Yale New Haven Health

Department of Patient Services

Family Presence during Cardiopulmonary Resuscitation (CPR) Standard Operating Procedure

Original: 3/18 Last Reviewed: 4/18 Approved 5/18 by YNHHS System Quality Council Effective: 6/20/18

Supersedes:

YNHH: Administrative Policy Family Presence During Cardiopulmonary Resuscitation (4/15)

Purpose:

To provide the procedures to support family presence during cardiopulmonary resuscitation (CPR).

Definitions:

<u>Family presence</u>: When a family member(s) can either see or touch the patient during CPR. "Family" and the role family members play in health care are defined by each individual patient. Patients and families have the right to be offered the option of family presence during resuscitation.

<u>Family Facilitator</u>: A healthcare worker who is designated by the organization to provide family support during and immediately after resuscitation. The role of the family presence facilitator is to guide the family through the bedside experience, maintain an awareness of the patient and family's bio-psychosocial-spiritual needs, and initiate interventions to assist in meeting those needs.

<u>Resuscitation</u>: A sequence of events including invasive procedures which are initiated to sustain life or prevent further deterioration of the patients' condition. May be used interchangeably with the term "code."

Physician Team Leader: A physician directing the resuscitation and/or "code" team.

Standard Operating Procedure:

- 1. Patient Preference
 - 1.1 Physicians are encouraged to obtain patient preferences as appropriate during the goal of care discussions.
 - 1.2 Consider the prior known preferences of the patient, the needs and desires of the family, and the situation.
 - 1.3 If the patient's preference regarding family presence is unknown, offer family presence during resuscitation.
 - 1.4 Attempt to verify the identity/relationship of family members if the patient cannot speak for him/herself, including whether individuals are currently present in life of the patient.
 - 1.5 If the patient does not wish for family to be present, the patient's bedside nurse or Family Facilitator notifies the family of the patient's wish and provides family support outside of the patient's room.

- 2. Family Facilitator
 - 2.1 The Family Facilitator or Physician Team Leader retain the right to determine the appropriateness of the family for witnessed resuscitation.
 - 2.2 Screen the family to determine if they are appropriate candidates before the option of Family Presence is offered, including absence of combative behavior, extreme emotional instability, altered mental status, or behaviors consistent with toxicant ingestion.
 - 2.3 If families choose to be present during resuscitation, support the family.
 - 2.4 Support one family member or more at the discretion of the Physician Team Leader (considerations such as the size of room, number of family members, etc.).
 - 2.5 Provide support by:
 - Acting as a collaborative liaison to the code team
 - Communicating openly and honestly
 - Offering information
 - Active listening
 - Anticipating concerns
 - Encouraging the expression of feelings and concerns
 - Clarifying misconceptions
 - Assisting the patient/family in meeting their immediate needs
 - Providing or assisting in ongoing support if the patient dies
 - Choosing the optimal location, with the family, for the family to be situated
 - Escorting the family away from the bedside if there is an interference with the patient's care or if it is determined that the family is uncomfortable
 - 2.6 If there is a concern for staff or patient safety, notify hospital security.
- 3. Physician Team Leader
 - 3.1 Collaborate with the family facilitator
 - 3.2 Receive the announcement from the family facilitator regarding the family's desire to be present, or that the family is already in the room
 - 3.3 Consider situations such as disruptive family behavior, surgical procedures, or trauma during decision making
 - 3.4 Emphasize clear communication and teamwork
 - 3.5 Possess responsibility for deciding when to stop CPR, recognizing that the family member should never be asked if the team should stop or proceed with code efforts

References:

American Association of Critical-Care Nurses. AACN practice alert: Family presence during resuscitation and invasive procedures. *Crit Care Nur*. 2016. 36(1):e11-e14.

Bradley C, Keithline M, Petrocelli M, Scanlon M, Parkosewich J. Perceptions of adult hospitalized patients on family presence during cardiopulmonary resuscitation. *Am J Crit Care.* 2017. 26(2):103-110.

Emergency Nursing Association. Clinical practice guideline: Family presence during invasive procedures and resuscitation. <u>https://www.ena.org/docs/default-source/resource-library/practice-resources/cpg/familypresencecpg3eaabb7cf0414584ac2291feba3be481.pdf?sfvrsn=9c167fc6_12</u> Updated 2012. Accessed February 8, 2018.

Torke A, Bledsoe P, Wocial L, Bosslet G, Helft P. CEASE: A guide for clinicians on how to stop resuscitation efforts. *Ann. Am. Thorac. Soc.* 2015. 12(3):440-445. https://www.ncbi.nlm.nih.gov/pubmed/25664817