FAMILY PRESENCE DURING INVASIVE PROCEDURES AND RESUSCITATION IN THE EMERGENCY DEPARTMENT

Many emergency departments offer the option of family presence during invasive procedures and cardiopulmonary resuscitation, but lack written guidelines to govern the practice. A lack of formal guidelines can place emergency nurses in a difficult position when a crisis occurs and family members confront nurses with requests to be permitted at the bedside. Without written policies for family presence, emergency department health care staff risk inconsistent practice and may be depriving patients and families of needed emotional support. Excluding family from invasive procedures and cardiopulmonary resuscitation is inconsistent with a family-centered model of care. Emergency nurses can play an important role in making the option of family presence available to all families who request it by becoming involved in educational and research endeavors that increase awareness about the potential advantages of family presence. In addition, emergency nurses can advocate for the development of written policies that will provide consistent, safe, and caring practices for patients, families, and providers.

It is the position of the Emergency Nurses Association that:

1. There is some evidence that patients would prefer to have family members present during resuscitation.

2. There is strong evidence that family members wish to be offered the option to be present during invasive procedures and resuscitation of a family member.

3. 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.

4. There is evidence that family members presence does not interfere with patient care during invasive procedures or resuscitation.

5. There is evidence that health care professionals support the presence of a designated health care professional assigned to present family members to provide explanation and comfort.

6. There is some evidence that a policy regarding family member presence provides structure and support to health care professionals involved in this practice.

7. 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 developed in cooperation with departments such as, but not limited to social services, pastoral care, risk management, nursing and medical staff.

8. Health care organizations should develop and disseminate educational resources for the public concerning the option of family presence during invasive procedures and resuscitation.
Position Statement

Resources


Approved by the ENA Board of Directors: April 1994.
Revised and Approved by the ENA Board of Directors: September 1994.
Revised and Approved by the ENA Board of Directors: May 1996.
Revised and Approved by the ENA Board of Directors: September 1998.
Revised and Approved by the ENA Board of Directors: July 2001.
Revised and Approved by the ENA Board of Directors: October 2005.
Revised and Approved by the ENA Board of Directors: September 2010.