

# Family Presence During Invasive Procedures and Resuscitation

December 2012 (Format edited May 2014)

**Clinical Question:** Does family presence have a positive or negative influence on the patient, family and staff during invasive procedures and resuscitation?

**Problem:** The practice of allowing family members to be present at the resuscitation or invasive procedures of their relative is one that has been discussed over the past few decades. With the rise of family-centered care, family input into healthcare decisions has increased and strict visitation policies have relaxed, even including family at the bedside during invasive procedures and resuscitation. This concept was first presented in the early 1980's when Foote hospital in Michigan began a program to facilitate the practice of family member presence during resuscitation as a response to demands by families (Doyle, 1987). Hanson and Strawser (1992) presented data from the program as the seminal research on this topic. Since then the research has centered on several different aspects of this issue. In both the initial CPG and the update, support for family presence continues in the health care worker population as well as in the family population in the United States. New research has not yielded any findings that would change the practice recommendations for allowing family presence during resuscitation.

### Description of Decision Options / Interventions and the Level of Recommendation:

Family Presence	There is little or no evidence to indicate that the practice of family member presence is detrimental to the patient, the family or the health care team	<b>B</b>
	There is some evidence from the international literature that acceptance of family presence may have some cultural basis	<b>B</b>
	There is evidence that health care professionals support the assignment of a designated health care professional to family members that are present, in order to provide explanation and comfort	<b>B</b>
	There is some evidence that a policy regarding family member presence provides structure and support to health care professionals involved in this practice	<b>B</b>
	Family member presence during invasive procedures or resuscitation should be offered as an option to appropriate family members and should be based on written institution policy	<b>B</b>
	There is some evidence that patients would prefer to have their family members present during resuscitation	<b>C</b>
	There is evidence that family members wish to be offered the option to be present during invasive procedures and resuscitation of a family member	<b>C</b>
	There is evidence that family member presence does not interfere with patient care during invasive procedures or resuscitation	<b>C</b>

**Overview and Purpose of CPGs:** Clinical Practice Guidelines (CPGs) are evidence-based documents that facilitate the application of current evidence into everyday emergency nursing practice. CPGs contain recommendations based on a systematic review and critical analysis of the literature about a clinical question. CPGs are created following the rigorous process described in [ENA's Guidelines for the Development of Clinical Practice Guidelines](http://www.ena.org/practice-research/research/CPG/Documents/FamilyPresenceCPG.pdf). For more information on this topic, please go to <http://www.ena.org/practice-research/research/CPG/Documents/FamilyPresenceCPG.pdf>

The purpose of CPG's is to positively impact patient care in emergency nursing by bridging the gap between practice and currently available evidence.

**Key:**

	<b>Level A (High) Recommendation:</b>	Based on consistent and good quality of evidence; has relevance and applicability to emergency nursing practice.
	<b>Level B (Moderate) Recommendation:</b>	There are some minor inconsistencies in quality evidence; has relevance and applicability to emergency nursing practice.
	<b>Level C (Weak) Recommendation:</b>	There is limited or low-quality patient-oriented evidence; has relevance and applicability to emergency nursing practice.
	<b>Not Recommended:</b>	Based upon current evidence.
	<b>I/E:</b>	Insufficient evidence upon which to make a recommendation.
	<b>N/E:</b>	No evidence upon which to make a recommendation.