

Introduction:

Family-centered care has been a cornerstone of healthcare for decades, particularly in the provision of pediatric care. A number of studies and guidelines support and encourage family presence during trauma resuscitation and cite potential benefits for patients, families and the care team.

Background

Family presence during resuscitation, first described in the literature in 1987, was considered as an “option” during emergency department resuscitations. Since that time, numerous studies and clinical guidelines have addressed the possible benefits and potential concerns that family presence may pose to patients, their families, and the resuscitation team.

Discussion:

There is inconsistency in ensuring family presence during pediatric trauma resuscitation at both adult and pediatric trauma centers, despite strong evidence supporting its positive effects. Literature suggests that family presence has assisted with the grieving process in situations where the patient’s injuries are fatal. Failure to provide consistency with family presence during a trauma resuscitation can be attributed to variability in institutional protocols and healthcare provider views. Research indicates that institutional protocols supporting family presence during a trauma resuscitation have a strong impact on ensuring consistency with this process. These protocols should ensure family members are paired with a trained support person who does not have clinical responsibilities during the resuscitation process.

Conclusion

Strong evidence supports the positive effects of family presence during pediatric trauma resuscitation. Pediatric trauma centers have published best practices for implementing family presence during trauma resuscitation. Overall, institutions with policies and educational staff programs for family presence during resuscitation were most likely to allow family presence during pediatric trauma resuscitation.

The Society of Trauma Nurses position is:

- Family presence during resuscitation is beneficial for families of pediatric trauma patients.
- Family presence does not prolong resuscitation times or decrease communication among trauma team members.
- Family members rarely interfere with care of the injured child.
- An institution-specific policy supports family presence during resuscitation of a pediatric trauma patient.
- Staff education and training on family presence during resuscitation policy and guidelines is highly recommended prior to implementation.
- There should be consensus from the trauma resuscitation team that family members may be present, before family members enter the room.
- A trained team member such as nurse, medical resident, social worker, or clergy member, should remain with the family. Their role is to comfort and support the family, provide

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ongoing updates within their scope of practice, escort the family to the trauma room and answer questions.

- The multidisciplinary team should address barriers to family presence.