Family Presence During Resuscitation in the Emergency Department

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Family presence during resuscitation (FPDR) consists of having one or more family members present during cardiopulmonary resuscitation (CPR). According to the literature, family presence during resuscitation is not a consistent practice across healthcare facilities and healthcare providers seem to be one reason for the inconsistency. In the past, family members were asked to leave during resuscitation due to concerns of family member interference, the family's emotional reaction to the resuscitative efforts, and resuscitation performance anxiety by healthcare workers (Powers, 2017). Support for FPDR can be found throughout the literature along with backing from multiple professional organizations such as the Emergency Nurses Association, American Heart Association, American Association of Critical Care Nurses (AACN), and others. In the practice alert that was released by the AACN in 2016, they emphasized the importance of meeting patient and family needs during such a critical time and emphasized the importance of facility policy supporting FPDR. The American College of Emergency Physicians (2018) published a policy statement in support of FPDR during all aspects of emergency department care that is related to pediatrics stating information should be provided to parents regardless of their choice on whether to be present or not. The Emergency Nurses Association published their own clinical practice guidelines demonstrating their support of FPDR (2012). Nurses have reported that FPDR has allowed family members to feel like active participants in the care being given, built or improved their connections with families, and helped them to overcome their performance fears (Miller & Styles, 2009). The Emergency Nurses Association (ENA, 2012) has a set of clinical practice guidelines (CPG) and the American Association of Critical Care Nurses (AACN, 2016) has a published practice alert regarding FPDR including guidelines for clinical practice. We don't exactly know if family presence during resuscitation has any effect on the outcome of the patient being resuscitated, but according to Bradley et al. (2017), surveyed patients reported they would feel a comfort with knowing their family was present and believed that presence would be helpful.

For this study, Emergency Department nurses' knowledge, perceptions, and advocacy of FPDR were measured. The survey was sent to 108 registered nurses with 60 consenting to participate. The small sample size is a limitation to this study. Of the 60 participants, 48 were female and 12 were male. The ages ranged from 22 to 61 with a median age of 35. Participants' years of experience as a registered nurse ranged from 1 to 40, with an average of 10.73 years overall. All of the participants (100%) have been involved in a resuscitative effort of a patient and fifty-five participants (91.7%) have been involved in the resuscitative effort of a patient while family was present. In the study findings, there were correlations found between knowledge and perceptions of FPDR. Participants who had knowledge of CPGs and the facility policy on FPDR agreed that family should be present, family presence improves communication, family presence does not cause a disruption to the resuscitation process, and family presence does not increase the stress of healthcare providers involved. In other words, having knowledge of FPDR has a positive impact on perceptions of the practice. There were also correlations found between knowledge and advocacy of FPDR. When participants knew about the CPGs and facility policy on resuscitation, they were more likely to have invited family to be present or would invite family to be present if

given the chance. Finally, there was a correlation found between experience with FPDR and perceptions of the practice. Participants who have been involved in the resuscitative effort of a patient with family presence report that they do not believe family presence will cause a disruption to the resuscitative process. The findings also show that nurses who have been involved in FPDR have had a positive experience with the practice. Other findings of this project revealed fears including FPDR being too traumatic for the family. Current literature has demonstrated that this is not true and being present can actually reduce PTSD-related symptoms (De Stefano et al., 2016). Further, the study found that nurses who either had knowledge about FPDR or nurses with experience with FPDR had positive perceptions of FPDR and 47 were more likely to advocate for the practice in their clinical setting. These results demonstrate the importance of informing nurses within a facility about FPDR and the FPDR statement in the code blue policy. By enhancing awareness and education, the perceived barriers to implementation can be overcome and the multiple benefits for the family and healthcare workers can be reaped. The utilization of FPDR can help ensure the highest level of holistic nursing care is provided to patients and families during this critical time.

In order to change clinical practice, we must understand why someone may or may not utilize a specific practice. Providing education to nurses on FPDR, specifically the facility's policy, could increase the utilization of the practice. By doing this, patient and family-centered care could be improved. ■

References

American Association of Critical Care Nurses. (2016). AACN practice alert: Family presence during resuscitation and invasive procedures. Retrieved from http://ccn.aacnjournals.org/content/36/1/e11.full.pdf

American College of Emergency Physicians. (2018). Patient- and family-centered care and the role of the emergency physician providing care to a child in the emergency department. Retrieved from https://www.acep.org/siteassets/new-pdfs/policy-statements/patient--and-family-centered-care-and-the-role-of-the-ep-providing-care-to-a-child-in-the-ed.pdf

Bradley, C., Keithline, M., Petrocelli, M., Scanlon, M., & Parkosewich, J. (2017). Perceptions of adult hospitalized patients on family presence during cardiopulmonary resuscitation. American Journal of Critical Care, 26(2), 103-110. doi: https://doi.org/10.4037/ajcc2017550

De Stefano, C., Normand, D., Jabre, P., Azoulay, E., Kentish-Barnes, N., Lapostolle,F., . . . Adnet, F. (2016). Family presence during resuscitation: A qualitative analysis from a national multicenter randomized clinical trial. PLoS One, 11(6), 1-12. doi:2143/10.1371/journal.pone.0156100

Emergency Nurses Association. (2012). Clinical practice guideline: Family presence during invasive procedures and resuscitation. Retrieved from https://www.ena.org/docs/default-source/resourcelibrary/practiceresources/cpg/familypresencecpg3eaabb7cf0414584ac2291feba3be481.pdf?sfvrsn=9c167fc6_8

Miller, J. H., & Stiles, A. (2009). Family presence during resuscitation and invasive procedures: The nurse experience. *Qualitative Health Research*, 19(10), 1431– 1442. doi: https://doi.org/10.1177/1049732309348365

Powers, K. A. (2017). Barriers to family presence during resuscitation and strategies for improving nurses' invitation to families. Applied Nursing Research, 38, 22-28. doi:10.1016/j.apnr.2017.08.007