

# NATIONAL EMERGENCY NURSES ASSOCIATION



Position Statement	Family/Primary Support Unit Presence during Bedside Invasive Procedures and Resuscitation
Number of Pages	3
Approval Date	April 2014
Past Revision Dates	November 2013
Next Revision Date	November 2016

## ISSUE

In most cases, the family/Primary Support Unit (PSU) is the patient's primary support system. Family members frequently are not given the opportunity to remain with the patient during bedside invasive procedures, including resuscitation. Studies indicate that the family/PSU may be separated from the patient for reasons such as: the health care staff's perception that the family/PSU may find the situation to be overwhelming and/or intimidating; the fear that the family/PSU may misinterpret the health care teams' activities; that the family/PSU may observe poor health care staff performance or attitudes; the health care staff do not feel properly trained to facilitate presence; or there is a lack of policies and/or guidelines presenting the option of allowing the family/PSU to be present.

Literature reviews support the opposite, and reflect that the majority of families/PSUs, patients and health care providers have favorable attitudes towards presence during invasive procedures and/or resuscitation. Family/PSU tolerated the event, did not interfere with care, and team communication was not affected. The family/PSU would be present again if a similar event occurred, and asserted the right to be present.

## NENA POSITION

NENA supports the option of the family/PSU presence during bedside invasive procedures and/or resuscitation efforts, although the option to be present must be the choice of the family/PSU and equally supported.

When offering this option, a support system (e.g. other health care provider, social worker, pastoral care etc.) should be in place for the family/PSU prior to and during the procedure or resuscitation. The facilitator is an essential and important component.

The family/PSU must be prepared for what they will hear, see and smell. They should be guided on their position in the room, but given opportunity to touch/talk to the patient.

Whether the family/PSU chose to be present or not, they should be provided with emotional support and ongoing explanations.

NENA recommends that organizations develop written protocols in support of this, to include:

- The benefits from the perspective of all stake holders (family/PSU, patient and health care providers).
- Criteria to assess the family/PSU members contraindications (e.g. screening those who are more likely to interfere with care such as exhibiting combativeness, aggressiveness etc.).
- Role of the facilitator before, during and after the event.

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## RATIONALE

Every emergency patient is a member of a family or valued primary social unit, in which they are the major source of support for each other during times of stress and crisis.

Studies have shown that the benefits are:

- A greater appreciation for completion of many tasks and assessments
- Enhanced understanding of the patient's condition
- Reduced family guilt and anxiety post event
- It encourages professional behaviour and teamwork among the health care team
- Focuses staff attention on the patient's privacy and dignity
- Supports staff to provide more holistic care.

Family/PSU presence allows the patient and family to support each other and bring a sense of reality to the treatment effort's and the patient's clinical status.

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