

4th International Conference on

Nursing & Healthcare

October 05-07, 2015 San Francisco, USA

Family presence during resuscitation: To be or not to be?

Shirley Strachan-Jackman, Tim Stewart and Sheila Foggie University Health Network, Canada

amily presence during resuscitation (FPDR) is an area that has gained increased attention over the past few decades. For years the question that is under debate is, "Should health care providers recommend family presence during resuscitation or should they recommend against it". In North America, traditional paternalistic views have prevented the practice of the more family-centered approach of FPDR, where as in the UK 79% of emergency departments (EDs) allowed FPDR. Although FPDR has been accepted as best practice by the Emergency Nurses' Association and the American Heart Association, fears concerning increased liability for the institution and practitioner fears such as disruption of clinical activities and lack of space for the family and staff have prevented many institutions from offering the option to family members. Although incorporating family practice into resuscitation events can be challenging, our philosophy at Toronto Western Emergency is that families should be given the opportunity to be in the room in what may be the last minutes of their loved one's life. Our belief is that FPDR will allow for a final goodbye by a spouse, sibling, adult child or parent who cannot fathom being separated at the moment of death. Thus our service provides a dedicated nurse to provide guidance, explanation and support to the family members who decide to remain in the room during a resuscitation event. As a new practice, we were interested in better understanding members' experiences. This presentation will discuss the findings of our phenomenological study that was undertaken to describe" lived experiences of families when given the choice to be present during cardiopulmonary resuscitation (CPR)" in the emergency department setting. Six relatives or significant others elected to stay with their family member during the resuscitation and participated in a semi-structured personal interview within 3 months of the event. Findings will be discussed in light of practice, education and future research needs.

Biography

Shirley Strachan-Jackman is a Nurse Practitioner at the Toronto Western Hospital, University Health Network in the Department of Emergency Medicine. She has obtained her Master of Nursing and Nurse Practitioner degree from the University of Toronto and she also holds a certification in Emergency Nursing. She has cross appointment with the University of Toronto and she is very active with precepting nurse practitioner students from the University as well as York University and Ryerson University. Her interests lies in education, conference planning and she is just getting her feet wet in research activity.

Timothy Stewart has been working in the Health Care Industry for almost 20 years as a Registered Nurse, Nurse Educator and Nurse Practitioner, in the areas of Primary Care, Emergency and Stroke. He has a strong interest in clinical practice, systems and research, specializing in the analysis of the quality of patient care and safety. He is currently a Nurse Practitioner with the Krembil Neuroscience Centre stroke program at the University Health Network in Toronto.

jackmans@primus.ca timothy.stewart@me.com

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