
SUBJECT: Family Presence during Invasive Procedure and Resuscitation

POLICY #

DATE EFFECTIVE: December 1, 2006

PAGE: 1 of 1

**Please update as best for your hospital.*

I. POLICY

Purpose: To offer family members the option, when appropriate, presence at the bedside during invasive procedures (IP) and/or resuscitation interventions (RI).

Philosophy: Families play an integral role in the health and well being of the patient. Supporting and integrating the family into the emergency care process is vital to meeting the full spectrum of the patient's needs. Family participation promotes collaborative relationships among the health care professionals, the patient and the family. Family presence (FP) reduces the patient and the family's sense of helplessness and anxiety level. In the case of death, family presence can facilitate the grieving process by bringing a sense of reality to the treatment efforts and the patient's clinical status. The knowledge that all possible medical interventions were exhausted and the witnessing of resuscitative efforts can help families better cope with their loss.

Definitions:

1. **Family:** The word "family" is defined as a parent, legal guardian, or an authorized adult caregiver. Under DC law, an authorized adult caregiver is a person who has been given written authorization by a legal guardian to seek medical care for the patient named. [CNMC, General Consent to Treat Policy, CHPC:CO:1P]
2. **Family Presence (FP):** The attendance of family members in a location that affords visual or physical contact with the patient during invasive procedures or resuscitation interventions.
3. **Family Presence Facilitator (FPF):** A staff member, who is trained in the process of explanation of medical care, and assessment, preparation and support of families during presence. The FPF has no direct patient care responsibility, and is assigned exclusively to assist the family.

II: ACCOUNTABLE EXECUTIVE AND REVIEWER(S)

- A. Accountable Executive: _____
- B. Division Responsible for Review: _____
- C. Committee Responsible for Review: _____

III: APPROVAL

Approved by:

Executive Director

Date: _____

Medical Director

Date: _____

IV. APPLICABILITY

Emergency Medicine and Trauma Center

V. REVIEW OR REVISION DATES

Original:

December 2006

Reviews:

November 2011

November 2012

April 2016

May 2020

V: REFERENCES

Emergency Nurse Association (ENA) guidelines for Presenting the Option of Family Presence, Park Ridge, IL, ENA, 1995.

Children's Medical Center of Dallas, Emergency Center Policy and Procedure, "Presenting the option of family presence during invasive procedures and/or resuscitation interventions", Dallas, TX, 2002.

Children's Hospital of Philadelphia, Family Presence, Emergency Department Guidelines, "Family presence during invasive procedures and/or resuscitation", Philadelphia, PA, 2002.

Family Presence During Invasive Procedures and Resuscitation Procedure

SUBJECT: Family Presence during Invasive Procedure and Resuscitation
PROCEDURE #

DATE EFFECTIVE: December 1, 2006

PAGE: 1 of 1

Purpose: To offer family members the option, when appropriate, of being at the bedside during invasive procedures (IP) and/or resuscitation interventions (RI).

Roles and Responsibilities:

Family Presence Facilitator

The FPF is responsible for offering family members the option of family presence, after conducting family member assessment for desire, willingness and appropriateness for participation and team acceptance of the practice. When appropriate, the FPF will prepare the family prior to entrance as to the sights and sounds he/she will experience, where to stand and what to expect. The FPF is responsible for remaining with the family at all times during the family presence experience, continually assessing and supporting the family. The FPF is responsible for assuring the family has continued support by the appropriate social worker at termination of the family presence experience. Full functions and responsibility are outlined below.

Charge Physician

The Charge Physician is the EMTC attending for medical resuscitation. The charge physician for trauma resuscitation is the EMTC Attending or Surgical coordinator. The charge physician will have the final decision as to the appropriateness of family presence during resuscitation for individual cases.

Indications:

Family Presence will be offered to parents/caregivers of patients during medical alert, or trauma activations and/or invasive procedures.

Contraindications:

- Multiple unrelated patients in the resuscitation room
- Space limitations
- Family member inappropriateness as deemed by the FPF assessment

Procedure:

The option of family presence during IP and/or RI will be offered to family members in accordance with the provisions/instructions stated below.

- A. Uninterrupted patient care will remain the priority.
- B. The charge physician is in agreement with the option of FP.
- C. The family will be assessed by the FFP and if deemed appropriate will be offered the option of FP. Family members who do not wish to participate will be supported in their decision and designated a place to wait with the FFP providing updates on the status of the child.
- D. The role of the FPF will be covered by a social worker, or a nurse. A social worker is available **24 hours per day, 7 days a week with a rare exception.**
- E. The FPF will assess each family member for appropriateness of FP.
 - a. Before the option of FP is offered, family members will be assessed for appropriate levels of coping and for the absence of combative behavior, extreme emotional instability, substance abuse, and behaviors consistent with altered mental status.

- F. The FPF responsibilities and assistance with family interactions will include:
- a. Preparation of family members prior to FP
 - i. Explanation of patient care as the priority
 - ii. Emphasis of the family's role as supportive
 - iii. Description of the patient's appearance, condition, and procedures performed
 - iv. Explanation that family member may leave at any time and will be allowed to reenter upon re-screening of level of appropriateness
 - v. Explanation that family member may be asked to leave the resuscitation area at any time at the discretion of the health care team and/or FPF.
 - b. While family members are participating in FP
 - i. Family members should be provided with personal protective equipment as appropriate
 - ii. Family members will be informed of the level of interaction that is possible during the IP or RI and will be escorted to the appropriate physical space
 - iii. The FPF will remain with the family member during family presence until, upon collaboration with the health care team, it is decided that such facilitation is no longer necessary
 - iv. The FPF will provide the family members with comfort measures, explanations of procedures performed, interpretation of medical jargon, and the opportunity for family members to ask questions.
 - v. The FPF will serve as the liaison between the family member and the health care team and will facilitate the opportunity for family members to see, speak to or touch the patient when possible.
- G. Termination of FP may occur at any time and family members will be escorted away from the patient care area
- a. At the request of the charge physician.
 - b. If there is obstruction of patient care by the family member as a result of violent behavior, uncontrolled outbursts, or emotionally overwhelmed and uncontrolled behavior.
 - c. If the family member needs medical assistance (eg. chest pain, syncope). Medical care will be provided to the family member by a health care provider not involved in the care of the patient.
- H. When family members choose to not be present, the FPF will frequently update the family members on the patient's clinical status and procedures being performed.
- I. FP Restrictions
- a. There will be a maximum of 2 family members participating in family presence at one time. When an interpreter is needed and space is limited, FPP may be restricted to one family member.
 - b. For purposes of patient confidentiality, FP will not be offered to family members when there are multiple patients using the resuscitation area simultaneously. Efforts will be made to bring family members to the bedside as soon as practical.
 - c. When space is critically limited, it may be necessary to limit FP to one family member at a time or ask the family member to step out temporarily.
- J. Upon completion of FP
- a. The FPF may escort the family to a private, comfortable area to address their concerns, provide additional comfort measures, and address other psychosocial needs identified during the IP or RI. The parent may also choose to remain with their child at all times.
 - b. The FPF will arrange for social work follow-up when appropriate.