Family Witnessed Resuscitation

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Case

M.A. 85 yo man with hx CAD/CHF presents as a STEMI alert

- Diaphoretic, pale, ill appearing
- Rales on lung exam

HR 88, R- 22, BP 83/42, T 37.4, spO2 92% on RA

EKG NSR with STE in II, III, aVF

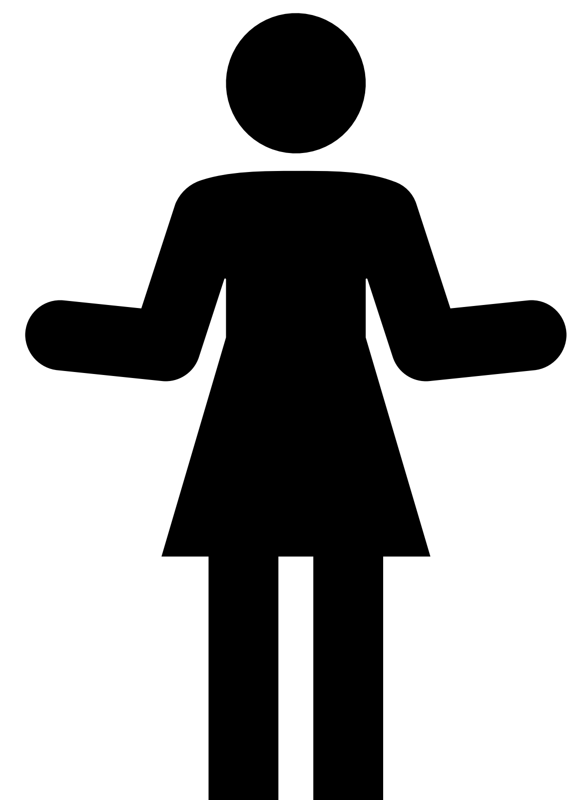
Next steps?

You go out to speak to the family, and…

How is he doing?

Can we see him?

We knew he was frail, but this was still such a surprise



What about you?

How many have experienced guiding a family through a resuscitation event?

How many would consider bringing the family back to observe?

Objectives

- Evaluate the potential risks and benefits of family witnessed resuscitation (FWR)
- Identify common concerns of staff/providers regarding FWR
- Outline the resources and protocol required for FWR

Introduction

- Practice first began in 1980s (1)
- AHA 2000 guidelines for emergency cardiovascular care and CPR advocated family presence during CPR attempts (4)
- Research largely supports FWR

Photo credit: [NPR News]

Perceived Drawbacks of FWR

Negative effects on family witness(es)

Negative effects on staff

Family interference

Medico-legal concerns

Perceived Drawbacks of FWR

Negative Effects

Negative Effects on Family	Negative Effects on Staff
• PTSD/psychological trauma • Can't be "unseen", will be "haunted", etc.	• Having to manage additional "patients" • Additional stress on staff/provider

Evaluation of Stress

I was unable to concentrate because of what was going on around me			
Emergency physician	4/94/2	2/97/1	0.37
Nurse	2/95/3	2/94/4	0.86
Ambulance driver	3/91/6	2/92/6	0.86
I was afraid of committing a medicolegal error			
Emergency physician	2/96/2	1/96/3	0.32
Nurse	2/93/5	0/95/5	0.42
Ambulance driver	2/88/10	3/89/8	0.85
I felt panic			
Emergency physician	1/98/1	1/98/1	0.71
Nurse	0/96/4	0/97/3	0.68
Ambulance driver	1/93/6	1/93/6	1.00
I was able to handle the situation			
Emergency physician	84/2/14	87/1/12	0.73
Nurse	82/2/16	82/2/16	0.80
Ambulance driver	80/3/17	84/3/13	0.45
I was afraid of the reaction of the patient's relative			
Emergency physician	13/83/4	12/82/6	0.51
Nurse	14/78/8	17/76/7	0.60
Ambulance driver	14/74/12	10/80/10	0.27

* Scores on the visual-analogue scale (VAS) of stress (range, 0 [no stress] to 100 [maximum stress]) for health care professionals when family members were present or absent were compared with the use of the Wilcoxon rank-sum test. Responses to the questionnaire were compared with the use of either the chi-square test or Fisher's exact test.

