

# Supporting Families During Resuscitation

## “Is Family Witnessed Resuscitation Beneficial or Harmful in an Acute Adult Hospital Setting?”

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### Introduction

Should family members be present during Cardiopulmonary Resuscitation (CPR) attempts on their loved ones? This subject has been debated for the last thirty years (Doyle et al., 1987) and remains controversial, as there is evidence that both supports the benefits and highlights the risks of allowing family members to witness resuscitation on their loved ones. These benefits and risks not only affect the family members, but also the resuscitation team, and the patients themselves.

### Literature Review

Several studies have been conducted in the last 30 years researching family witnessed resuscitation. This literature review critiqued six studies that were conducted within emergency departments or intensive care units in major hospitals around the world. The research suggests that family witnessed resuscitation can be beneficial to those relatives who chose to be present with their loved one, if accompanied by a family support person.

### Benefits of Family Witnessed Resuscitation

- Relatives believe it is their right, and they should be given the choice (Doyle et al., 1987).
- Being present with their loved one enables the relative to provide protection and comfort to the patient (Doyle et al., 1987; Meyers et al., 2004).
- Witnessing resuscitation can help family members to understand the seriousness of the condition their loved one is facing (Duran et al., 2007).
- If the patient passes away, those last moments together give a sense of closure. The relatives are given the chance to say goodbye, and this facilitates the acceptance of death and eases the grieving process (Doyle et al., 1987; Meyers et al., 2004).
- Long term psychological effects such as anxiety, depression, and PTSD are lessened because relatives are able to see for themselves that everything possible was done for their loved one (Soleimanpour et al., 2017).

### Detriments of Family Witnessed Resuscitation

- Family members can become very emotional, and this can lead to verbal or physical aggression (Hassankhani et al., 2007).
- Relatives may interfere with, or halt the resuscitation attempts (Hassankhani et al., 2007).
- Some relatives may not wish to witness resuscitation on their loved one. They simply believe it will be too distressing to watch (Grice et al., 2003).

### Recommendations for Nurses During Family Witnessed Resuscitation

- Ensure clear and precise communication between the medical staff, patients, and relatives.
- Family members should be given an informed choice.
- Always have a trained support person with the relative at all times to guide them through the process.
- The nurse should give the relative emotional support, explanations as to what is happening, and the opportunity to ask questions.
- If possible, encourage physical touch between patient and relative.



### References

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## Summary

I am presenting my evidence-based literate review in the form of a poster. I have chosen a poster as a means of transferring my knowledge, because I think it is visually appealing and it will reach a wide audience (Ilic & Rowe, 2013). I believe people will have an opinion as soon as they read my research question "Is Family Witnessed Resuscitation Beneficial or Harmful in an Acute Adult Hospital Setting?" However, after reading the findings and recommendations, their opinions may change. With my poster, I am targeting medical staff as I believe they need to be aware of the benefits of family witnessed resuscitation as well as the detriments (Drewe 2017). Additionally, I would like to target the people of the community as I think it is important to encourage conversations surrounding this topic. In the unfortunate event that someone may be faced with this scenario, they will hopefully be armed with a little more information to help them to make an informed choice.

### References:

- Ilic, D., & Rowe, N. (2013). What is the evidence that poster presentations are effective in promoting knowledge transfer? A state of the art review. *Health Information and Libraries Journal*, 30, 4-12. doi: 10.1111/hir.12015
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PECOT Category	Information relating to question	Explanation
<b>Population</b>	Family members who have a critically ill loved one in an acute adult hospital setting.	In-hospital settings are more controlled environments than out-of-hospital settings. In the community, there are too many variables. In addition, there is the added distress to the relative due to the unexpectedness of the cardiac arrest. In hospital, it is possible to prepare family members for a possible cardiac arrest event. Also, information can be given and options can be discussed ahead of time, so a plan of care can be established. This may include whether or not the family member wishes to be present during a CPR attempt.
<b>Exposure</b>	Family members who choose to witness CPR attempts on loved ones.	In a hospital setting, the relative can be given the choice of whether or not they wish to be present in the event of a resuscitation attempt on their loved one. They can be given information and explanations, and offered support.
<b>Comparison</b>	To compare the benefits and the disadvantages of family members witnessing CPR on loved ones.	By comparing family members accounts of witnessing CPR, both benefits and detriments will become known.
<b>Outcome</b>	To ascertain whether or not family members should observe CPR attempts on loved ones in a hospital environment, and what type of support may be needed.	This will guide nurses' practice when family members are present during CPR attempts. Nurses will be able to offer the support needed by the family members during this critical time.
<b>Time</b>	N/A	Time is not a measurable factor in this case, as it will vary in each individual situation.