

**TOPIC: IN SUPPORT OF THE ESTABLISHMENT OF OFFICIAL
POLICIES AND PROTOCOLS PROVIDING FOR THE OPTION
OF FAMILY PRESENCE DURING CARDIOPULMONARY
RESUSCITATION (CPR) AND EMERGENCY INVASIVE
PROCEDURES IN THE HOSPITAL SETTING**

**SUBMITTED BY: Maurine Church Coburn School of Nursing- Monterey Peninsula
College**

**AUTHORS: Kristine Birmingham, Cherie Bumanglag, Patrick Riel de Vera, and
Lesley Flynn**

1 WHEREAS, “In a 2003 survey of ED and ICU nurses, only 5% of respondents reported
2 working in areas that had formalized family presence policies” with
3 “additional research reveal[ing] that despite the lack of a written policy,
4 many nurses were bringing families to the bedside when a patient was
5 being resuscitated, and they were doing so without hospital approval”
6 (Briguglio, Angela, May 2007, p.44); and

7 WHEREAS, “Establishing FP [Family Presence] policies legitimizes the practice and
8 establishes a mechanism to assess and improve the logistics and impact of
9 FP,” and allows FP to be “organized in ways that are acceptable and
10 responsive to professional and public standards” (Baren, Jill, May 2005, p.
11 464); and

12 WHEREAS, “Despite the fears of healthcare providers [. . .] researchers found no
13 disruptions in the operations of the healthcare team, no adverse outcomes
14 during events at which patients’ families were present, and no adverse
15 psychological effects among family members who participated at the

16 bedside” (MacLean, Guzzetta, White, Fontaine, Eichhorn, Meyers, and
17 Desy, May 2003, p.247); and
18 WHEREAS, “89% of patients feel comforted by FMP [Family Member Presence]” as it
19 “provides a sense of support and safety, which better enables them to
20 tolerate painful procedures” (Sacchetti, Guzzetta and Harris, 2003, p.294);
21 moreover, “the presence of family members may stimulate the patient’s
22 will to live or provide comfort as he dies” (Laskowski-Jones, May 2007,
23 p.45); and
24 WHEREAS, Family presence “preserves the family’s sense of connectedness with their
25 loved one; family members may gain a sense of peace from witnessing
26 intense resuscitation efforts.” In addition, “being present during
27 resuscitation efforts helps confirm the reality of patient’s illness or death
28 and may help them cope” (Laskowski-Jones, May 2007, p.45); and
29 WHEREAS, “Family presence is consistent with nursing’s holistic view of the patient
30 and the basic tenets of nursing itself: ‘to advocate for the primacy of the
31 patient’s interests by meeting the comprehensive needs of patients and
32 their families across the care continuum’” (Emergency Nurses
33 Association, 2003, p.1). Therefore be it
34 RESOLVED, that the CNSA supports and encourages its constituents to promote the
35 establishment of official policies and protocol providing for the option of
36 family presence during cardiopulmonary resuscitation and emergency
37 invasive procedures in the hospital setting; and be it further
38 RESOLVED, that the CNSA encourages its constituents to write letters of support to the
39 Emergency Nurses Association, American Association of Critical Care

40 Nurses, American Heart Association, National Association of Social
41 Workers, National Association of Emergency Medical Technicians,
42 Society of Critical Care Medicine, American Academy of Pediatrics, and
43 the American College of Emergency Physicians, and be it further
44 RESOLVED, that the CNSA encourage hospital policy makers to employ role of family
45 member presences (FMP) facilitator and describe specific job
46 responsibilities including, but not limited to, the ability to determine the
47 appropriateness of the presence of each family member in a emergency
48 situation and the ability to debrief the family member after an emergency
49 situation, and be it further

50 RESOLVED, that the CNSA encourage its constituents to urge and advocate for the
51 establishment of Family Presence policies to local hospitals and healthcare
52 facilities that do not have any in place, and be it further

53 RESOLVED, that the CNSA encourage the inclusion of family presence education,
54 advocacy and facilitation in nursing curricula, particularly educating
55 nursing students about becoming facilitators for family members during
56 CPR and emergency invasive procedures if need be, and be it further

57 RESOLVED, that the CNSA publish articles regarding the importance of establishing
58 family presence policies and the benefits of Family Presence in Range Of
59 Motion; and be it further

60 RESOLVED, that the CNSA send a copy of this resolution to the American Nurses
61 Association, the National League for Nursing, American Organization of
62 Nurse Executives, American Association of Colleges of Nursing, National
63 Association of School Nurses, American Holistic Nurses Association,

64 Hospice and Palliative Nurses Association, the Center for Nursing
65 Advocacy, American Medical Association, American Hospital
66 Association, the California Hospital Association, the Joint Commission on
67 Accreditation of Healthcare Organizations and any others deemed
68 appropriate by the CNSA Board of Directors.

