


Code grey at a code blue: Family Presence

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Why am I interested in this?

Faculty member in the School of Nursing

Neonatal Nurse Practitioner

Interested in Family_Centered_Developmentally Supportive Care



What is the big deal?


A number of questions?

Should families be permitted to stay during invasive procedures and resuscitations? (Two issues)

Under what circumstances should families be permitted/restricted?

Where should the line be drawn?

Should family members be permitted in the OR?




Why all the debate?

Public opinion is in favor of presence or at least being asked if they would like to be present

One study 38 out of 39 relatives questioned thought that they had the right to be present

24 out of 25 family members whose relative had died believed that they should have been allowed to be present if they wished

Meyers, Eichhorn, Guzzette, (1998)




Who is affected?

Patients

Families

Staff

Hospital



Stories


Many stories

6 year old being coded and the dad wanted to hold her hand as she was dying and was not allowed to do so

Trauma victims being resuscitated and gang members coming in to the ED to "complete" the job

Code of an adult and the grandmother is present who has a heart attack and has to be coded herself

Wife of a police officer who refused to leave during the code of her husband



Vignette

Set of premature twins with twin to twin transfusion syndrome
 Smaller twin had a hct of 22 at birth
 Received red cells and was doing OK
 Acutely decompensated, decreased BP, bradycardia
 Fluid resuscitation, pressors, re-intubated, more aggressive vent support, periodic chest compressions and epinephrine

Vignette

Family had just left to go home
 Called back
 Came in to the unit to see her with the resuscitation in progress
 Calmly, they were told what was being done and why and they were invited to come closer to their baby
 Were told that we could not keep doing this and asked if they would like to hold their baby

Vignette

Initially said no
 The dad needed to be physically supported
 Then dad said - I want to hold my baby
 Mom and dad held the baby in their arms as the heart rate slowly decreased and stopped

Historical Perspective

People used to die at home
 Surrounded by family
 Many people now die in hospitals
 They are patients and it is not their home
 Caring for sicker people often in ICUs
 Increased use of technology
 Technology can encourage distance and creates barriers

What about the literature?

Witnessed resuscitation was first reported at Foote Hospital, Michigan in 1982
 2 instances were family members insisted on being present (One of them was the police officer's wife)
 Policy was developed that gave families the option of staying
 A survey 9 years later revealed no disruptive behavior nor attempts to interfere with a resuscitation

What about the literature?

Powers and Rubenstein (1999)
 Parents present during procedures in our PICU

- Intubations, central lines, and chest tube placement

 Significantly reduced parental anxiety related to the procedure
 94% of parents (15 of 16) would repeat their choice to watch

What about the literature?

94% of nurses thought that parental presence was important to the parent and the child

One nurse thought that parental presence was somewhat harmful to the nurses and very harmful to the parents

72% of nurses thought parental presence is an appropriate policy



The literature

Other "studies" are reported in the literature

These have been criticized for being largely anecdotal reports, having a small study size, using varying methodologies, lack of standardized instruments, and not being generalizable



Concerns reported in the literature

Fear that family may try to interfere

Poor staff performance

Family will hamper staff

Family will misinterpret the teams activities

Possible litigation



Concerns reported in the literature

Negative psychological effects to family

Family may complain too much or too little done

Stopped too soon

Providers uncaring in their attitudes

Inappropriate comments made



What about these concerns?

A potential for increased litigation

- Currently no evidence supports the notion that litigation occurs as a result of family presence

Halm, (2005)



What about these concerns?

Disruption by and psychological trauma experienced by the family witnessing a code are unsubstantiated

- 80% of family members would want to be present if they had been offered the option
- In studies where family members were present for a code 94-100% stated they would wish to be present again
- Stated that it was their right to be present that it helped them work through the grieving process.



What about these concerns?

- In one study family members that were present had no traumatic memories 2 months after the event
- In another study psychological problems in surviving family members were the same in both the group that witnessed the code/intervention and those that did not

Literature reports positive benefits

- Greater appreciation of the code team efforts
- Enhanced family understanding of patient's condition
- Reduces family guilt and anxiety

Literature reports positive benefits

- Focuses staff attention on dignity and privacy
- Encourages professional behavior
- Helps staff provide more holistic care

Patient/Family perspective

- Patients that have survived reported that they felt comforted and supported by family member presence
- Family members have reported seeing the person one last time helped with the bereavement process
- Currently the person with the least voice is the patient, as in code situations they may not survive

Staff Perspectives

- Vary according to profession, specialty and level of experience
- Several studies indicated that nurses are more open to family presence than attendings who are more open to family presence than residents. (86-96%, 50-79%, 28%, respectively)
- Surgeons tend not to be supportive. In a survey of members of the American Association for the Surgery of Trauma only 18% reported positive experience with family presence
- Additional studies have demonstrated that attitudes can evolve positively over time with exposure and education

National Guidelines


- Emergency Nurses Association, released a position statement on Family Presence During Resuscitation in 1995. Frequent updates, most recent 2005
- American Heart Association (2001) suggests that family presence should be considered during resuscitations
- American Association of Critical Care Nurses published a practice alert in 2004, Family Presence During CPR and Invasive Procedures, recommends that organizations have an approved written policy/guideline for presenting the option of family presence

