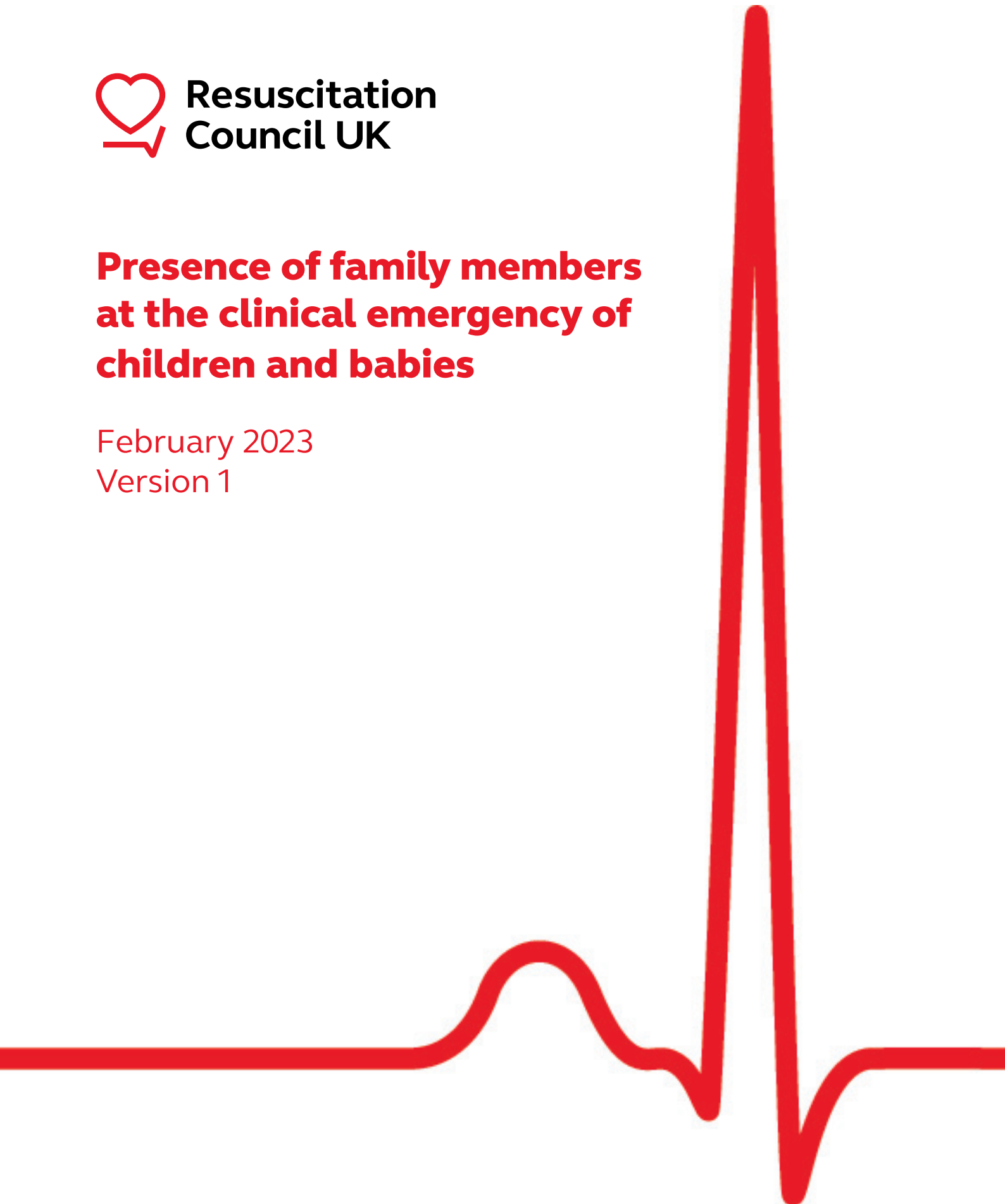




**Resuscitation  
Council UK**

# **Presence of family members at the clinical emergency of children and babies**

February 2023  
Version 1



## **Presence of family members at the clinical emergency of children and babies**

### **Aim**

To provide guidance for healthcare professionals to enable the presence of a child's family in hospital clinical emergencies.

