support families who grieve differently; reduce conflict by naming styles, encouraging respectful boundaries, and setting one shared care goal.

#### **What families often say (3):**

- “We’re grieving so differently.”
- “They act like nothing happened.”
- “Every conversation turns into an argument.”

#### **What you may notice (3):**

- Tension between ‘talkers’ and ‘doers’
- Anger, blame, withdrawal in one or more members
- Communication breakdown during caregiving

#### **What to say (borrowable lines) (5):**

- “People grieve differently - some talk, some do, some go quiet.”
- “Different styles don’t mean different love.”
- “Let’s name what each person needs: space, structure, or a chance to speak.”
- “We can set one shared goal for this week: ‘keep things calm and safe.’”
- “If conversations get hot, it’s okay to pause and return later.”

#### **What to offer (practical) (3):**

- QR (first): “Here’s a QR code - scan it for short daily grief support, and choose the path that fits you. You can return anytime.”
- Reduce choices: “Choose one ‘family rule’ for hard moments: pause, breathe, return.”
- Tiny care plan: “Pick a 5-minute daily check-in: one person shares one feeling; others only say ‘I hear you.’”

#### **The Days That Carry Us (2-3):**

- Grieving Differently
- Communication & Boundaries
- Keeping the Home Calm

#### **Do / Don't language:**



#### **Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

*Education and support only - follow agency protocols and notify the IDT as needed.*

**Do:**

- “Different grief styles, same love.”
- “Let’s focus on what helps today.”

**Don't:**

- “You all need to grieve the same way.”
- “Stop being so emotional.”

**When to notify the IDT (3 prompts):**

- Escalating family conflict affecting care delivery or safety
- Reports of verbal aggression, intimidation, or inability to coordinate caregiving tasks
- Need for MSW/chief nurse/chaplain support for family meeting or conflict de-escalation per protocol

**Documentation-friendly phrasing (2 lines):**

- “Assessed family dynamics and coping styles; provided education on varied grief responses; reinforced de-escalation and boundary strategies.”
- “Offered QR-based between-visit support resource; coordinated/encouraged IDT follow-up for family support interventions as indicated.”

**Note:** Offer the QR first, keep steps simple, and align follow-up with your hospice/agency protocols.



**Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

## **NURSE SHEET - MONTH 9**

### **Returning to Life: Energy, Routine & Function**

**Aim:** Support gentle re-entry into routine without pressure; normalize uneven energy and encourage 'small structure' that steadies the day.

#### **What families often say (3):**

- "I'm trying to function but it's hard."
- "I feel guilty doing normal things."
- "I can't focus at work or at home."

#### **What you may notice (3):**

- Inconsistent routine, procrastination, distractedness
- Overdoing followed by crash
- Heightened irritability or impatience

#### **What to say (borrowable lines) (5):**

- "Function often returns in pieces - this is normal."
- "A little structure can steady the mind without forcing feelings away."
- "Guilt after a normal moment is common - joy and love can coexist."
- "Let's choose one small routine that supports you: morning, midday, or bedtime."
- "You don't have to catch up all at once. Gentle is still forward."

#### **What to offer (practical) (3):**

- QR (first): "Here's a QR code - scan it for short daily grief support, and choose the path that fits you. You can return anytime."
- Reduce choices: "Pick one routine anchor: wake, meal, or lights-out."
- Tiny care plan: "Use a 10-minute 'reset': water, step outside, write one task, then rest."

#### **The Days That Carry Us (2-3):**

- Returning to Work & Functioning
- Routine & Energy
- Permission to Rest

#### **Do / Don't language:**



#### **Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

*Education and support only - follow agency protocols and notify the IDT as needed.*

**Do:**

- “Gentle structure helps.”
- “One small routine is enough for now.”

**Don't:**

- “Just get back to normal.”
- “You’re still stuck.”

**When to notify the IDT (3 prompts):**

- Ongoing inability to function or escalating distress impacting safety or caregiving responsibilities
- Family reports persistent severe sleep disruption or panic interfering with routine
- Need for MSW support for workplace accommodations/resources per agency pathways

**Documentation-friendly phrasing (2 lines):**

- “Provided education on uneven functional recovery; reinforced gentle routine supports and pacing strategies.”
- “Offered QR-based between-visit support resource; encouraged/initiated IDT follow-up for additional supports as indicated.”

**Note:** Offer the QR first, keep steps simple, and align follow-up with your hospice/agency protocols.



**Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

## **NURSE SHEET - MONTH 10**

### **Permission to Smile: Hope Without Betrayal**

**Aim:** Reduce shame around relief/peace; support meaning-making and permission to experience lighter moments without 'forgetting.'