National Guidelines

The American College of Physicians recommends that family members be given the choice of being present at resuscitation (Ethics Manual 5th edition 2005)

American Academy of Pediatrics, has a position statement on family presence during codes and procedures (2004)

Lay family centered care groups have called for greater participation
Institute For Family Centered Care




Panel Recommendations for Family Presence

Report of the National Consensus Conference on
Family Presence During Pediatric Cardiopulmonary
Resuscitation and Procedures

*Deborah Parkman Henderson, RN, PhD, * and Jane F. Knapp, MD*

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Organizations Represented at the Conference

<ul style="list-style-type: none"> Ambulatory Pediatrics Association American Academy of Pediatrics American College of Emergency Physicians American College of Surgeons American Heart Association American Pediatric Surgical Association American Psychological Association American Trauma Society Agency for Healthcare Research and Quality Association of Professional Chaplains Child Life Council Emergency Nurses Association 	<ul style="list-style-type: none"> National Association of Children's Hospitals and Related Institutions National Association of Emergency Medical Technicians National Association of Pediatric Nurse Practitioners National Association of Social Workers Society for Academic Emergency Medicine Society of Critical Care Medicine US Department of Health and Human Services, Maternal and Child Health Bureau, Emergency Medical Services for Children National Resource Center Vince Hutchins School of Public Health
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Parkman, Henderson & Knapp (2005)




Recommendations

Consensus Recommendations (These recommendations have been endorsed by the Ambulatory Pediatrics Association and by the American Academy of Pediatrics).

1. Consider FP as an option for all families during pediatric procedures and CPR
2. Offer FP as an option when the care to the child will not be interrupted and after an assessment for:
 - Combative and threatening behavior
 - Extreme emotional volatility
 - Behaviors consistent with intoxication or altered mental status
 - Disagreement among family members
 - Threat to the safety of the health care team
3. If family is not provided with the option for FP, document the reasons why FP was not offered


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Recommendations

4. Consider the safety of the health care team at all times
5. In-hospital transport and transfer settings should have written policies and procedures for FP; these should include but not be limited to:
 - Definition of a facilitator
 - Definition of family member, legal guardian, etc
 - Definition of procedure
 - Preparation of the family, including explanations, descriptions, and role of the family
 - Process of escorting the family in and out of the treatment room
 - Handling disagreements
 - Providing support for the staff
6. Health care policies regarding FP should undergo legal review


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Recommendations

7. Educate all health care providers
 - Include education in FP in all core curricula for health care providers at all levels
 - Include this education also in health care settings as part of hospital orientation
8. Promote research to include, but not be limited to, investigation of:
 - * Best methods for education of providers
 - Long-term outcomes of FP on the patient, family, and staff
 - Best means of approaching and instructing families
 - Best practices for FP
 - Reasons why families may decline the opportunity to be present
 - Cost-effectiveness of FP
 - Potential legal ramifications of implementing or not implementing FP
 - Relation of FP to consent issues regarding tissue donation or autopsy
 - Relation of FP to pain management

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The Literature

Only 5% of hospitals have policies regarding family presence at a code or bedside invasive procedures

The lack of formal policies surrounding family presence during resuscitation suggests that this remains a controversial practice



Hospital policy

SMH Policy Manual Section 2.1 Blue 100

There is no mention of family anywhere in the policy

SMH Nursing Practice Policies and Procedures Manual Section 6.1
Emergency Policies (Adult and Pediatric)

Again no mention of the family anywhere in the policy

Should we have a policy? Do we need one?



Hospital Stance

The primary responsibility is to deliver care to the patient

If that would not be impeded then the default is that families be allowed to be present.

There are other logistical issues

Safety of all involved is paramount

Sheer numbers and space



Logistical/Policy Issues

Patient care is the priority

Family support person is required

Health care team is in agreement

Family will be offered the option of presence and supported in their choice

Basol, Ohman, Simones, Skillings (2009)



Logistical/Policy Issues

Family will prioritize who is present given limitations of space

Family support person will explain what is happening and why

If family member requires other assistance will be offered by support person including removal from the area if person becomes no longer wants to stay or becomes disruptive

Basol, Ohman, Simones, Skillings (2009)



Where does one draw the line?

Should family members be in the OR for surgical cases



A related but now resolved issue

Should you stop a partner from being present at the birth of their baby

When

Why



Take home message

Does he take sugar

If you can, ask

The current literature suggests that the potential risks may not be as great as they are perceived and some of the perceived benefits in have been realized



Take home message

Perhaps we need a policy or guidelines. RGH is currently in the process of crafting a policy

Patient wishes if know (What about on HCP form)

Family choice

Support person for the family member(s)

Would need to start by engaging the staff and providing an educational component



"I know of no other safe depository of the ultimate power of society but the people themselves and if we think them not enlightened enough to exercise that control with a wholesome discretion, the remedy is not to take it from them, but to inform their discretion by education."

Thomas Jefferson 1820

