



Family Presence During Pediatric Trauma Resuscitation: A Literature Review

Pediatric Trauma
Special Interest Group

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Purpose

- The purpose of this study was to review current literature on the effects of Family Presence During Trauma Resuscitation (FPDR) on families, patients, trauma teams and resuscitation outcomes for pediatric injured patients.
- The findings of this review will provide evidence for the Society of Trauma Nurses (STN) Pediatric Committee to draft a position statement on best practices of FPDR.

Background

- Traumatic injury is sudden and unexpected, and families suffer from stress and anxiety during resuscitation.
- Pediatric patients are often separated from loved ones during the initial phase of treatment.
- FPDR has been variably implemented at adult and pediatric trauma centers.

Study Design

- Investigators searched Medline and CINAHL using the terms “family presence” or “parental presence” with “pediatric trauma”, “pediatric resuscitation” and “trauma resuscitation”.
- Articles were included if they were published between 2000 and 2021 and referred to emergency and critical care settings.
- Position statements from national organizations were also reviewed.

Methods

- Investigators independently searched Medline and CINAHL resulting in 18 articles. Relevant articles were aggregated, grouped by similarities, and assigned to group members for review.

KEY QUESTIONS

WHY IS FAMILY PRESENCE ENCOURAGED?

WHY IS IT BEST PRACTICE?



DOES FAMILY PRESENCE HINDER THE TRAUMA TEAM?

WHAT ARE THE POSITIVE OR NEGATIVE IMPACTS ON FAMILY MEMBERS?



WHO SHOULD ACCOMPANY THE FAMILY, AND WHAT SHOULD THEIR SKILLS, TRAINING, AND RESPONSIBILITIES INCLUDE?

HOW WOULD A TRAUMA CENTER IMPLEMENT PERFORMANCE IMPROVEMENT OF THE PRACTICE OF FPDR?



ARE THERE CIRCUMSTANCES OF RESUSCITATION WHERE FAMILY PRESENCE WOULD NOT BE RECOMMENDED?

Results

Family/ Patient

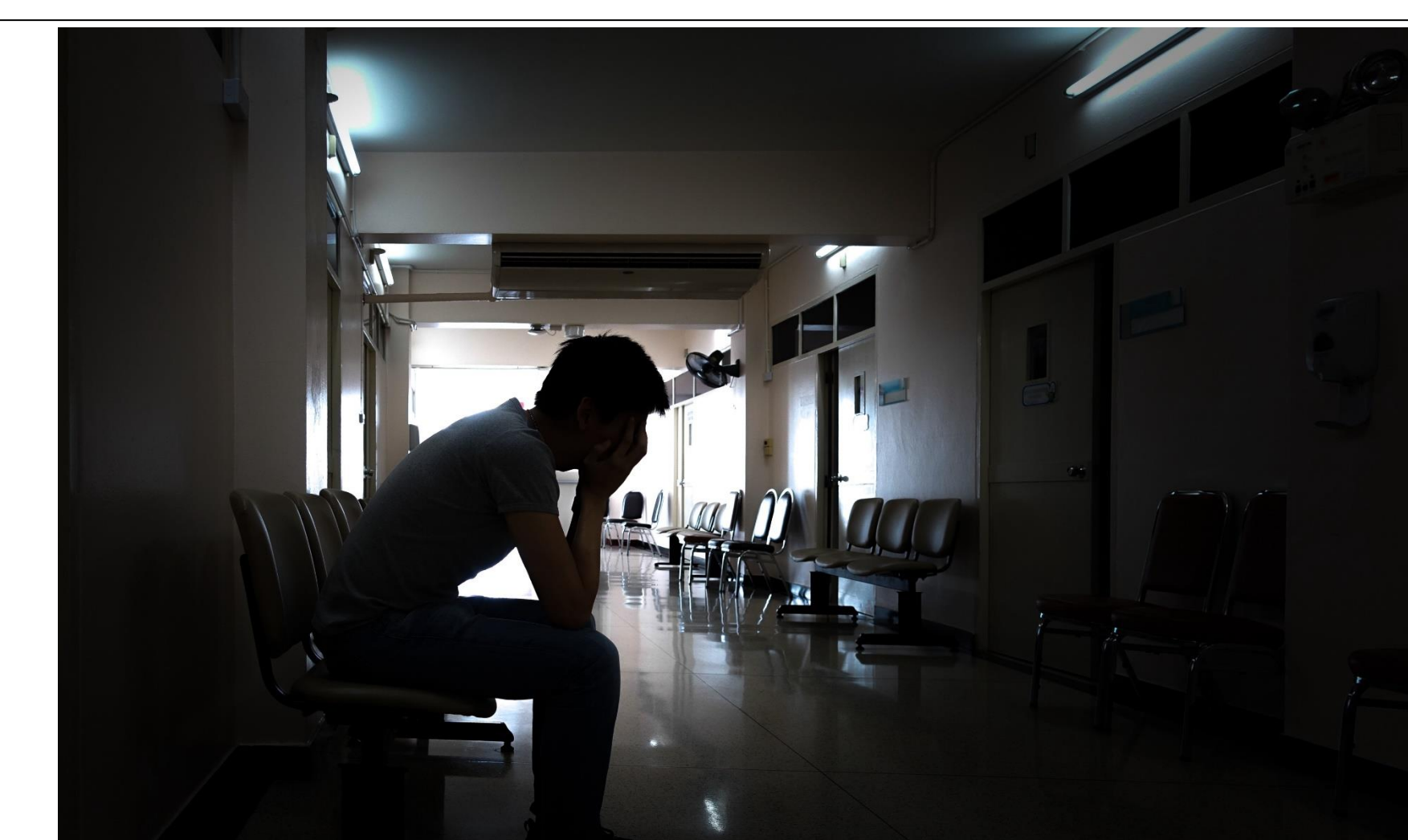
- FPDR improves family member psychological and emotional outcomes and did not cause additional anxiety or stress.
- Families felt helpful at the bedside when answering questions and provided comfort and support to the patient.
- They viewed their role of support for the injured patient differently than the role of the trauma team.
- Multiple studies showed that FPDR did not negatively impact patient outcomes such as time to imaging or procedural times.
- Families that viewed resuscitation of a child with fatal injuries reported that witnessing the trauma team work together helped them begin to accept the child’s death.
- No studies included performance improvement metrics for FPDR.