#### **What families often say (3):**

- "I laughed and then felt horrible."
- "If I feel better, it feels like I'm leaving them behind."
- "I'm afraid to hope."

#### **What you may notice (3):**

- Mood swings, shame after positive moments
- Avoidance of enjoyable activities
- Rigid beliefs about what grief 'should' look like

#### **What to say (borrowable lines) (5):**

- "Feeling lighter for a moment is not a betrayal."
- "Love stays, even when your nervous system gets a break."
- "Hope can be small - like a breath, a cup of tea, a quiet morning."
- "You can carry them forward while also caring for yourself."
- "Let's find one gentle 'permission statement' you can repeat when guilt shows up."

#### **What to offer (practical) (3):**

- QR (first): "Here's a QR code - scan it for short daily grief support, and choose the path that fits you. You can return anytime."
- Reduce choices: "Choose one small good thing you allow today."
- Tiny care plan: "Create a 'both-and' ritual: 'I miss you and I'm allowed to breathe today.'"

#### **The Days That Carry Us (2-3):**

- Guilt After Good Moments
- Meaning & Legacy
- Permission Statements

#### **Do / Don't language:**

**Do:**



**Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

*Education and support only - follow agency protocols and notify the IDT as needed.*

- “Both can be true: I hurt and I can breathe.”
- “A light moment is a rest, not a replacement.”

**Don't:**

- “You should be happy now.”
- “If you’re still sad, you’re not trying.”

**When to notify the IDT (3 prompts):**

- Persistent shame/hopelessness or worsening distress affecting coping and safety
- Family reports rigid beliefs leading to self-neglect or escalating conflict
- Need for chaplain/MSW support for spiritual distress, meaning-making, or counseling pathways per protocol

**Documentation-friendly phrasing (2 lines):**

- “Explored guilt related to relief/positive affect; provided normalization and supportive reframing; encouraged healthy coping and self-care.”
- “Offered QR-based between-visit support resource; encouraged/initiated IDT follow-up for additional supports as indicated.”

**Note:** Offer the QR first, keep steps simple, and align follow-up with your hospice/agency protocols.



**Family support:**  
[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

## **NURSE SHEET - MONTH 11**

### **Holidays, Gatherings & 'Missing at the Table'**

**Aim:** Plan for holidays and gatherings with flexible expectations, protective boundaries, and one meaningful remembrance action.

#### **What families often say (3):**

- "I don't want to go to gatherings."
- "Everyone will expect me to be okay."
- "The empty place at the table hurts."

#### **What you may notice (3):**

- Avoidance of social events, increased irritability
- Conflict about traditions or attendance
- Heightened fatigue and sadness around reminders

#### **What to say (borrowable lines) (5):**

- "Holidays can amplify grief - there's no 'right' way to do them."
- "We can plan for what you need: a way out, a safe person, and one small ritual."
- "It's okay to set boundaries on conversation and time."
- "You're allowed to show up differently this year."
- "Let's decide one remembrance action that feels gentle, not heavy."

#### **What to offer (practical) (3):**

- QR (first): "Here's a QR code - scan it for short daily grief support, and choose the path that fits you. You can return anytime."
- Reduce choices: "Decide: attend briefly, attend fully, or skip."
- Tiny care plan: "Create a 'leave plan': drive your own car, set a time limit, and text a safe person before/after."

#### **The Days That Carry Us (2-3):**

- Holidays & Grief
- Boundaries
- Remembrance Rituals

#### **Do / Don't language:**



#### **Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

*Education and support only - follow agency protocols and notify the IDT as needed.*

**Do:**

- “Let’s make a plan for an exit.”
- “One small ritual is enough.”

**Don't:**

- “You have to go for the family.”
- “Just be grateful.”

**When to notify the IDT (3 prompts):**

- Escalating distress around holidays leading to unsafe coping or inability to function
- Family conflict increasing around gatherings/traditions
- Need for chaplain/MSW support for planning, ritual guidance, or conflict mediation per protocol

**Documentation-friendly phrasing (2 lines):**

- “Provided anticipatory guidance for holiday-related grief; assisted with boundary setting and simple coping plan; reinforced normalization.”
- “Offered QR-based between-visit support resource; encouraged/initiated IDT follow-up for additional supports as indicated.”

**Note:** Offer the QR first, keep steps simple, and align follow-up with your hospice/agency protocols.



**Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

## **NURSE SHEET - MONTH 12**

### **The One-Year Mark: Reflection & Re-Storying**

**Aim:** Normalize the one-year mark as complex; support reflection, gentle meaning-making, and planning for ongoing support beyond 'the first year.'

