

Children's Hospital and Health System Patient Care Policy and Procedure

This policy applies to the following entity(s):

CHW – Milwaukee

SUBJECT: Family Presence Program in the Emergency Department / Trauma Center (EDTC) for Trauma STAT Activations

POLICY

Purpose: *To assure patients and families are provided care consistent with the Philosophy of Patient Care at CHW.*

All patients and families entering the Emergency Department Trauma Center (EDTC) will be assessed for participation in the Family Presence Program. The Social Worker/Chaplain or designee will determine the appropriateness of family presence in accordance with the provisions and guidelines listed below. The Family Presence Program is a process by which families, as defined below, are offered to be in the EDTC trauma room, with the support of CHW staff, to be in the presence of their child.

If a language barrier exists, every effort will be made to provide a hospital approved interpreter to be present in the trauma room with the family and Social Worker/Chaplain or designee. If an interpreter is unavailable, it will be at the discretion of the Social Worker/Chaplain or designee to determine if the Family Presence Program will be offered.

A Social Worker/Chaplain or designee will be present with the family in the trauma room at all times.

No more than 2 family members may enter the trauma room at the same time. If additional family members are present in the EDTC, those family members will wait in the EDTC waiting room.

If siblings or other children are present, and no CHW staff are available to stay with them, one family member must stay in family quiet room with the children. Sibling care may be utilized per Patient Care Policy and Procedure: Sibling Care.

If a family member or CHW staff is unavailable to stay with the children, the Family Presence Program may not be offered until appropriate staff is available.

If additional family members are present, the Chaplain, Unit Based Advanced Practice Nurse, Child Life Specialist, EDTC RN, EDTC Care Partner or other CHW staff may step in to help support the family not present in the trauma room.

If a death occurs in the trauma room, all bereavement services will be made available to the family. See Patient Care Policy: Death - Disposition of the Body.

Family members who exhibit evidence of uncontrolled emotional outbursts, violent behavior, or other disruptive behavior will be restricted or removed from the trauma room during that time as assessed by the Social Worker, Chaplain, Security or designee.

When a resuscitation progresses to an open surgical procedure (i.e., open chest cavity), the family may be removed from the trauma room or excluded from the room if procedure is underway.

The Family Presence Program will not be offered if the safety of the Trauma team staff and or patient is at risk as per assessment of Social Worker/Chaplain or designee.

Law enforcement may restrict family members from entering the trauma room for purposes of safety or evidence collection.

Definitions

Appropriate care giver: an individual, who may have custody of the patient, has cared for the patient for a significant amount of time or a family member who can provide personal information on the patient.

Presence: the physical attendance in the trauma room where care is being provided.

Social Worker/Chaplain or designee: a trained professional assigned to the family of a patient to provide emotional and psychological support. When the Social Worker/Chaplain is unavailable, the designee may be the Patient Care Services Supervisor or other appointed personnel.

Resuscitation: a sequence of events, including invasive procedures, which is initiated to sustain life and /or prevent further deterioration of the patient's condition.

PROCEDURE

1. Patient and Family Assessment
 - a. An assessment of the family's desires and needs will be initiated as soon as practical by the Social Worker/Chaplain or designee.
 - b. The Social Worker/Chaplain or designee will meet with family to gather pertinent medical information and ask questions to determine the family's perceptions, desire, willingness, and comfort with being present in the trauma room. This will include previous experiences, customary coping strategies, and established support systems.
 - c. Whether a family chooses to be present or not, the decision shall be supported without judgment.
 - d. The Social Worker/Chaplain or designee will use Appendix A as a guide for the assessment of the family's appropriateness for the Family Presence Program.

2. Social Worker/Chaplain or designee Informs Trauma Team
 - a. The Social Worker/Chaplain or designee informs the Nurse Liaison of family decision and gives health information to team such as allergies, immunization status, etc. The Nurse Liaison informs team that family will be entering room.
 - b. The Nurse Liaison informs the Attending Trauma Team Leader of the family decision.
Note: the Attending Trauma Team Leader retains the option to deny Family Presence.

3. Social Worker/Chaplain or designee prepares family
 - a. The family will be informed:
 - i. how many family members may enter the room at one time,
 - ii. where they will stand initially,
 - iii. when and if they will be able to move to the bedside,
 - iv. why they may be asked to step out of the room,
 - v. when they can leave the room, and
 - vi. any other pertinent factors to the situations.
 - b. Social Worker/Chaplain or designee talks to family about what they will see and hear in the trauma room
4. Family is brought into the trauma room
 - a. Family is brought to the area designated in the trauma room
 - b. PPE is not necessary for families; PPE will be worn by the Social Worker/Chaplain or designee if they will cross the red line located on the floor of the trauma room.
 - c. The Social Worker/Chaplain or designee remains with the family members at all times
 - d. Family will be brought to the bedside as soon as possible
 - e. The Attending Trauma Team Leader or Physician designee will update the family briefly before exiting the room. If the family is in the family quiet room, the Attending Trauma Team Leader or Physician designee will speak to the family there after the patient and team leave the trauma room.
5. Family accompanies patient out of room
 - a. If patient is to go to CT, the family may accompany the patient to EDTC Gold waiting room or remain in the EDTC waiting room and wait for further direction.
 - b. If the patient is transferred to another room or to an inpatient room, the family will accompany the patient.
 - c. The Social Worker/Chaplain or designee will remain with the family until care has been transferred from the Trauma Team to the operating room or inpatient unit.
 - d. The Social Worker/Chaplain or designee will instruct the family that they will not be able to enter the operating room. They will be able to enter the patient room after the child is transferred, settled, and assessed.
6. In case of impending patient death with family in trauma room
 - a. Every effort will be made to move the family to the bedside before time of death is announced.
 - b. The family will be given time to grieve as necessary.

Documentation:

The Social Worker/Chaplain or designee will document the time the family entered the trauma room, the response of the family to the trauma and the relationship of family members present. When the family is not present in the trauma room, the reason will be documented.

References:

Eckle, N. (Ed.) et al, Presenting the Option for Family Presence, 2nd Ed, Emergency Nurses Association, 2001.
The Joint Commission (TJC): 2014 Comprehensive Accreditation Manual for Hospitals (CAMH)

Approved: Trauma Operations Committee 12/2013

Approved: Joint Clinical Practice Council 05/2013

Appendix A: Guidelines for Social Worker/Chaplain or designee:

- Introduces self to the family and gives pertinent update to the family on the patient's medical condition.
- Assesses the family's emotional and psychosocial support needs and initiates measures to meet those needs.
- Assesses the following for the family's readiness for the Family Presence Program
- Family should be assessed for history of fainting or other reactions to blood and stressful situations as precautionary measure, not as an exclusion.
- Prepares the family for the trauma room
- Offers and provides comfort measures (i.e., coffee, Kleenex, etc)
- Accompanies and remains with the family in the trauma room
- Provides support through facilitating with Trauma Liaison:
 - a. Explanations of interventions
 - b. Interpretation of medical/nursing jargon
 - c. Information on the patient's response to treatment and expected outcomes
 - d. Allows opportunity for questions
- Continually assesses family throughout process
- Documents assessment

Available Resources:

Chaplain

Child Life Specialist (for families with siblings)/

ED Social Worker /

EDTC Patient Care Supervisor/

EDTC UB APN

Patient Care Manager On-Call/

Patient Care Services Supervisor

Trauma APN

Trauma Program Manager