To See or Not to See, that is the Question:
Family Presence During Resuscitation
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None

To See or Not to See?

• Presence of family members during inpatient resuscitation
• Family Presence During Resuscitation (FPDR)
• Family-Witnessed Resuscitation (FWR)
• Family Presence (FP)
  – Described as “offering the choice to a patient’s family to be present in a location that affords visual and/or physical contact with the patient during an invasive procedure or cardiopulmonary resuscitation”
To See or Not to See?
Recent Experience

- 1982 Foote Hospital in Jackson, MI
- 2 incidences demanded to be present; evaluated
- Spurred survey of FM of patients who recently died
  - N (18)
  - 13 (72%) wished they had been present
  - FPDR program instituted
- 1985
  - N (47)
  - 76% felt adjustment was made easier
  - 64% presence was beneficial to the dying person
  - 94% choose to be present again

To See or Not to See?
History

- Family is the main supporter and shaper of each person
- Family-Centered Care Theory recognizes the needs of family members and emphasizes their important role during a patient’s illness
- Every serious disease brings an inevitable distortion of the family dynamics, therefore this unit should be respected and addressed properly
- Focus on maintaining relationship and being together
- FPDR is frequently cited example of FCC

References:
To See or Not to See?

History & Evolution

- 1990s emergence of articles regarding families' perspectives as well as HCP’s beliefs
- 1994 ENA position statement, updated in 2010
  - 2007 3rd Ed., Presenting the Option for Family Presence
- AACN’s Practice Alert Family Presence in during Resuscitation and Invasive Procedures, updated in 2010
  - FM should be given the option of being present
  - All patient care units should have practice document

To See or Not to See?

History & Evolution

- AHA 2005
  - “In the absence of data documenting harm in light of data suggesting that it may be helpful, offering select family members the opportunity to be present during resuscitation seems reasonable and desirable (assuming that the patient, if an adult, has not raised a prior objection)”
- Several others have developed position statements

To See or Not to See?

History & Evolution

- Components to be included in protocols:
  - Benefits
  - No interruption of care
  - Contraindications
  - An option, no a requirement
  - Role of the family facilitator
    - Option for FP should not be offered if no family facilitator is available

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State of FPDR

- 2003 AACN & ENA (N = 984)
  - 5% written policy allowing FPDR
  - 45% no policies r/t FPDR but unit allowed
  - 29% FPDR prohibited but no policy
  - 36% escorted FM to bedside
  - 31% stated FM asked if they could be present
- Similar findings were reported in Europe (7%) and Canada (8%)
- Pankop examined use of protocols and providers feedback (N = 10)

To See or Not to See?

Just a thought

- If a person has lived with a family member through birth and significant life events, why should they be removed at the end of life?
- Would you want to be present?

To See or Not to See?

Families’ Perspectives

- The experience of being present:
  - Realize the seriousness of the condition and the treatment provided
  - Feel they helped their loved one with their presence
  - Fosters appreciation for the efforts, “everything possible”
  - Dispels the wondering of the unknown if not present
  - Enhances feelings of usefulness
    - Offers pertinent info to CODE team
    - Prayer, touch, speaking
  - Fulfills need to be physically present

The experience of being present (continued):

- Strengthens a patient’s will to live
- Reduces guilt about leaving their loved one in crisis
- Gives opportunity for the patient’s values to be expressed
- Sustains patient-family connectedness and bonding
- Promotes a strong spiritual connection
- Allows closure on a life shared together
- Offers the chance to say goodbye
- Allows touching while loved one is still warm

Concern FP experience may cause negative and emotional psychological consequences

Randomized, prospective evaluation of FPDR terminated after enrollment of only 25 FM:

- No more distressed than those who witnessed
- Not being frightened by the process or needing to leave the room
- Perceived grief was eased by sharing last moments
- Content with their decision
- Lower levels of intrusive imagery and PTSD
- Lower grief scores

Multicenter, randomized, controlled trial of FPDR

- PTSD-related symptoms
- Effect on medical efforts at resuscitation
- Well-being of the health care team
- Occurrence of medicolegal claims

Systematically asked FM if they wished to be present during the resuscitation

266 (intervention group), 304 (control group)

342 FM witnessed resuscitation (79% of intervention group, 43% control group)
**To See or Not to See?**

**Families’ Perspectives**

- At 90 days emotional distress was significantly greater in the control group:
  - 5 FM in the intervention group, 20 in the control group

**HCPs’ Perspectives**

- Perceived Problems with FPDR:
  - Fear of distraction
  - Increased emotional distress inhibiting performance
  - Difficulty controlling own emotional response
  - More likely to sue, especially if the patient dies
  - Codes prolonged in futile situations
  - Anxiety about loss of control over environment and possibility of disruptive behavior by FM
  - Harm to FM
  - Not enough staff for support person
  - Compromising patient’s right to privacy

**To See or Not to See?**

**HCPs’ Perspectives**

- Resuscitation characteristics and outcomes not affected by the presence or absence of the FM
- Very few FM were aggressive or in conflict with the medical team
  - 12% expressed regret at having been absent vs 3% who regret being present
- No significant differences in stress levels
- No medicolegal conflicts
- Families less likely to initiate lawsuits if there is open and effective communication and trusting relationships

References:
To See or Not to See?

Perceived Benefits of FPDR:

- Reminder that the patient is a person and a member of a family
- Helps to provide holistic care to the patient during crisis
- Encourages more professional behavior
- Allows FMs to recognize staff’s efforts to save the patient
- Reaffirms role of the HCP as a patient advocate
- Helps focus on privacy and dignity
- Gives opportunity to HCP to educate family on patient’s condition; see condition change over time
- Modifies staff conversations

To See or Not to See?

HCPs' Perspectives

- Little literature
  - Hearing is the last to go: my mother-in-law’s friend
  - 3 survivors felt supported by FM presence
  - None believed confidentiality or dignity compromised
  - Who should be present?
  - Include in advanced directives?

To See or Not to See?

Patients’ Perspectives

- “There’s an app for that!”
- Search Terms
- Policies and Procedures regarding family support and family presence during invasive procedures and resuscitation situations
To See or Not to See?

Who to exclude:
- AMS, under influence of drugs or alcohol
- Suspected in being involved in abuse
- Suspected perpetrator of a violent crime
- Physically aggressive, combative, argumentative
- Extremely unstable emotionally, hysterical, loud

Become familiar with your P&P
Tools for successful FPDR are available; ENA & AACN

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References