#### **What families often say (3):**

- "I thought I'd be better by now."
- "Everyone thinks it's over, but it isn't."
- "I don't know who I am now."

#### **What you may notice (3):**

- Renewed waves of grief near anniversary
- Loneliness as outside support fades
- Questions of identity and purpose

#### **What to say (borrowable lines) (5):**

- "The one-year mark can bring a fresh wave - this is common."
- "Grief doesn't end at a date; it changes shape over time."
- "You've carried a lot this year - your endurance matters."
- "It's okay if you're still finding your footing."
- "Let's name one thing you want support with going forward."

#### **What to offer (practical) (3):**

- QR (first): "Here's a QR code - scan it for short daily grief support, and choose the path that fits you. You can return anytime."
- Reduce choices: "Pick one focus for the next month: rest, support, or routine."
- Tiny care plan: "Create a 'remembering hour': choose a time, a place, one song or prayer, then plan gentle aftercare."

#### **The Days That Carry Us (2-3):**

- Year-One Expectations
- Anniversary Waves
- Meaning & Next Steps

#### **Do / Don't language:**



#### **Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

*Education and support only - follow agency protocols and notify the IDT as needed.*

**Do:**

- “Your grief is allowed to still be here.”
- “Let’s plan support beyond the date.”

**Don't:**

- “It’s been a year; you should be over it.”
- “At least you had time to prepare.”

**When to notify the IDT (3 prompts):**

- Anniversary-related distress escalating to unsafe coping or inability to function
- Persistent severe grief symptoms impacting daily life and support needs between visits
- Need for MSW/chaplain support for ongoing resources, groups, counseling pathways per protocol

**Documentation-friendly phrasing (2 lines):**

- “Provided education on one-year anniversary grief responses; reinforced normalization and supportive planning for ongoing coping.”
- “Offered QR-based between-visit support resource; encouraged/initiated IDT follow-up for continued support resources as indicated.”

**Note:** Offer the QR first, keep steps simple, and align follow-up with your hospice/agency protocols.



**Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

## **NURSE SHEET - MONTH 13**

### **Beyond Year One: When Grief Stays Heavy**

**Aim:** Validate prolonged or complicated grief experiences without labeling; encourage steady support, safety planning, and appropriate referrals per protocol.

#### **What families often say (3):**

- “It’s not getting easier.”
- “I feel stuck.”
- “People are tired of hearing about it.”

#### **What you may notice (3):**

- Persistent intense yearning, inability to re-engage in daily life
- Ongoing sleep disruption, severe anxiety, or ongoing hopelessness
- Withdrawal, increased caregiver strain, or escalating family conflict

#### **What to say (borrowable lines) (5):**

- “Some grief stays heavy longer, especially after deep love and hard circumstances.”
- “You’re not failing - your heart is carrying something significant.”
- “We can look for support that matches what you’re carrying, not what people expect.”
- “Small supports still matter: one visit, one check-in, one steady plan.”
- “If you ever feel unsafe, we will act quickly and bring in support.”

#### **What to offer (practical) (3):**

- QR (first): “Here’s a QR code - scan it for short daily grief support, and choose the path that fits you. You can return anytime.”
- Reduce choices: “Pick one support step: talk to the social worker, chaplain, or a trusted person today.”
- Tiny care plan: “Create a safety plan for hard moments: who to call, where to go, and one calming action while help is coming.”

#### **The Days That Carry Us (2-3):**

- When Grief Feels Stuck
- Support Systems
- Hard Days & Safety



**Family support:**  
[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)

*Education and support only - follow agency protocols and notify the IDT as needed.*

**Do / Don't language:**

**Do:**

- “Let’s widen support around you.”
- “You deserve steady care, not pressure.”

**Don't:**

- “You need to move on.”
- “You’re choosing to stay sad.”

**When to notify the IDT (3 prompts):**

- Any safety concerns (self-harm talk, feeling unsafe, inability to cope alone) - follow agency emergency protocols immediately
- Persistent severe distress interfering with basic functioning or caregiving safety
- Need for coordinated MSW/chaplain/medical team support and referral pathways per protocol

**Documentation-friendly phrasing (2 lines):**

- “Assessed ongoing grief severity and coping; provided supportive education and safety-focused guidance; encouraged engagement with IDT resources per protocol.”
- “Offered QR-based between-visit support resource; initiated/encouraged IDT follow-up and safety escalation as indicated.”

**Note:** Offer the QR first, keep steps simple, and align follow-up with your hospice/agency protocols.



**Family support:**

[graceharborcompassionateservices.org/today](https://graceharborcompassionateservices.org/today)