

**OLIVE VIEW-UCLA MEDICAL CENTER  
DEPARTMENT OF EMERGENCY MEDICINE  
POLICY & PROCEDURE**

**NUMBER: 7438  
VERSION: 2**

**SUBJECT/TITLE: FAMILY PRESENCE DURING RESUSCITATION/BEDSIDE PROCEDURES**

**POLICY:** In the Department of Emergency Medicine; family member(s) of pediatric and adult patients will be given the opportunity to be present during invasive procedures and/or cardiopulmonary resuscitation.

**PURPOSE:** To provide DEM staff with guidelines on supporting the needs of patient(s) family presence during cardiopulmonary resuscitation and bedside procedures.

*Supportive Data:* Family presence is a natural outgrowth of family-centered care, which regards family as the primary source of strength and support. Family needs during a medical crisis focus on maintaining the relationship with their loved one and being with him/her; the need to be kept informed of the patient(s) condition; to be aware of impending death in order to anticipate loss; to be with the person during procedures and/or with the dying person. (Boehm, J. RN, MSN)

**DEPARTMENTS:** Emergency Medicine, Emergency Medicine Nursing

- DEFINITIONS:**
- A. Family Member(s)**
    1. Family members are those individuals who are relatives or significant others with whom the patient shares an established relationship.
  - B. Resuscitation**
    1. An event in which a patient is being provided life-sustaining interventions.
  - C. Bedside Procedures**
    1. Any diagnostic or treatment oriented procedure performed at the bedside.
  - D. Code Leader**
    1. Provider in charge of running the resuscitation and/or Attending Physician
  - E. Family Support Person (FSP)**
    1. A role assigned to a specific healthcare provider who has no direct patient care responsibilities during resuscitation and is specifically assigned to initiate interventions, assist the family, provides emotional and psychological support and information in family presence situations. The FSP includes but is not limited to a Registered Nurse, Social Worker, Psych ER staff member, spiritual services/Chaplain and/or charge nurse.

**SUBJECT/TITLE: FAMILY PRESENCE DURING RESUSCITATION/BEDSIDE PROCEDURES**

**Policy Number: 7438**

**Page Number: 2**

**PROCEDURE:**

I. Resuscitation:

Overview

- A. Provide a Family Support Person (FSP). The FSP should be limited to only the provider/services needed for the specific event.
- B. FSP will be paged to the bedside when the patient is in need of resuscitation.
- C. The FSP is responsible for assessing the family's understanding of the event and their ability to cope with the event to determine the suitability for family presence.
- D. If the FSP and the "Code Leader" find no contraindications, family member(s) will be offered the choice to be present for the resuscitation.
- E. Regardless of whether or not the family member(s) choose to be present at the bedside, the FSP will keep the family informed of the patient's status, answer questions and provide support.

Responsibilities

- A. When resuscitation is initiated the charge nurse or designee will direct the clerical staff to notify the Social Services and/or other FSP member
- B. Social Services will serve as the primary liaison. If the social worker is unavailable, the role will be filled by spiritual services/chaplain or the charge nurse.
- C. In cases where all preferred liaisons are unavailable, the code leader or charge nurse will designate the appropriate family liaison.
- D. As they arrive, additional family members will be greeted by the FSP/family liaison and placed in a private area.
- E. The FSP/family liaison will then assess the family's level of coping and understanding of the situation to determine appropriateness of family presence during resuscitation.
- F. If family presence is contraindicated, rationale will be documented clearly in the EHR.
- G. FSP/family liaison will maintain communication with the family to provide information, answer questions and provide support and comfort measures.
- H. In cases where the family chooses not to be present, the FSP/family liaison will keep the family informed of the patient's status, provide support, and offer comfort measures.

**SUBJECT/TITLE: FAMILY PRESENCE DURING RESUSCITATION/BEDSIDE PROCEDURES**

**Policy Number: 7438**

**Page Number: 3**

II. Bedside Procedures

Guidelines

- A. Following the guidelines for the specific procedure, the nurse and/or physician will assess the family's understanding of the procedure and provide teaching as appropriate.
- B. If there are no contraindications, the nurse and/or physician will offer the family the choice of staying at the bedside.
- C. If the family chooses to stay at the bedside, parent or family member (s) will also be offered to participate in positions of comfort if appropriate for specific procedure.
- D. If family member presence is contraindicated, rationale will be clearly documented in the EHR.
- E. The nurse and/or physician will frequently reassess the appropriateness of family member presence at the bedside during the procedure.
- F. Discharge planning will include education to the parent/family member addressing specific needs if any relating to procedure site and will be included in the After Care Instructions/Discharge Instructions.

**Contraindications (contraindicated if family member exhibits):**

- 1.) Threat to safety of health care team, family or patient.
- 2.) Combative or threatening behavior.
- 3.) Extreme emotional volatility.
- 4.) Interference with procedure.

**For assistance Contact LA County Sheriff's Department: Extension 3409**

**SUBJECT/TITLE: FAMILY PRESENCE DURING RESUSCITATION/BEDSIDE PROCEDURES**

**Policy Number: 7438**

**Page Number: 4**

References: American Academy of Pediatrics Committee on Pediatric Emergency Medicine & American College of Emergency Physicians and Pediatric Emergency Medicine Committee. (2006). Patient and family centered care to a child in the emergency department. <i>Pediatrics</i> .55, 2242-2244 Anderson, K. (2005) CHLA Cath Lab Guidelines for parental presence during resuscitation for patients in the cath lab. CHLA. Policy number: CL-026.0 Emergency Nurses Association. (2010). Family presence during invasive procedures and resuscitation in the emergency department. Retrieved from <a href="http://www.ena.org/Research/ENA/Documents/Family%20Presence.pdf">http://www.ena.org/Research/ENA/Documents/Family Presence.pdf</a> Parkman-Henderson, D. & Knapp, J.F. (2005). Report of the national consensus conference on family presence during pediatric cardiopulmonary resuscitation and procedures. <i>Pediatric Emergency Care</i> . 21(11), 787-791.	
Approved by: Dellone Pascascio (Chief Nursing Officer), Georgia Foot'e-Sam (Clinical Nurse Director II), Gregory Moran (Chief Physician), Joselin Escobar Duran (Assistant Hospital Administrator II)	Date: 05/19/2017
Review Date: <b>05/19/2020</b>	Revision Date:
Distribution: Emergency Medicine, Emergency Medicine Nursing	
Original Date: 05/19/2017	