(Jabre et al 2013)

Family Interference

- Concern that family may disrupt/interfere with resuscitation
  - Little to no evidence of this being an issue
  - No effect on resuscitation

Perceived Drawbacks of FWR

Medico-legal concerns

- Concern about increased legal exposure, increased lawsuits
  - Opposite seems to be true- better staff-family bonds, increased knowledge

Barriers to FWR

- Clinicians and staff (4)
- Survey in 2000 demonstrated 80% of physicians opposed FWR, 57% of nurses opposed FWR

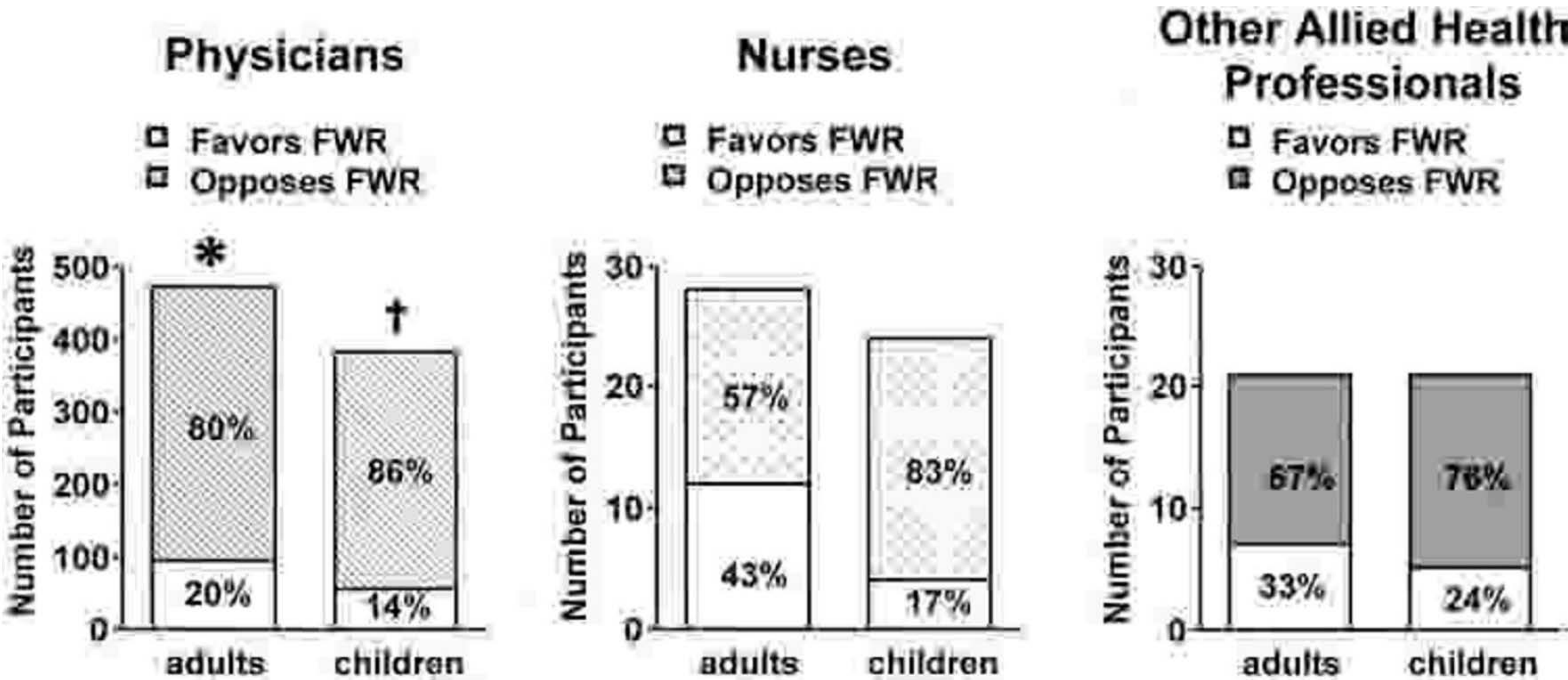


FIGURE 2. Variations in FWR opinions by occupation. * = physician opinions differed significantly from nurses and other allied health-care professionals ($p < 0.05$); † = opinions on adults and children were significantly different ($p < 0.05$).

