



ORIGINAL ARTICLES

Family-Centered Care in the Pediatric Post Anesthesia Care Unit: Changing Practice to Promote Parental Visitation

Susan N. Kamerling, RN, MSN, BC, Linda Cunningham Lawler, RN, BSN, Marie Lynch, RN, Alan Jay Schwartz, MD, MEd

Although parental visitation in the PACU is the standard of care in a few institutions, it is surprisingly not a standard of care at most. Parental presence in the PACU at The Children's Hospital of Philadelphia (CHOP) was historically inconsistent and limited. It was recognized that consistent and relatively unlimited parental presence in the PACU was needed to better meet the CHOP commitment to provide family-centered care. Under the leadership of the Family Services Coordinators and the Perioperative Family-Centered Care Committee, staff worked to promote parental visitation in the PACU. Through education, multidisciplinary collaboration, ongoing support, and dissemination of data, parental visitation in the PACU increased from 44% in January 2004 to 90% in January 2007. This report addresses parental visitation in the PACU, as well as quality improvement strategies to promote this valuable family-centered practice.

Keywords: *perianesthesia care, pediatrics, family-centered care, parental visitation.*

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THE CENTRAL PREMISE of family-centered care in pediatrics is that the child's family is a constant and is comprised of the most important people in the child's life. Families, specifically parents, provide children support, comfort, and reassurance during times of stress. Respecting that role is central to family-centered care. The enhanced transfer of health care information to parents provided by the family-centered care approach is an additional benefit. In all pediatric settings, parents are increasingly encouraged and even expected to be actively involved in the care of their children. Likewise, parents have this expectation of themselves. Family-centered care

Susan N. Kamerling, RN, MSN, BC, is a Family Services Coordinator in Perioperative Services at The Children's Hospital of Philadelphia, Philadelphia, PA; Linda Cunningham Lawler, RN, BSN, is a Family Services Coordinator in Perioperative Services at The Children's Hospital of Philadelphia, Philadelphia, PA; Marie Lynch, RN, is a Staff Nurse in the Post-Anesthesia Care Unit at The Children's Hospital of Philadelphia's Specialty Care Center's Ambulatory Surgery Center, Voorhees, NJ; and Alan Jay Schwartz, MD, MEd, is a physician in the Department of Anesthesiology and Critical Care Medicine at The Children's Hospital of Philadelphia, Philadelphia, PA.

Address correspondence to Susan N. Kamerling, RN, MSN, BC, Family Services Coordinator, Perioperative Services, The Children's Hospital of Philadelphia, 34th & Civic Center Blvd, Philadelphia, PA 19104-4399; e-mail address: kamerling@email.chop.edu.

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1089-9472/08/2301-0003\$34.00/0
doi:10.1016/j.jopan.2007.09.011*

is something that all pediatric nurses aspire to but inconsistently achieve when it comes to the PACU. Nurses working with children in the perianesthesia/perioperative environment have a responsibility to extend parental involvement into the PACU and facilitate the parental role to the greatest degree possible.

Much exists in the current literature describing family presence during resuscitations and invasive procedures,¹⁻⁴ yet very little has been published on pediatric PACU parental visitation. Many institutions continue to deny parents' presence with their children in the PACU, even after minor surgery. The PACU is an "intensive care" area where concerns, both real and hypothetical, exist regarding patient safety. Safety and family-centered care are not mutually exclusive. Clinical care in the PACU should not preclude the provision of family-centered care.

Core Concepts of Family-Centered Care

The Institute for Family-Centered Care (<http://www.familycenteredcare.org>) describes patient- and family-centered care as "an approach to the planning, delivery, and evaluation of health care and education of health care professionals that is grounded in mutually beneficial partnerships among patients, families, and health care providers."⁵

This approach to health care leads intuitively to better health outcomes, wiser allocation of resources, and greater patient and family satisfaction. The American Academy of Pediatrics' Institute for Family-Centered Care describes family-centered care as being guided by the following principles:

1. Respecting each child and his or her family
2. Honoring racial, ethnic, cultural, and socioeconomic diversity and its effect on the family's experience and perception of care
3. Recognizing and building on the strengths of each child and family, even in difficult and challenging situations
4. Supporting and facilitating choice for the child and family about approaches to care and support
5. Ensuring flexibility in organizational policies, procedures, and provider practices so services can be tailored to the needs, beliefs, and cultural values of each child and family
6. Sharing honest and unbiased information with families on an ongoing basis and in ways they find useful and affirming
7. Providing and/or ensuring formal and informal support (eg, family-to-family support) for the child and parent(s) and/or guardian(s) during pregnancy, childbirth, infancy, childhood, adolescence, and young adulthood
8. Collaborating with families at all levels of health care; in the care of the individual child; and in professional education, policy making, and program development
9. Empowering each child and family to discover their own strengths, build confidence, and make choices and decisions about their health⁶

Benefits of Parental Visitation

Visitation in the PACU has been shown to be beneficial to PACU staff as well as patients and their families.⁷ Table 1 provides a summary of benefits and barriers to parental visitation in the PACU. Anesthesia and surgery are especially stressful for children and their families because the operative experience mandates a unique type of separation for children and their parents. Reuniting children with their parents provides reassurance and comfort to both the child and parent. Fina et al⁸ demonstrated that children cried significantly less, were less restless, and were more comfortable during a parental visit. They found that parent presence had a calming and anxiety-reducing effect on the patient while concurrently assisting staff in the assessment and management of pain.

A very common parental concern at the conclusion of surgery is "When can we be with our child?" Children emerging from anesthesia

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