

Do parents of critically unwell children benefit from being present during their child's resuscitation? A systematic review

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Introduction

It is difficult to imagine a more distressing experience than having your child undergo resuscitation. The purpose of this review is to collate and appraise the current evidence to establish if parents receive any benefit of being present during paediatric resuscitation.

Methods

Ovid Medline was used to conduct a systematic review of the literature. Of 310 papers, 8 met the inclusion criteria. Searching references of these papers resulted in identification of a further one paper. 9 papers, published between 2001 and 2019, were eventually included for review.

Results

Thematic analysis identified 4 themes that were repeated across the literature. These are outlined in figure 1.

The overwhelming evidence suggests that parents do receive benefit from being present when their child is being resuscitated.

Providing comfort to the child

- Parents feel that being present provides comfort to the child^{1,2,3,4,5,6}
- 71% of parents whose child died having received CPR in PICU felt their presence comforted the child, while 60% of those parents who were absent felt their attendance would have provided comfort⁴

Reduction of parental anxiety

- 87% of parents present at a trauma resus felt their presence reduced their anxiety, 52% of those not in attendance felt their anxiety would have been less if present⁶

Parental right to be there

- 100% of parents surveyed after their child had died in an emergency department believed they had the right to be present throughout resuscitation efforts³

Understanding and processing

- 67% of parents who were present believe this helped their adjustment to their child's death⁶
- Parents who were present described an "increased sense of control"²

Discussion

Parents who are present during their child's resuscitation do perceive benefit. This is seen in the themes seen in fig.1 – reduction in anxiety, ability to process what's happening, belief that comfort is brought to the child.

It seems that it is beneficial to have a member of staff to support the family, ideally someone who can ask clinical questions.

Limitations:

- No UK based studies

Limited use of translators so non-English speaking families excluded

Implications for Clinical Practice

The majority of parents do perceive benefit from being present during their child's resuscitation – therefore this should be offered to all parents and supported by local resuscitation guidelines.

There is need for a clinical member of the team to support parents during the resuscitation, whether the parents chose to be present or not – a member of staff should be allocated this role at the start of resuscitation.

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