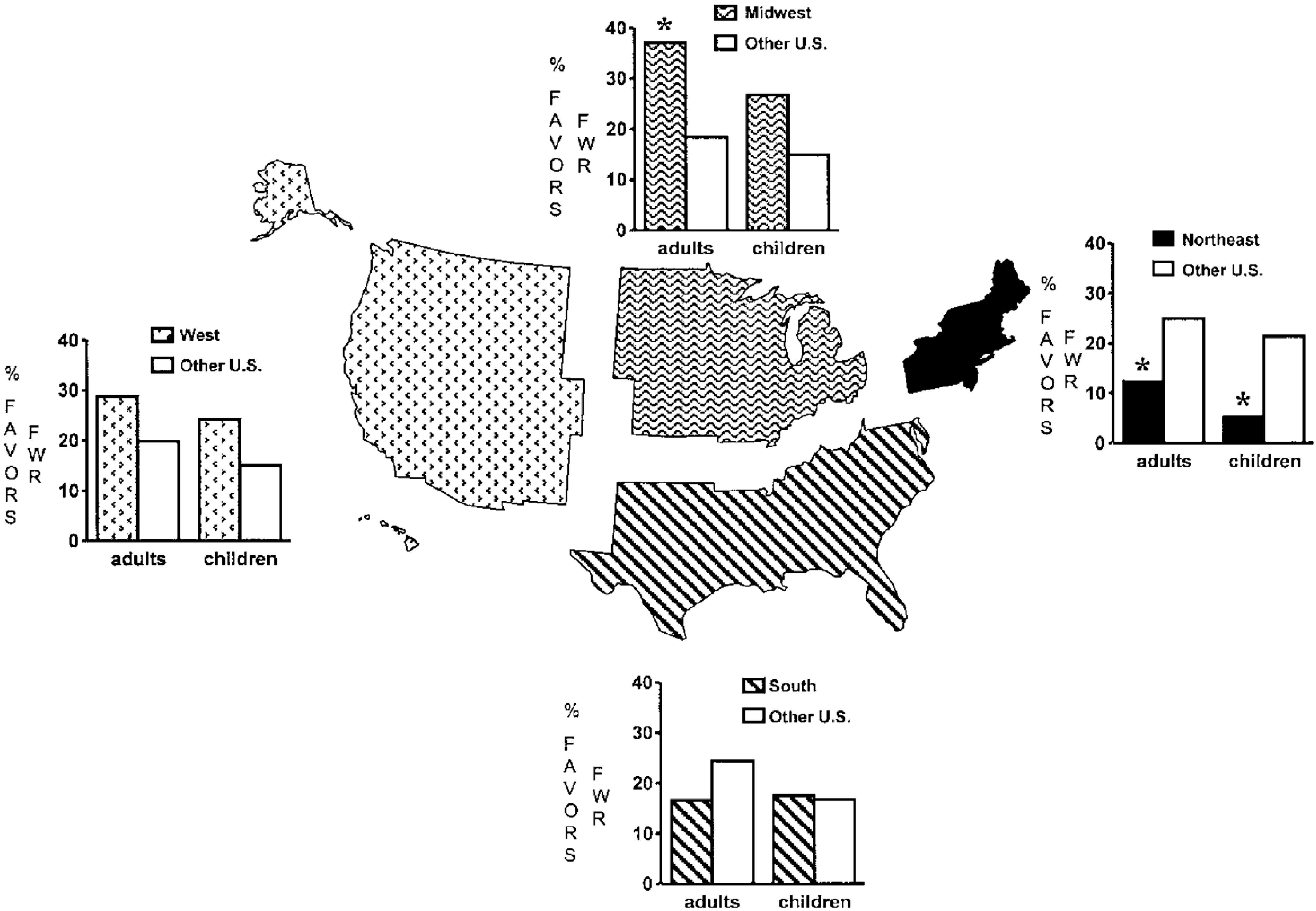


FIGURE 1. Regional variations in FWR opinions among health-care professionals. US Census Bureau methodology was used to separate the United States into four regions. FWR opinions were compared between each region and the rest of the United States. * = statistically significant regional difference ($p < 0.05$).

McClenathan, et al. (2002)

FWR Protocol

Cessation of resuscitation efforts

Assign Staff to meet family member(s): Resuscitation Liaison (RL)

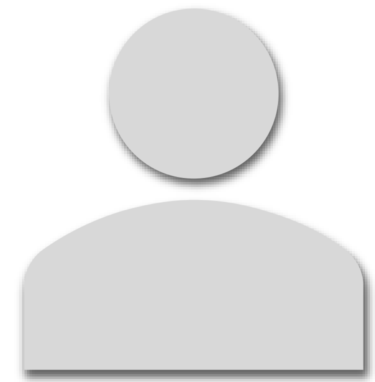
Staff member trained in this support role

