

Guideline 10.6 Family Presence during Resuscitation

Summary

Who does this guideline apply to?

This guideline applies to adults, children and infant victims.

Who is the audience for this guideline?

This guideline is for use by bystanders, first aiders or first aid providers, first responders and health professionals.

Recommendations

The Australian and New Zealand Committee on Resuscitation (ANZCOR) recommends that:

1. family members of adults, children and infants undergoing resuscitation be given the option to be present during resuscitation, ideally with an assigned support person
2. healthcare institutions should have a family presence policy and staff education strategy in place.

Guideline

1 Family Presence during Resuscitation: Adults

The vast majority of studies on family presence in resuscitation are surveys assessing the attitude of health professionals to the idea of an institutional family presence policy. While this is understandable in the context of identifying barriers to the implementation of policy, there are few studies comparing actual family or patient outcomes associated with family presence. Most that have reported outcomes describe adult family members accompanying paediatric patients. The accompanying worksheet using NHMRC Levels of Evidence located nine (9) studies reporting outcome for adult family members.

Survival outcomes:

No identified studies reported survival outcomes associated with family presence during the resuscitation of adult patients.

Resuscitation team performance:

One fair quality LOE II randomised controlled trial reported that family presence during resuscitation did not interrupt resuscitation, or delay the decision to discontinue resuscitation.¹ One good quality LOE III-2 cohort study² found that clinicians reported that family presence did not impede or interrupt the resuscitation. Three LOE IV case series³⁻⁵ found that the presence of family members did not impair the resuscitation team performance. This was supported by Bjorshol and colleagues⁶ in a study that modelled a 'stressful' family presence during a manikin resuscitation scenario, finding that this was not associated with poorer quality of CPR delivery.

One study, a fair quality manikin study⁷ (extrapolated evidence), reported that simulated 'family presence stress' resulted in a significantly longer time to the delivery of the first shock, and the delivery of fewer shocks during the scenario. However, chest compressions, intubation and drug administration were not affected.

Adverse effects on family members:

One LOE II good quality randomised controlled trial⁸, two good quality LOE III-2 cohort studies^{2,9} and two good quality LOE IV case series^{3,4} all found that being present during the trauma or cardiac resuscitation of a family member did not have detrimental emotional or psychological impacts. Most studies reported that being present at the resuscitation was actually associated with improved measures of coping and positive emotional outcomes.

2 Family Presence during Resuscitation: Children & infants

Survival benefit:

The accompanying worksheet using NHMRC Levels of Evidence located one good quality LOE III-2 cohort study¹⁰ reported improved survival rates associated with family presence in paediatric resuscitation compared with a group with no family presence, however the study was not powered for survival as an outcome. No other studies reported survival rates.

Resuscitation team performance:

One fair quality LOE II randomised controlled trial,¹ one large, LOE III-1, good quality pseudo-randomised, controlled trial,¹¹ one good quality LOE III-2 cohort study,¹⁰ and five (5) LOE IV case series^{3,4,12-14} reported evidence that the presence of a family member during the trauma or cardiac resuscitation of a child did not impede the performance of the resuscitation team. Two of these studies^{10,11} used 'time to critical clinical interventions' for example; intubation, IV access, primary survey completion to compare or report resuscitation team performance. The remaining five studies^{3,4,12-14} reported the attending clinician's or the observer's opinion as to whether the resuscitation was compromised in any way by the family presence. One study, a fair quality manikin study⁷ (extrapolated evidence), reported that simulated 'family presence stress' resulted in a significantly longer time to the delivery of the first shock, and the delivery of fewer shocks during the scenario. However, chest compressions, intubation and drug administration were not affected.

Adverse effects on family members:

One LOE II good quality randomised controlled trial [Holzhauser 2006], one fair quality LOE III-2 cohort study [Maxton 2000] and three good quality LOE IV case series [Doyle 1987, Mangurten 2006, Meyer 2000]

All found that family presence during the trauma or cardiac resuscitation of a paediatric family member did not have detrimental emotional or psychological impacts. Most studies reported that being present at the resuscitation was associated with improved measures of coping and positive emotional outcomes.

3 Recommendation

Based on the current evidence family members of patients undergoing resuscitation should be given the option to be present, ideally with an assigned support person. Each healthcare institution should have a family presence policy and staff education strategy in place.

References

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Further Reading

ARC Worksheet 10.6a: Click to Open

- In adult patients who have sustained cardiac arrest (P) does family presence during resuscitation (I) compared to no family presence during resuscitation (C) affect patient survival (O)?
- In adult patients who have sustained cardiac arrest (P) does family presence during resuscitation (I) compared to no family presence during resuscitation (C) impair resuscitation team performance (O)?
- In adult patients who have sustained cardiac arrest (P) does family presence during resuscitation (I) compared to no family presence during resuscitation (C) have adverse effects on families (O)?

ARC Worksheet 10.6b: Click to Open

- In paediatric patients who have sustained cardiac arrest (P) does family presence during resuscitation (I) compared to no family presence during resuscitation (C) affect patient survival (O)?
- In paediatric patients who have sustained cardiac arrest (P) does family presence during resuscitation (I) compared to no family presence during resuscitation (C) impair resuscitation team performance (O)?
- In paediatric patients who have sustained cardiac arrest (P) does family presence during resuscitation (I) compared to no family presence during resuscitation (C) have adverse effects on families (O)?