



## PROFESSION

### Family presence does not impede pediatric trauma care

Physicians follow care protocols regardless of whether parents are in the room, a new study says. Relatives' presence can ease anxiety.

By **KEVIN B. O'REILLY**, amednews staff. *Posted May 8, 2012.*

Having a family member in the trauma room does not impact the quality of care a child receives, said a study presented at the Pediatric Academic Societies Annual Meeting in April.

Researchers reviewed video and audio recordings of 145 trauma evaluations of patients 15 and younger to evaluate how well physicians followed evidence-based assessment protocols. For the 86 children who had relatives in the trauma room, 97% had their abdomens examined for injury according to protocol. That compares with 98% of the 59 children with no family present. Meanwhile, the median time for assessing the children's airway was less than a minute for both groups.

The findings should help ease concerns voiced by some hospitals and physicians that having relatives in the trauma bay interferes with the medical team's ability to do its job, said Karen O'Connell, MD, the study's lead author.

A joint policy statement adopted in 2006 by the American Academy of Pediatrics and the American College of Emergency Physicians says, "The option of family-member presence should be encouraged for all aspects of ED care" ([ncbi.nlm.nih.gov/pubmed/17079599](http://ncbi.nlm.nih.gov/pubmed/17079599)).

Having a family member present, even in the high-stress environment of the trauma bay, can help children and their parents, said Dr. O'Connell, a pediatric emergency physician at Children's National Medical Center in Washington.

When families aren't with their kids, "they don't know what's going on, and there's a lot of fear," she said. "When they can see what's happening, they will understand what's going on and the kind of care that's being delivered. The parents can advocate for their child and answer questions in the moment. They feel like part of the team. And especially for the pediatric patient, there's someone in the room who's not a stranger. For kids, that helps them cope with what's going on."

At Children's National Medical Center, where the study was conducted, family members who choose to go with patients to the trauma room are accompanied by a facilitator. The professional in this role — a nurse, chaplain or social worker — helps explain what is happening, answers questions, comforts the relatives and escorts them from the room if they become a distraction or are overwhelmed by emotion.

#### Bad experience can chill doctors

Though most children's hospitals have policies allowing relatives in the ED, it is unclear how widely that stance has been implemented in other hospitals. Anecdotally, many hospitals continue to balk at the practice or implement it haphazardly, Dr. O'Connell said.

There are concerns about the medical liability risks of having family members in the ED. The subject has not been well-researched, but two studies have found no impact from the practice. The biggest factor barring relatives from the trauma room may be that many physicians have had bad experiences with out-of-control family members. Those rare occasions should not determine policy, Dr. O'Connell said.

"Ninety-nine percent of the time, parents do not interfere, but there's always that one case that everyone remembers," she said. "I had a parent attempt CPR on the child after I'd already said the child had died."

Even Dr. O'Connell, who has long advocated allowing relatives in the trauma room, would draw the line in certain cases. She would not invite a mother to the trauma bay as they were about to treat a child with bullet wounds to the chest, for example.

"That's not something I, as a parent, would want to see," she said.

As the presence of family members in the ED becomes more common, physicians and other health professionals will become accustomed to it and perform just fine, Dr. O'Connell said.

"This is like any cultural shift," she said. "It's something we have to learn how to do."

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