

Family Presence during Resuscitation (FPDR)

Appraised by: Evan Gattley, Kristina Miller, Damon Savenko

Clinical Question:

For families of patients in the hospital setting, does the option of family presence during resuscitation, versus no family presence, affect family satisfaction?

Articles:

Boudreaux, E. D., Francis, J. L. & Loyacano, T. (2002). Family presence during invasive procedures and resuscitations in the emergency department: a critical review and suggestions for future research. *Annals of Emergency Medicine*, 40, 193–205.

Leung, N. Y., & Chow, S.K. (2012). Attitudes of healthcare staff and patients' family members towards family presence during resuscitation in adult critical care units. *Journal of Clinical Nursing*, 21, 2083-2093. doi: 10.1111/j.1365-2702.2011.04013.x

Pasquale, M. A., Pasquale, M. D., Baga, L., Eid, S., & Leske, J. (2010). Family presence during traumatic resuscitation: Ready for primetime? *The Journal of Trauma Injury, Infection, and Critical Care*, 69(5), 1092-1100. doi:10.1097/TA.0b013e3181e84222

Synthesis of Conclusions:

The Boudreaux, Francis, and Loyacano (2002) is a level V, systematic review of twenty descriptive and qualitative studies pertaining to family presence in the ED, with specific emphasis on invasive procedures and resuscitation. The majority of research included in the systematic review utilizes survey methodology; however, there are a few quasi-experimental studies with randomization and control groups. The review met all design criteria by clearly defining the topic, by utilizing a comprehensive and unbiased search for study reports, by displaying and/or discussing the design characteristics and findings in sufficient detail, by integrating findings in a study synthesis, by exploring why differences in findings might have occurred, also there were a sufficient number of well-conducted studies to be confident about the conclusions of the review. According to Boudreaux et al. (2002), the 20 reviewed articles, which investigated family presence during invasive procedures and resuscitations, indicate that families want to be given the option and, when given the option, often choose to remain. The study went on to state that those that remained generally reported favorable experiences and stated that they felt it was beneficial to the patient and to themselves. Boudreaux et al. (2002)

state that before providers can be convinced to change their minds and the practice can be adopted with confidence, more sophisticated research needs to be conducted that convincingly demonstrates tangible, measurable benefits to the patient, family, and/or provider.

The Leung and Chow (2012) study is a level VI, single descriptive cross-sectional survey which examines the attitudes of healthcare staff and patients' family members towards family presence during resuscitation (FPDR) in critical care units in Hong Kong. In the survey, 69 family members were recruited from an intensive care unit and a cardiac care high dependency unit of a 1360-bed regional hospital. The survey's findings were consistent in that nearly 80% of patients' family members in this study welcomed FPDR practice (Leung & Chow, 2002). The study met all research design criteria by presenting valid, statistically significant, meaningful, and precise findings. The study demonstrated that FPDR practice may be of benefit to the patients' families with regard to their satisfaction level (Leung & Chow, 2002). Leung and Chow (2002) go on to state that with a multidisciplinary approach and recognition of the uniqueness of every situation, the practice of FPDR can be effectively and safely implemented. The results of this study will help the clinical staff to develop written guidelines to produce an integrated and consistent approach to this sensitive issue in clinical practice.

The Pasquale, Baga, Eid, and Leske (2010) study is a level VI, single descriptive, single-centered, prospective, multivariate, and comparative study whose objective was to measure the effects of FPTR (Family Presence during Trauma Resuscitation) on family outcomes of anxiety, satisfaction, and well-being in patients experiencing traumatic injury. In the study by Pasquale et al. (2010), 50 family members of 38 critically injured patients met inclusion criteria over a 5 month period. Findings were consistent in that the results of this study contribute to the growing body of literature showing that, given the option, family members desire to be present during resuscitation. Further, results of the study by Pasquale et al. (2010) demonstrate that adherence to a well-structured family presence protocol allows family members to be present during trauma resuscitations with no risk to the family members present and no interference with the resuscitation of the injured patient. Family members present during trauma resuscitation suffered no psychological effects and scored equivalent to those family members who were not present on anxiety, satisfaction, and well-being measures. The study

met all research design criteria by presenting valid, statistically significant, meaningful, and precise findings as well as clearly identifying a benefit to quality of care healthcare providers can offer.

Bottom Line:

The evidence suggests that when family is given the option to remain present during the resuscitation of their loved ones, they are more likely to have improved therapeutic healing if the patient has died. Also, there is greater satisfaction with the care that is provided regardless of the outcome of the resuscitation event. Additionally, family members want to be given the option to stay and when given the option often choose to remain present and report favorable outcomes.

Implications for Nursing Practice:

Based on the evidence presented, healthcare facilities, and the providers that work within them, should consider giving family members of patients in resuscitation situations the option to remain present so as to increase family satisfaction. To accomplish this, specific protocols may need to be established, or already existing ones revised.