

# The History and Evolution of Parent Presence during Complex Invasive Procedures and Pediatric Cardiopulmonary Resuscitations

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**Introduction:** The presence of family members at the bedside during complex invasive procedures and/or CPR is still a relatively underdeveloped and controversial practice in pediatrics. Family member presence has evolved since 1982 when the chaplains at the Foote Hospital in Jackson, MI, surveyed 18 surviving family members after experiencing the loss of a loved one during cardiac arrest in the ED. They found that 71% of these family members wished they had been present during the resuscitation attempt, and based on this survey alone pioneered a protocol allowing selective family member presence during CPR (4). They first published these findings after five years of experience in 1987, and they followed-up with a publication in 1992 which affirmed their initial findings demonstrating that relatives who remain present during CPR felt that it was not only beneficial to their loved one, but that it was also helpful in their own grieving process (6). Subsequent to the publication of these two studies, several other researchers have attempted to unveil both the advantages and disadvantages of allowing family members, including parents of infants and children, to remain present during such unplanned and often chaotic events. This systematic review of the literature is intended to not only present the history and evolution of parent presence during complex invasive procedures and CPR, but it is also meant to illustrate the various perspectives of the parents/guardians, clinicians, and the patients themselves that have been reported to date.

**Methods:** A systematic review of articles on parent presence during pediatric complex invasive procedures and/or CPR using the NIH/HLM MEDLINE and OVID/EBSCO databases was performed. Studies were included in our review if they were both published from January, 1980 to September, 2006 in the English language and met inclusion criteria.

**Results:** Of the studies identified, only 14 met inclusion criteria (1,2,3,5,7,8,9,10,11,12,13,14,15,16). All 14 of the studies suggested the following similar conclusions, though, and that considerable controversy over family presence in both the adult and pediatric population still exists. Family members want the option to remain (1,2,7,8,11). Family members benefit by better coping, bereavement adjustments, and also knowing first hand that their loved one received optimal care (8,11,12,13). Most family members are quiet observers contrary to the belief that they may interfere (8,13,15). General fears of clinicians are unfounded (2,8,11,14,15,16). Finally, most of the literature available suggests that education about family presence decreases clinician fears and helps clinicians better support families (2,5,8).

## Discussion:

The studies found in this review provide some description of the current practice of parent presence. Further research into this subject is needed, though, to determine the best methods of educating and debriefing clinicians so that the practice of parent presence will benefit both the clinicians and the parents. A more thorough investigation into the perspective of children undergoing complex invasive procedures and/or CPR would also help both parents and clinicians understand how they can best provide emotional and psychological support to these children during these events. In the meantime, we present the information reported thus far not only to encourage more research into this area and to persuade more clinicians to discuss this option with parents, and also so that health-care providers can make informed decisions when choosing to offer the option for a parent or guardian to remain present when complex invasive procedures and/or CPR are being performed on their child.

## Refs:

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