



<b>Institutional Handbook of Operating Procedures</b> <b>Policy 9.13.20</b>	
Section: Clinical	Responsible Vice President: EVP & CEO Health System
Subject: General Procedures	Responsible Entity: Nursing

**I. Title**

*Family Presence during Procedures and Resuscitation*

**II. Background**

- A. Patient-and family-centered care is an approach to health care that is grounded in mutually beneficial partnerships among patients, families, and health care professionals.
- B. UTMB encourages patient and family centered care and is committed to keeping families together during crisis, where a family can be the greatest advocate and support for their loved one.
- C. Patients are seen as active participants in their care. The word “family” and the role family members play in health care are defined by each individual patient. Due to their central role in a patient’s life, families are not viewed as visitors in health care settings; they are supported and encouraged in their care giving and decision-making roles.

**III. Policy**

- A. Family members have the option to be within the treatment area during procedures and/or resuscitation (CPR) subject to the procedures below. A staff support person will be designated to provide family support subject to the availability of a designated staff support person and the health care team’s judged appropriateness.
- B. This policy and procedure does not apply to surgical procedures performed in the operating room or similar controlled settings.

**IV. Procedures**

- A. Assess patient and family relationship and family coping with respect to family presence during procedures/CPR. If the family has not requested to be present, they may be asked if they would like to be present.

- B. Advise the healthcare team of the family’s request to be present during the procedure or CPR. If deemed appropriate, the family will be allowed to be present in the room.
  
- C. If the health care team deems the circumstances unsuitable for family presence, or the family chooses not to be in attendance, keep the family informed regarding the patient’s status.
  
- D. Assess family members for disruptive behavior and emotional stability before entering the procedure/CPR vicinity.
  
- E. Set limitations. Routinely, one family member will be permitted. Inform that it would be necessary for them to step out of the room if the staff cites interference (yelling, screaming, verbal abuse, and/or approaching the patient without the health care team’s assent).
  
- F. Provide anticipatory and post-procedure guidance to the family. This includes but is not limited to: describing patient appearance and the general atmosphere they may encounter, as well as explaining medical equipment, procedures and terminology. Following the procedure, emotional support or bereavement counseling may also be suggested/ provided.

**V. Dates Approved or Amended**

<i>Originated: 02/05/2007</i>	
<i>Reviewed with Substantive Changes</i>	<i>Reviewed without Substantive Changes</i>
01/07/2011	12/09/2014