

Why More Parents Are Being Allowed in Emergency Rooms While Their Child Is Treated

Written by Heather Cruickshank on November 15, 2017

Medical professionals say having a parent can provide information and help calm a child during emergency treatment. However, there are issues that can arise.

If your child were injured, would you want to stay with them while they received treatment?

In a [recent national survey](#), Orlando Health found that 90 percent of Americans agreed that parents should be able to stay with their child during treatment for a life-threatening injury or condition in an emergency department.

Parents have traditionally been asked to wait in a separate room while their child receives care in a serious situation.

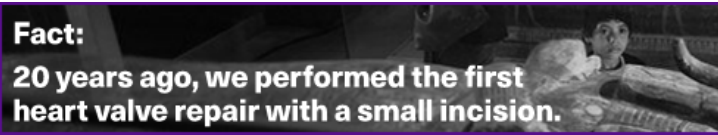
But according to Dr. Mary Fallat, FAAP, healthcare providers are increasingly inviting parents to stay by their child's side in emergency departments and intensive care units.

"Family presence is becoming more and more common, particularly in children's hospitals," Fallat, the secretary and chair-elect of the Section on Surgery of the American Academy of Pediatrics (AAP), told Healthline.

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"A part of the overarching concept of patient and family-centered care, family

presence ultimately can help the family understand that ‘everything that can be done is being done’ to help or save their child, because the family actually witnesses the care,” she added.

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Family presence can ease anxiety

When 10-year-old Jonah Downs arrived with a broken leg at Orlando Health’s Arnold Palmer Hospital for Children in Florida, his parents were invited to stay with him in the trauma room.

“There was never a time when someone wasn’t observing or treating Jonah. There was never a time when someone wasn’t available to talk with us if we needed. We were given all the information on Jonah’s condition as it was gathered and kept up to date on the decisions and actions they were going to take,” Brent Downs, Jonah’s father, told Healthline.

“Being allowed back there was really something special for us. If we’d been in the waiting room knowing he was in pain, it would have definitely hindered the experience we had,” he added.

In policy statements on patient-centered and family-centered care, the [AAP](#) and the [American College of Emergency Physicians \(AMEP\)](#) support the presence of family during treatment.

Family presence can help decrease anxiety for both the child and their family members, the AAP reports.

It can also help reduce the amount of medication needed to manage a child’s pain.

Dr. Donald Plumley, a pediatric surgeon and medical director for pediatric trauma at Arnold Palmer Hospital, has witnessed these effects up close.

“If the child is very agitated, sometimes the parent can help calm them down. So less sedatives, less pain medicine, things like that, if Mom can just come and hold their hand,” Plumley told Healthline.

“It also helps the family,” he continued. “Instead of sitting in the waiting room with that nail-biting anxiety, you’ve got a front-row seat. You know what’s going

on.”

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Providing information

In many cases, parents can also provide potentially life-saving information about their child’s medical history.

For example, they can tell hospital staff about allergies or other medical conditions that their child might have.

If they were present when their child was injured, they can also describe what happened.

This information can help doctors and other medical staff determine the best course of action while avoiding potentially dangerous procedures.

“If you give them an IV contrast that their kidneys don’t like or you give them a medication that they’re allergic to, it can have serious outcomes,” Plumley said.

“But when you have someone who’s kind of standing over them as their advocate and able to tell their story, that’s important. It’s really made a difference in some kids, especially if they have underlying [health] issues,” he added.

Issues can arise

For the most part, the trauma team at Arnold Palmer Hospital welcomes family members into the trauma room.

But it’s up to staff members to decide whether or not family members can stay there.

For example, if staff members suspect that a child’s injuries have resulted from domestic abuse, they’ll often ask family members to step out of the room.

They may also escort family members out if they’re too distraught, threatening, or otherwise disruptive.

“Occasionally a parent will become so distraught to the point that they take their frustration out on the medical providers. For this reason, having a reliable member of the medical care team assume the role of parent communicator/moderator is essential,” Fallat told Healthline.

At Arnold Palmer Hospital, three team members help fill this role: a chaplain, a social worker, and a child life specialist.

These team members help family members understand what’s going on, collect important information, and if needed, usher them out of the trauma room or alert security to problems.

“You get the occasional person that’s intoxicated or aggressive, and I think our staff appreciate our willingness to get them out of there,” Plumley said.

“The surgeon, the emergency room physician, the chaplain, the social worker — anybody can pull the trigger on that. If a nurse looks up and says, ‘That person’s making me uncomfortable,’ we listen,” he added.

Staff preparation is important

Some healthcare providers may initially resist the idea of having family members present while a child is receiving treatment.

“I’ll be honest with you, I wasn’t a firm believer in this when we first started doing it. I didn’t like it. I thought it would be distracting. I didn’t want anybody there second-guessing us,” Plumley admitted.

But he quickly came to appreciate the benefits of family presence, including the information and psychosocial support that parents can provide.

To help prepare staff for the presence of parents and other family members, Plumley encourages hospitals to run through possible scenarios during simulation training and drills.

“It wouldn’t hurt to do some scenarios, where you have the father who faints, the mother who’s screaming and yelling, the dad that wants to kick a hole in the wall and throw chairs — just, you know, to recognize someone who’s not dealing well and to have mechanisms in place to deal with it,” he said.

Plumley also recommends limiting the number of family members in the trauma room to one or two people, so staff members don’t feel overwhelmed.

In time, he wonders if family presence will become more common, not just in pediatric settings but in adult healthcare, too.

“A lot of things we’ve done in pediatric care, we have carried on into adult care. So would you let a wife be in the trauma room? Would you let a granddaughter be there with a grandma? I think it’s got potential across the board,” he said.





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