

What are the effects associated with family member presence during pediatric resuscitation ?

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Introduction

It is well known that families play an integral role in the ongoing care of pediatric patients. At Hershey Medical center, family-centered patient care is highly emphasized across the spectrum, however an ethical and moral dilemma exists regarding family presence during pediatric resuscitation efforts

PICO Question

Population: families of pediatric resuscitated patients

Intervention: allowing 1-2 family members to be present during resuscitation

Comparison: inclusion verses non inclusion

Outcome: family member satisfaction

Question: What are the effects associated with family member presence during pediatric resuscitation?

Methods

A literature review was conducted using CINAHL and EbscoHost databases.

Keywords: family presence during pediatric resuscitation, FPDR, family presence

The original search yielded 181 results. 5 were included for this project.

Results

Article	Methods	Results
Al-Mutair, A., Plummer, V., & Copmell, B. (2012)	A descriptive survey using a sample of 132 nurses using a self administered questionnaire in two major trauma centers.	77.2% of nurses agreed that witnessing resuscitations is traumatic for family members, but would like a written policy allowing the option of family presence.
Compton, S., Levy, P., Griffin, M., Waselewky, D., MangoL., Zalenski, R. (2011)	A prospective comparative study was conducted at two hospitals, evaluating family members who witnessed CPR vs. those who didn't for symptoms of PTSD.	The magnitude of PTSD symptoms commonly seen in family members of cardiac arrest victims is not impacted by witnessing or not witnessing CPR in the ED.
Dudley, N. C., Hand, K.W., Furnival, R.A., Donaldson, A.E., Van Wagenen, K.L., & Scaife, E.R. (2009)	A prospective trial offered families of pediatric trauma patients family presence on even days and no family presence on odd days. Outcome measures such as time to CT scan and to resuscitation completion were evaluated.	Of 1,229 trauma activations, 705 pts were included. There was no clinically relevant difference in CT time or resuscitation time found .
Jabre, P., Belpomme, B., Azoulay, E., Jacob, L., Bertrand, L., Lapostolle, F., Istria, J. (2013)	570 relatives of patients in cardiac arrest were enrolled and either observed CPR or did not. The relatives were then evaluated for PTSD related symptoms on day 90, for the presence of anxiety and the presence of depression symptoms. Patient survival and the level of emotional stress in the medical team was also evaluated.	Of those who witnessed CPR, the frequency of PTSD was higher (79% vs 43%) in the non witnessed group. Relatives who did not witness CPR had symptoms of anxiety and depression more frequently than those who witnessed CPR. Family presence didn't affect patient survival or the stress of the medical team.
Macy, C., Lampe, E., O'Neil, B., Swor, R., Zalenski, R., & Comptom, S. (2006)	A convenience sample of two urban and two suburban hospitals of staff opinion of FPDR.	- 218 respondents -50.9% in favor of FDPR -urban setting less in favor than suburban -28.7% of urban and 21.8% of suburban ED personnel believed FPDR would increase malpractice litigation

Discussion

- Patient outcome is not affected by FPDR
- The emotional effects of the family witnesses needs more research
- Staff may view FDPR in a negative light
- Staff want policies regarding FDPR

Conclusions

Family presence might make us as health care professionals uncomfortable, but having a policy in place to allow for families to have the option to be present is the most effective way to offer patient and family centered care. It's important to have trained personnel to screen and support family members before introducing them into the resuscitation, and follow thru with family when the resuscitation/efforts is complete.

References

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