### **Background**

Family centred care is the foundation of providing holistic care to children. The presence of a child's family is not just encouraged but is usual practice during a child's hospital admission in the United Kingdom.<sup>1</sup> In the event of a clinical emergency (which includes cardiopulmonary resuscitation) in a child, there is, on occasion, reluctance of healthcare professionals to allow family members to be present.<sup>2-4</sup> Practice in the UK differs regionally and locally between departments. Emergency Departments (EDs) and Critical Care Units regularly have families present at emergency situations with allocated team members to support the family. It has been described as challenging to deliver this in other clinical areas, such as the wards and operating departments.<sup>5,6</sup>

The presence of family members at the time of a resuscitation of their child allows them to see that everything possible is being done.<sup>7-10</sup> Reports show that being at the side of the child is comforting to the parents or carers, helping them gain a realistic view of attempted resuscitation and death.<sup>11</sup> Bereaved families who have been present show less anxiety and depression several months after the death. The family's presence may help the clinical emergency team better understand the child in the context of their family, and there is evidence that the team's overall performance can be enhanced by the parents'/carers' presence.<sup>12-14</sup> Resuscitation Council UK (RCUK), along with the European Resuscitation Council (ERC) and the International Liaison Committee on Resuscitation (ILCOR), recommend that during a child's resuscitation, parents should be allowed to choose their level of presence to meet their individual needs.<sup>15</sup> A dedicated and appropriately experienced clinical staff member should answer questions and share clinical information with parents. A dedicated staff member should always be present with the parents to explain the process in an empathetic and sympathetic manner.<sup>16</sup> They can also ensure that the parents do not hinder the resuscitation process or distract the clinical emergency team.

If the presence of the parents is impeding the progress of the resuscitation, they should be gently asked to leave. When appropriate, physical contact with the child should be allowed.

It is the clinical emergency team leader, together with the team, who manages the emergency to decide when to stop the resuscitation; this needs to be expressed with both sensitivity and understanding. After the event, debriefing of the team should be conducted to express any concerns and to allow the team to reflect on their clinical practice in a supportive environment.

## Recommendations

There is overwhelming evidence to advocate family presence during emergency situations. This statement focuses on providing guidance to support their presence rather than whether they should be. It aims to provide support for the clinical emergency team.

- ✓ Family presence should be included in all local resuscitation policies.
- ✓ The clinical emergency team should facilitate family presence at emergency situations, with the understanding that they may need to leave.
- ✓ A healthcare worker, taking up the role of Family Support Team Member, should be available to support families.
- ✓ It is recommended that this role be allocated at the clinical emergency team daily brief.
- ✓ Training should be available for the Family Support Team Member. The training should be tailored to the individual environments, as healthcare is not delivered in a uniform way. Links to child bereavement support and enhanced communication skills would be advantageous.

## Guidance: Supporting a child's family presence during in-hospital clinical emergencies

### Supportive and safe environment

- ✓ Provide chairs a short distance from the end of the bed just off to one side.
- ✓ The Family Support Team Member should remain with the family for the duration of their stay in that clinical area.
- ✓ They are able to see what the rest of the team is doing.
- ✓ The family can touch their child, such as holding their hand/feet, ensuring that team working and safety are maintained. The allocated member of staff for the family can help with this.

### Family Support Team Member

- ✓ Provision of emotional support and provides information about what is going on in simple terms. Remain with the family during their time in that clinical area.
- ✓ Tissues, water, phone/mobile signal to contact other family members.
- ✓ Support them outside the treatment area if they want to leave. This may be in a nearby relative's room or outside the building.
- ✓ Communicate any information from the family to the team leader.
- ✓ Support the family if they want to come and go from the treatment area (they may become lost in unfamiliar surroundings).
- ✓ Assist the family in contacting any faith support.

### Team leader

- ✓ When able, during the emergency, they should update the family about what has happened so far and the next plan.

### Clinical emergency team members

- ✓ Understand the benefits of family presence at resuscitation.
- ✓ Ensure the family do not affect the team's ability to deliver clinical care. The Family Support Team Member will help facilitate this.

