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 is defined by each individual patient. The patient’s family may be a person(s) who is united by: blood, adoption, marriage, domestic or same-sex partnership, or other legal tie. A patient may also identify someone not legally related to them, whom the patient personally considers family. In some situations, a family member may be identified as a surrogate decision-maker to make medical decisions on behalf of the patient in the event that the patient loses the ability to make health care decisions for themselves. Due to the centralized role in a patient’s life, family members are not viewed as mere visitors in a health care setting but should be supported and encouraged in their decision-making and caregiving roles.

III. Policy

A. Family members have the option to be within the treatment area. A family member’s presence should not compromise the patient's safety or the safety of staff. When appropriate, verbal consent from the patient is required for family members to stay during procedures, 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.

B. This policy and procedure does not apply to surgical procedures performed in the operating room (OR) or similarly controlled settings. Family presence is not permitted in these settings for patient safety. An exception for cesarean sections is made permitting one family member in the OR during the procedure. However, if during the procedure the patient needs resuscitation or general anesthesia, the family member will need to leave the OR.
IV. Procedures

A. During the procedure/CPR, unit staff will assess the patient/family relationship, as well as, how the patient and family are coping with presence during the procedure. If the family has not requested to be present, unit staff will ask the family if they would like to be present.

B. Advise the health care 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 allowed at the bedside while additional family members will be permitted, at the discretion of the staff if circumstances and space allow, at the patient’s bedside. Inform family members that it will 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

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VI. Contact Information
NEAR Department
(409) 772-1734