Study supports allowing family members in ED during critical care

April 29 2012

Contrary to what many trauma teams believe, the presence of family members does not impede the care of injured children in the emergency department, according to a study presented at the Pediatric Academic Societies (PAS) annual meeting in Boston.

Professional medical societies, including the American Academy of Pediatrics and the American College of Emergency Physicians, support family presence during resuscitations and invasive procedures. The degree of family member involvement ranges from observation to participation, depending on the comfort level of families and health care providers.

"Despite the many documented family and patient benefits and previous studies that highlight the safe practice of family presence, trauma providers remain hesitant to adopt this practice," said lead author Karen O'Connell, MD, FAAP, a pediatric emergency medicine attending physician at Children's National Medical Center in Washington, D.C. "A common concern among medical providers is that this practice may hinder patient care, either because parents will actually interfere with treatment or their presence will increase staff stress and thus decrease procedure performance."

The aim of this study was to evaluate the effect of family presence on the trauma teams' ability to identify and treat injured children during the initial phase of care using the Advanced Trauma Life Support (ATLS) protocol. ATLS is a standard protocol for trauma resuscitation shown to

limit human error and improve survival. All major trauma centers, including Children's National, use ATLS to guide trauma care.

Each of the trauma rooms is equipped with two cameras that record video and audio. Over a four-month period, researchers reviewed recordings of 145 trauma evaluations of patients younger than 16 years of age. Eighty-six patients had family members present; 59 did not.

Investigators compared how long it took the trauma team to perform important components of the medical evaluation (e.g., assess the child's airway, breath sounds, pulse and neurologic disability, and look for less obvious injuries) when families were present and when they were not. Investigators also compared how frequently elements of a thorough head-to-toe examination were completed.

Results showed there were no differences in the time it took to complete the initial assessment with and without family members present. For example, the median time to assessing the airway was 0.9 minutes in both groups. In addition, there was no difference in how often components of the head-to-toe exam were completed. For instance, the abdomen was examined in 97 percent of all patients when families were present and 98 percent of patients when families were not present.

"Parents are increasingly asking and expecting to be present during their child's medical treatment, even if it involves invasive procedures," said Dr. O'Connell, who also is an assistant professor of pediatrics and emergency medicine at George Washington University School of Medicine and Health Sciences.

"We found that medical teams were able to successfully perform needed evaluation and treatments of injured children both with and without family members present. Our study supports the practice of allowing parents to be present during the treatment of their children, even during

potentially painful or invasive procedures."

Provided by American Academy of Pediatrics