Must be able to screen family members

Explain what family will be seeing

Establish "ground rules" for room

Explanation of Resuscitation Efforts



May be RL, nursing, physician

Important to give consistent, realistic information

If procedure needs to be performed, give warning

Family Presence & Communication

Offer for Family to be Present

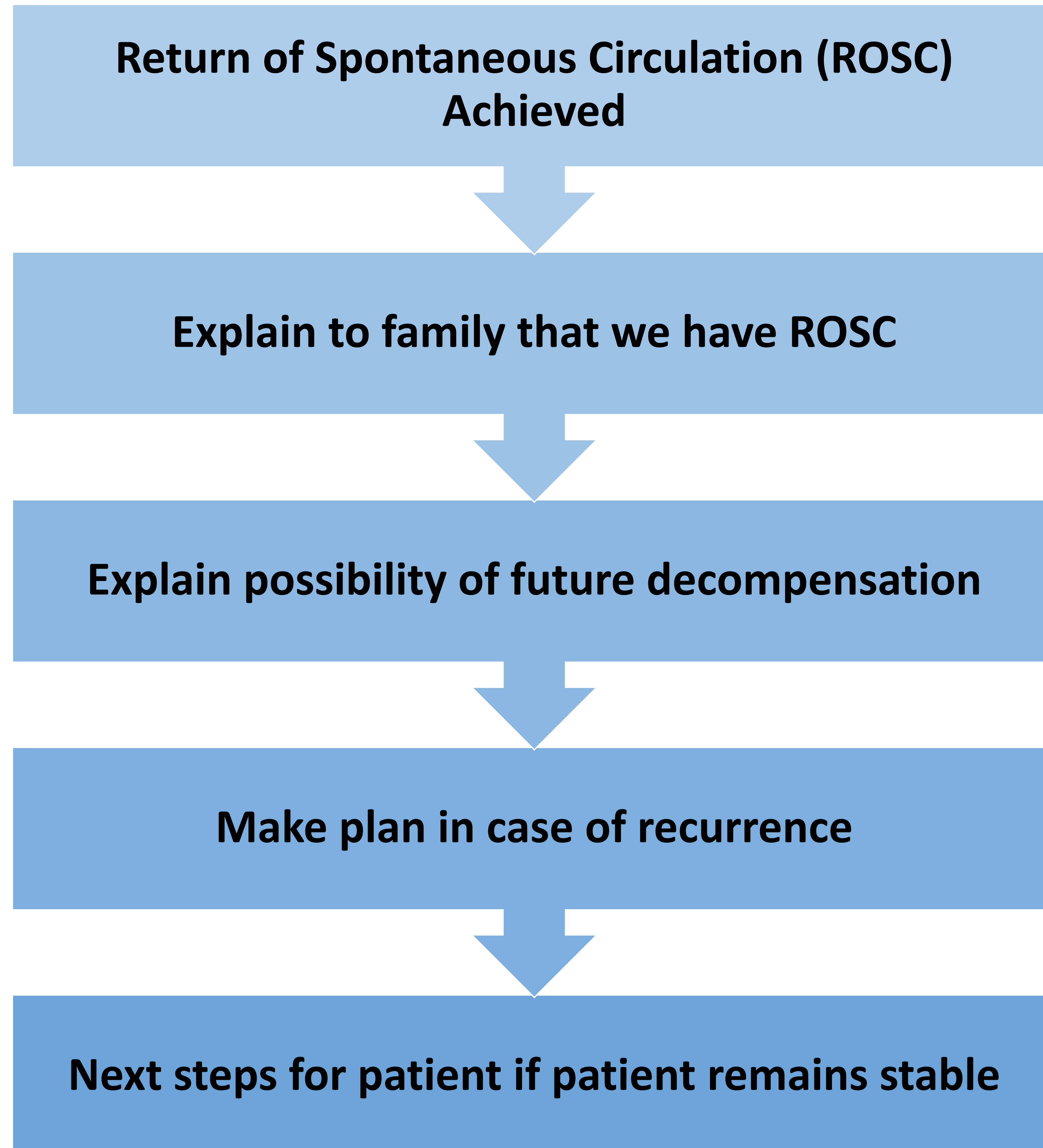
- Inform Staff of this Decision
- Family placed at foot of stretcher – allow touch when possible

Maintain Communication with Family

- Typically role of Resuscitation Liaison
- Maintain communication throughout

FWR Protocol

Cessation of Resuscitation



Not Successful

Give "warning shot"

Move family closer to head of stretcher

Explain what you have done, why you plan to cease efforts

Moment of silence, thank the team for their efforts, family for their support

Ideally chaplain or SW support immediately available

Conclusions, Key Takeaways

- FWR is largely supported in the literature
- Main barriers tend to be clinicians/providers
- Have a (flexible) process in place prior to implementation

References

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EPEC conference, 2023

Discussion

- Patient privacy?