



The Canadian Association of Critical Care Nurses



Position Statement

Family Presence During Resuscitation

Family centered care (FCC) recognizes the crucial role of families in the health and well being of the patient. Recognition that the family is the constant in the patient's life, facilitation of family/professional collaboration, complete information sharing, recognition of family strengths and their individual coping abilities are all important elements of the family centered care philosophy. Providing family centered care also demands the implementation of appropriate policies that are comprehensive and meet the needs of families; and that the health care delivery system is flexible, accessible, and responsive to family needs (Shelton, Jeppson & Johnson, 1992). Families may be the only significant source of support for many patients in the health care system. The FCC philosophy encourages the development of partnerships with families. In this partnership, Dunst et al. (1988) state that families need to play a major role in deciding what is important to them, and what they need to do to accomplish their goals. To facilitate a partnership with families, nurses need to be positive, identify the family's strengths, and help them to realize their potential and capabilities (Dunst et al., 1994).

Families have expressed a desire to be given the option of being present during the resuscitation of a family member (Barrett & Wallis, 1998; Hanson & Strawser, 1992; Meyers, Eichhorn & Guzzetta, 1998; Meyers et al., 2000). Adult patients who had undergone invasive procedures or survived cardio-pulmonary resuscitation, found the presence of a family member comforting and a source of strength throughout their ordeal (Eichhorn et al, 2001). In pediatric settings parental presence during invasive procedures has been found to have a positive impact on both the child and the parents, findings that should not be ignored when contemplating the concept of family presence during resuscitation (Powers & Rubenstein, 1999; Shaner & Eckle, 1997). The Emergency Nurses Association has developed a position statement supporting family presence during invasive procedures and resuscitation. It was originally endorsed in 1993, but was revised and subsequently approved in 2001 (Emergency Nurses Association, 2001). The increasing requests of families and the growing body of literature on this issue indicates the need for prudent examination of the evidence.

The Canadian Association of Critical Care Nurses (CACCN) endorses providing family members with the option of being present during the resuscitation of a loved one. We agree with the statement "the family is who they say they are." (Wright & Leahy, 2000, p. 70). The CACCN supports families in their need to be close to their loved ones during crisis situations. The exclusion of family members from a resuscitation denies them the opportunity to face death with their loved one, to resolve "unfinished business", and to say goodbye (Redley & Hood, 1996). Although researchers have identified both positive and negative aspects on the issue of family presence during resuscitation (Sacchetti et al., 2000; Van der Woning, 1999), the CACCN recognizes the strengths and abilities of families and supports their need to be with their family member during resuscitation.

Caring for families is integral to the role of a critical care nurse. As it is evident that families would like to be given the option of being present during CPR (Meyers et al., 1998), it is incumbent upon the critical care nurse to facilitate the family's need in a crisis situation. The critical care nurse must recognize the altered family processes and coping related to grief and loss, and provide appropriate supports (CACCN Standards, 2004).

The level of family participation may be influenced by the amount of support provided to them by nurses and by nurses' perceptions of family presence (Coyne, 1995). As critical care nurses, we believe it is important for families to be valued as partners in the care of their family member. The CACCN encourages family involvement in decisions related to end-of-life care and supports the family during crisis. The CACCN believes that giving families the option of being present during resuscitation could positively impact the patient, and family members, and the nurse-client relationship.

The CACCN recognizes the emotional impact of caring for critically ill and dying patients and their families. We believe it is important that both health care professionals and families are supported during, and after, the resuscitation. Although each critical care unit must determine how to provide support to families and staff during and following the resuscitation, there have been suggestions offered by a number of researchers. Identified supports include a dedicated staff member for the family witnessing the resuscitation, follow-up for families following a death, and help for staff dealing with the stress of cumulative grief (Hanson & Strawser, 1992; Macnab et al., 2003; Redley & Hood, 1996; Shaner & Eckle, 1997; Williams, 2002). The CACCN believes it is important to follow-up with bereaved families, giving them an opportunity to share their perspective of what was helpful, what was not helpful, and what was distressing for those families who chose to be present at resuscitation. By eliciting their input, we can continue to uphold the principles of evidence-based care and ultimately improve the care we provide to other families.

The CACCN believes it is necessary for health care agencies to ensure resources are available to assist patients, families and staff. The establishment of a process that invites the participation of families and nurses could help to guide the development of policies. Including the perspectives of families and nurses might enhance the education of health care professionals regarding family presence. A supportive role would entail different aspects of caring for families and staff, and would focus on helping individuals manage their grief. Indeed, being attentive to nurses' needs related to the strain of caring for dying patients can improve clinician morale, competence and teamwork; and avoid the personal and professional consequences of cumulative grief (Block, 2001; Marino, 1998). The CACCN supports the need for education related to end-of-life issues, which would be helpful when dealing with ill and dying patients and would enable them to effectively manage these encounters.

End-of-life care in critical care is continually being examined and the role of families during that time demands further scrutiny. However, the CACCN believes it is important for families to decide what is best for them and their loved one. To provide optimal care, the critical care nurse must facilitate partnerships and decision making with family members. It is crucial that critical care nurses provide families with the option of being present during the resuscitation of their loved one and to respect their decision. The CACCN respects the strengths and abilities of families and believes in collaborating with families to provide them with compassionate and supportive care.

CACCN Position

- ✿ CACCN supports providing families with the option of being present during resuscitation.
- ✿ CACCN respects the knowledge, skills and resources of families and believes in their capabilities.
- ✿ CACCN supports further research related to family presence and how it impacts the patient, family and health care professionals.
- ✿ CACCN encourages critical care nurses to develop educational resources for staff concerning the policy of family presence.
- ✿ CACCN endorses the provision of educational programs for staff members who care for and support grieving and bereaved families.
- ✿ CACCN encourages the development of an interdisciplinary approach toward family presence (this may include, but not limited to: nursing, social work, pastoral care, physicians, and support personnel).



- ✿ CACCN supports critical care nurses in the development of policies and procedures supporting the option of family presence during resuscitation.
- ✿ CACCN recommends the development of bereavement follow-up programs for the families who have experienced the loss of a family member.

Approved by the CACCN Board of Directors

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