## References

1. Mark K. Family presence during paediatric resuscitation and invasive procedures: the parental experience: An integrative review. *Scand J Caring Sci* 2020; 35(1): 20-36.
2. Shaw K, Ritchie D, Adams G. Does witnessing resuscitation help parents come to terms with the death of their child? A review of the literature. *Intensive Crit Care Nurs* 2011; 27(5): 253-62.
3. Jones BL, Parker-Raley J, Maxson T, Brown C. Understanding health care professionals' views of family presence during pediatric resuscitation. *Am J Crit Care* 2011; 20(3): 199-207.
4. Perez BA. How do healthcare providers feel about family presence during cardiopulmonary resuscitation? *J Clin Ethics* 2017; 28(2): 102-116.
5. Walker W, Gavin C. Family presence during resuscitation: A narrative review of the practices and views of critical care nurses. *Intensive Crit Care Nurs* 2019; 53: 15-22.
6. McLean J, Gill F, Shields L. Family presence during resuscitation in a paediatric hospital: health professionals confidence and perceptions. *J Clin Nursing* 2016; 25(7-8): 1045-52.
7. Mangurten J, Scott SH, Guzzetta CE, et al. Effects of family presence during resuscitation and invasive procedures in a pediatric emergency department. *J Emerg Nurs* 2006; 32(3): 225-33.
8. Stewart SA. Parents' Experience During a Child's Resuscitation: Getting Through It. *J Pediatr Nurs* 2019; 47: 58-67.
9. Stewart SA. Parents' Experience When Present During a Child's Resuscitation: An Integrative Review. *West J Nurs Res* 2019; 41(9): 1282-1305.
10. Parra C, Mele M, Alonso I, Trenchs V, Luaces C. Parent experience in the resuscitation room. How do they feel? *Eur J Pediatr* 2018; 177(12): 1859-1862.
11. Kingsnorth J, O'Connell K, Guzzetta CE, et al. Family presence during trauma activations and medical resuscitations in a pediatric emergency department: an evidence-based practice project. *J Emerg Nurs* 2010; 36(2): 115-21.
12. Timmis V. Should family members be present at resuscitation? *Arch Dis Child* 2020; 105(5): 506-508.
13. McAlvin SS, Carew-Lyons A. Family presence during resuscitation and invasive procedures in pediatric critical care: a systematic review. *Am J Crit Care* 2014; 23(6): 477-84.
14. Maxton FJ. Parental presence during resuscitation in the PICU: the parents' experience. Sharing and surviving the resuscitation: a phenomenological study. *J Clin Nurs* 2008; 17(23): 3168-76.
15. Paediatric advanced life support Guidelines. London, Resuscitation Council UK, 2022. (Accessed 22 February 2022, at <https://www.resus.org.uk/library/2021-resuscitation-guidelines/paediatric-advanced-life-support-guidelines>)

16. Oczkowski SJ, Mazzetti I, Cupido C, Fox-Robichaud AE. Family presence during resuscitation: A Canadian Critical Care Society position paper. *Can Respir J* 2015; 22(4): 201-5.

### Bibliography

- Bowden VR & Greenberg CS. Should family members be present when their child is being resuscitated? *Pediatr Nurs* 2009; 35:254-6
- Curley MA, Meyer EC, Scoppettuolo LA, et al. Parent presence during invasive procedures and resuscitation: evaluating a clinical practice change. *Am J Respir Crit Care Med* 2012; 186: 1133-9
- Dudley NC, Hansen KW, Furnival RA, et al. The effect of family presence on the efficiency of pediatric trauma resuscitations. *Ann Emerg Med* 2009; 53: 777-84e3
- Ferreira CA, Balbino FS, Balierio MM, et al. Family presence during cardiopulmonary resuscitation and invasive procedures in children. *Rev Paul Pediatr* 2014; 32: 107-13
- Fulbrook P, Latour J, Albarran J, et al. The presence of family members during cardiopulmonary resuscitation: European federation of Critical Care Nursing associations, European Society of Paediatric and Neonatal Intensive Care and European Society of Cardiology Council on Cardiovascular Nursing and Allied Professions Joint Position Statement. *Eur J Cardiovasc Nurs* 2007; 6: 255-8
- Henderson DP & Knapp JF. Report of the National Consensus Conference on Family Presence During Pediatric Cardiopulmonary Resuscitation and Procedures. *J Emerg Nurs* 2006; 32: 23-9
- Krochuk HV, Marley AL & Selo AZ. Pediatric resuscitation: should parents be present? *Am J Matern Child Nurs* 2010; 35: 314-5
- Utak D. Parental presence during child resuscitation: a critical review of a research article. *J Perioper Pract* 2012; 22: 63-6
- Meeks R. Parental presence in pediatric trauma resuscitation: one hospital's experience. *Pediatr Nurs* 2009; 35: 376-80
- Nishisaki A & Diekema DS. Mind the gap and narrowing it: family presence during pediatric resuscitation and invasive procedures. *Resuscitation* 2001; 82: 655-6
- Pickett W, Marlenga B & Berg RL. Parental knowledge of child development and the assignment of tractor work to children. *Pediatrics* 2003; 112: e11-6
- Plouffe JA, Cooper H, Fraser K, et al. Health care providers' perceptions of family presence during pediatric resuscitation. *Dynamics* 2010; 21: 26-7
- Pye S, Kane J & Jones A. Parental presence during pediatric resuscitation: the use of simulation training for cardiac intensive care nurses. *J Spec Pediatr Nurs* 2010; 15: 172-5

- Tibballs J, Aickin R & Nuthall G. Basic and advanced paediatric cardiopulmonary resuscitation - guidelines of the Australian and New Zealand Resuscitation Councils 2010. *J Paediatr Child Health* 2010; 48: 551-5
- Tripon C, Defossez G, Ragot S, et al. Parental presence during cardiopulmonary resuscitation of children: the experience, opinions and moral positions of emergency teams in France. *Arch Dis Child* 2014; 99: 310-5
- Vavarouta A, Xanthos T, Papadimitriou L, et al. Family presence during resuscitation and invasive procedures: physicians' and nurses' attitudes working in pediatric departments in Greece. *Resuscitation* 2011; 82: 713-6