



FAMILY PRESENCE DURING RESUSCITATION AND INVASIVE PROCEDURES

Expected Practice:

- ☑ Family members* of all patients undergoing resuscitation and invasive procedures should be given the option of presence at the bedside. [Level B]
- ☑ 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 resuscitation and bedside invasive procedures. [Level D]

** Family members are those individuals who are relatives or significant others with whom the patient shares an established relationship.*

Scope and Impact of the Problem:

Evidence is mounting that family presence during resuscitation and invasive procedures is beneficial to patients, families and staff. Meeting psychosocial needs in a time of crisis exemplifies care driven by the needs of patients and families.

Supporting Evidence:

- Research¹⁻¹¹ and public opinion polls¹²⁻¹⁴ have found that 50 to 96 percent of consumers believe family members should be offered the opportunity 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,¹⁵⁻²⁴ only 5 percent of critical care units in the U.S. have written policies allowing family presence.²⁵ Surveys of nurses' practice find that most critical care nurses have been requested by family members to be present during resuscitation and invasive procedures and have brought families to the bedside, despite the lack of formal hospital policies.²⁵⁻²⁷
- Studies find the following benefits of family presence:
 - For patients: Almost all children want their parents present during medical procedures,²⁸⁻³⁰ and adult patients report that having family members at the bedside comforted and helped them.^{3,31-32}
 - For family members: Their presence at the bedside helped in removing doubt about the patient's condition by witnessing that everything possible was being done.^{8,9,32-35} It decreased their anxiety and fear about what was happening to their loved one.^{7,10,29,32,36-37} It facilitated their need to be together^{8,10} and the need to help and support their loved one.^{8-11,33-4,36} They experienced a sense of closure^{3,8,11,34} and their presence facilitated the grief process should death occur.^{3,5,11,32-36}
- Studies show that 94 to 100 percent of families involved in family presence events would do so again.^{3,7,8,9,33,36}
- Studies also find that there are no patient care disruptions, no negative outcomes during family presence events,^{8,9,29,32-34,38-39} and no adverse psychological effects among family members who participated at the bedside.^{8-10,32,40}

AACN Evidence Leveling System

Level A	Meta-analysis of quantitative studies or metasynthesis of qualitative studies with results that consistently support a specific action, intervention or treatment.
Level B	Well-designed, controlled studies with results that consistently support a specific action, intervention or treatment.
Level C	Qualitative studies, descriptive or correlational studies, integrative review, systematic reviews, or randomized controlled trials with inconsistent results.
Level D	Peer-reviewed professional organizational standards with clinical studies to support recommendations.
Level E	Multiple case reports, theory-based evidence from expert opinions, or peer-reviewed professional organizational standards without clinical studies to support recommendations.
Level M	Manufacturer's recommendations only.

Actions for Nursing Practice:

- Ensure that your healthcare facility has written policies and procedures that support family presence during resuscitation 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.²³
 - Criteria for assessing the family to ensure uninterrupted patient care.^{9,20,23}
 - 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.^{21-2, 34,41} Family facilitators may include nurses, physicians, social workers, chaplains, child life specialists, respiratory care practitioners, family therapists and nursing students.^{20,23,41}
 - Support for patient's or family members' decision not to have family members present.²³
 - 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).^{9,20,22-23}
- 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 resuscitation 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 family-centered care and 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?

- Go to www.aacn.org and select [Practice Resource Network](#).
- The guidelines for "Presenting the Option for Family Presence,"²³ 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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