



FAMILY PRESENCE DURING CPR AND INVASIVE PROCEDURES

Expected Practice:

- ☑ Family members* of all patients undergoing CPR and invasive procedures should be given the option of being present at the bedside.
- ☑ All patient care units should have an approved written practice document (i.e., policy, procedure, or standard of care) for presenting the option of family presence during CPR and bedside invasive procedures.
 - * Family members are those individuals who are relatives or significant others with whom the patient share an established relationship.

Supporting Evidence:

- Research¹⁻⁸ and public opinion polls^{9,10} have found that 60% to 80% of consumers believe that family members should be allowed to be present during emergency procedures and at the time of their loved one's death.
- Despite support by professional organizations and critical care experts,¹¹⁻¹⁷ only 5% of critical care unit in the U.S. have written policies allowing family presence.¹⁸ Surveys of nurses' practice have found that most critical care nurses have been requested by family members to be present during CPR and invasive procedures and have brought families to the bedside, despite the lack of formal hospital policies.¹⁸
- Studies have found the following benefits of family presence:
 - For patients: Almost all children want to have their parents present during medical procedures;¹⁹⁻²⁴ children believe that parental presence was the most beneficial intervention in managing their pain;²¹ and adult patients report that having family members at the bedside comforted and helped them.^{25,26}
 - For family members: Being present helped family members in removing doubt about the patient's condition and witnessing that everything possible was being done;^{1,3,8,26-30} decreasing their anxiety and fear about what was happening to their loved one;^{19,26,31,32} facilitating their need to be together^{1,3} and the need to help and support their loved one,^{2,3,5,8,28,29,31,32} and experiencing a sense of closure^{3,29} and facilitating the grief process should death occur.^{2,6,26-31}
- Studies have found 94% to 100% of families involved in family presence would do so again.^{3,8,28,31}
- Studies have found no patient care disruptions, no negative outcomes during family presence events,^{3,5,8,19,26-29} and no adverse psychological effects among family members who participated at the bedside.^{3,8,26}

What You Should Do:

- Ensure that your healthcare facility has written policies and procedures that support family presence during CPR and invasive procedures.
- Policies and procedures, and educational programs for professional staff should include the following components:
 - Benefits of family presence for the patient and family.¹¹
 - Criteria for assessing the family to ensure uninterrupted patient care.^{3,8,11,15,33}
 - Role of the family facilitator in preparing families for being at the bedside and supporting them before, during and after the event, including handling the development of untoward reactions by family members.^{11,33,34} Family facilitators may include nurses, physicians, social workers, chaplains, child life specialists, respiratory care practitioners, family therapists and nursing students.^{11,15,34}
 - Support for patient's or family members' decision not to have family members present.¹¹
 - Contraindications to family presence (for example, family members who demonstrate combative or violent behaviors; uncontrolled emotional outbursts; behaviors consistent with an altered mental state from drugs or alcohol; or those suspected of abuse.^{3,8,11,15,33}
- Develop proficiency standards for all staff involved in family presence to ensure patient, family, and staff safety.
- Determine your unit's rate of compliance in offering families the option of family presence during CPR and invasive procedures. If compliance is $\leq 90\%$, develop a plan to improve compliance:

- Consider forming a multidisciplinary task force (i.e., nurses, physicians, chaplains, social workers, child life specialists) or a unit core group of staff to discuss approaches to improve compliance.
- Re-educate staff about family presence; discuss the intervention as a component of evidence-based practice.
- Incorporate content into orientation programs as well as initial and annual competency verifications.
- Develop a variety of communications strategies to alert and remind staff about the family presence option.
- Develop documentation standards for family presence and include rationale for when family presence would not be offered as an option to family members.

Need More Information or Help?

- Call the AACN Practice Resource Network at 800-394-5995 ext. 217. Practice Alerts are online at www.aacn.org.
- Talk with a clinical practice specialist for additional information / assistance (www.aacn.org) then select PRN.
- The guidelines for Presenting the Option of Family Presence¹¹ during CPR and invasive procedures developed by the Emergency Nurses Association and endorsed by AACN, are suitable for adaptation to critical care units and include educational slides and handouts, a family presence department assessment tool, a staff assessment tool, an educational needs assessment tool, a sample family presence guideline, and other supporting documents. This resource (Product #120632) is available online at www.aacn.org or by calling 800-899-2226.
- AACN endorses the American College of Chest Physician's Critical Care Family Assistance Program. This toolkit empowers you and your team to create a family-friendly critical care environment at your hospital. This resource (Product #120631) is available online at www.aacn.org or by calling (800) 899-2226.

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