	<b>Trauma Services</b>	No. 4043
	Title: <b>Family Presence During          Trauma Resuscitation-          Shared</b>	Page: 1 of 2 Effective Date: 05/07/2020

**PURPOSE:**

To ensure patient family centered care during trauma resuscitation care.

**POLICY STATEMENT:**

Family presence will be encouraged with agreement of the Attending when appropriate. Family is defined as any relative or significant other identified with an established relationship with the patient; may also be defined by the patient (if able).

**ENTITIES AFFECTED BY THIS POLICY (SCOPE):**

This policy applies to the Raleigh Emergency Services and Cary Emergency Services.

**WHO SHOULD READ THIS POLICY:**

This policy shall be read by Emergency Services and Trauma Services staff, supervisors, managers, directors, and administrators.

**PROCEDURES:**

- I. A staff member should be designated as the Family Support Liaison to support the emotional and psychological needs of the family. This staff member should not be needed for the immediate resuscitation process. This person's exclusive role is to assist the family member during resuscitation.
- II. Family Support Liaison will be designated and be responsible for determining family preference if possible and assessing family behavior:
  - a. Acceptable behaviors: quiet, distressed, crying but consolable, distracted but able to focus on answers, anxious but cooperative and able to follow instructions.
  - b. Precluded behaviors: combativeness, extreme emotional instability, intoxication, altered mental status, hysterical and loud outbursts that cannot be redirected.
- III. Prior to entering the trauma bay with the family member, the Liaison will:
  - a. Obtain agreement for family presence from the healthcare team leader.
  - b. Determine the patient's desire to have the family member present if possible.
  - c. Explain the patient's appearance, treatments, and equipment that may be in use.
  - d. Communicate that patient care is the immediate priority.
- IV. Upon entering the resuscitation area:
  - a. Inform healthcare team of arrival.
  - b. Provide a safe environment for the family.
  - c. Explain treatments, terminology, provide comfort measures, and provide the opportunity for questions from the family.
  - d. Facilitate an opportunity for the family to touch the patient when appropriate.
  - e. Facilitate communication between the healthcare team and the family member.
  - f. For any disruptive behavior or if the family member is faint, escort the family member away from the area and provide support.

**Origination date:** 06/01/2016


**Prepared by:** MGR, TRAUMA PROGRAM

**Approved by:** MEDICAL DIR TRAUMA - CARY, MED DIR, TRAUMA

**Reviewed:** 05/07/2020

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V. After resuscitation event:

- a. Inform family about what to expect regarding patient disposition: transfer, operating room, admission, etc.
- b. In the event of patient death, communicate to the family the post-mortem process and engage spiritual care personnel.

**Origination date:** 06/01/2016

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