Trauma Team

- Healthcare provider attitudes towards FPDR vary widely and may depend on level of experience. Facilities report success when staff education on family presence was implemented, and written guidelines were in place.
- Family presence increased team professionalism and communication.
- A specially trained social worker or nurse should be assigned to support the family during FPDR.
- FPDR may increase trauma team member anxiety or stress, but these may be mitigated with adequate training.
- FPDR may not be advisable during multiple ongoing resuscitations, inappropriate family member behavior, or trauma team discomfort during highly technical procedures.

Discussion

- Sufficient evidence exists in the literature to recommend FPDR as a best practice.
- There are well published “pearls” of experience to successfully implement FPDR., including evaluating patient and family outcomes, team training, and assigning a role to family support.



References

Ahmann, Dokken,& Meeks. (2009). Parental Presence in Pediatric Trauma Resuscitation: One Hospital’s Experience. *Pediatric Nursing*, 35 (6).

Dainty, Atkins, Breckwoldt, et al. (2021). Family presence during resuscitation in paediatric and neonatal cardiac arrest: A systematic review. *Resuscitation*, 162.

Deacon, O’Neill, Delaloye, & Gilfoyle. (2020). A qualitative exploration of the impact of a distressed family member on pediatric resuscitation teams. *Hospital Pediatrics*, 10 (9).

Dudley, Hansen, Furnival, et al. (2009).The effect of family presence on the efficiency of pediatric trauma resuscitations. *Ann Emerg Med*. 53:777-784.

Emergency Nurses Association. (2017). Clinical Practice Guideline: Family Presence During Invasive Procedures and Resuscitation.

Helmer, S. Smith, S. Dort, et al. (2000). Family presence during trauma resuscitation: A survey of AAST and ENA members. *Journal of Trauma*, 48 (6).

Kingsnorth, O’Connell, Guzzetta, et al. (2010). Family presence during trauma activations and medical resuscitations in a pediatric emergency department: An evidence-based practice project. *Journal of Emergency Nursing*, 36 (1).

Leske, McAndrew, Brasel. (2013). Experience of families when present during resuscitation in the ED after trauma. *Journal of Trauma Nursing*, 20(2):77-85.

Leske, McAndrew, Brasel, Feetham. (2017). Family presence during resuscitation after trauma. *Journal of Trauma Nursing*, 24(2):85-96.

Leske, McAndrew, Evans, Garcia. (2012). Challenges in conducting research after family presence during resuscitation. *Journal of Trauma Nursing*, 19(3):190-194.

Nibert, L & Ondrejka, D. (2005). Family presence during pediatric resuscitation: An integrative review for evidence-based practice. *Journal of Pediatric Nursing*, 20 (2).

O’Connell, Carter, Fritzen, Waterhouse, Burd. (2017). Effect of family presence on ATLS task performance during pediatric trauma team evaluation. *Pediatric Emergency Care*.

O’Connell, Fritzen, Guzzetta, et al. (2017). Family presence during trauma resuscitation: Family members’ attitudes, behaviors. *American Journal of Critical Care*, 26 (3).

Oczkowski,S., Mazzetti, I., Cupido, C., & Fox-Robichaud. A. (2015). The offering of family presence during resuscitation: systematic review and meta-analysis. *Journal of Intensive Care*, 3 (41).

Pasek, T., & Licata, J. (2016). Pediatric care: Parent advocacy group for events of resuscitation. *Critical Care Nurse*, 36 (3).

Pasquale, M., Pasquale, M.D., Baga, L., Eid, S., Leske, J. (2010) Family presence during trauma resuscitation: Ready for primetime? *Journal of Trauma: Injury, Infection and Critical Care*, 69(5):1092-1100.

Struckman, T., DeCou, J. (2011). Effect of family presence on paediatric trauma resuscitation. *Emergency Medicine Journal*, 28(11): 993-995.

Twibell, R.S., Craig, S., Siela,D., Simmonds, S., & Thomas, C. (2015). Being there: Inpatients’ perceptions of family presence during resuscitation and invasive cardiac procedures. *American Journal of Critical Care*, 24 (6).