Protocol ESEnfC

PROTOCOL FOR FAMILY RECEPTION AND PREPARATION OF THE FIRST VISIT TO A PATIENT IN INTENSIVE CARE UNIT

Justification:

Health policy and research developments have recognized and highlighted new models of care that emphasize the patient's family's involvement in the care process. When the context is an intensive care unit, the guidelines consider that there must be a holistic incorporation of patients, family members and their "worlds of life".

The complexity of an ICU's clinical situation, unit structure, and technological sophistication require proper preparation of family members to visit and integrate with the patient. Thus, guidelines are to develop, on the one hand, standard simualtion scenarios intended to help professionals (especially the youngest) to develop their communication skills, in a secure environment, needs information about the family when 'a family member is hospitalized and on the other hand, debriefing with team members after experiments in which family members have been included or excluded from presence (Bell, 2016).

Aim:

Produce recommendations, based on the synthesis of the latest data, which guide and simplify the contact of health professionals with the patient's relatives criticism recently admitted to an intensive care unit for the first visit.

Methods:

Literature review, scientific articles published between 2015 and 2017 on a research in the EBSCOhost research databases (Collection Sciences of behaviour and psychology; CINAHL Plus with full text; MEDLINE with integral text; CINAHL) and LILACS, using descriptors and Boolean operators (OU) and (relations professional-family) AND (involvement of the family).

Protocol:

1. **Preparation:**

   The professional (skills)

   - For team work;

   - Communicational;

   - Deal with family members;

   - Posture that gives confidence (be optimistic, visual contact and expression of face) and reassure family members;

Preparation - information (data) to collect

- Data on the clinical situation of the person

- Missing data you want to collect from your family

- Policy on unit visits and articulation with the family (guidelines and written policies);

- Expectations or specific needs of the family (if possible)

- Articulation between professionals on the strategy to use, data to collect and information to be transmitted

Location / Environment

- reserved / ensuring effective dialogue;

- Comfortable without noise;

- Without "physical barriers", objects or furniture, which convey the message of professional family alienation.

Participants - The multi-professional team (nurse and doctor necessarily).

2. Process

Assess

- What information does the family already have about the patient and the unit?

- Expectations and needs of family members;

- Emotional manifestations, identify the foci of anxiety and fear;

- Previous experience with the ICU.

Report

- Professional presentation;

- Professional presents the clinical situation of the person (sufficient);

- Answer questions asked using a language: understandable (simple and clear terms), consistent and respectful of the culture;

- Uses open and honest communication (motivates, gives security, support and comfort);

- introduces the rules of unity on contact with family members;

- It presents the unity, the constraints and the potentialities:

o physical space;

o invasive technology;

o equipment and size of each unit;

Private life;

o Rules to be applied within the unit.

- Informs about the contact to have / develop with the familiar / patient.

This ensures the understanding of the message: this gives time for

to understand, this minimizes the divergences; visual contact dialog

Results

- Summary of the information transmitted

- Summary of collected data

- Plan with family members the strategy to use with the person; He is available and accompanies the members of the family

Descriptive document

Professional (skills)

The professional who will receive the family members before a first visit must have developed a set of capabilities to prepare people to understand and manage the admission of their family member to the ICU, minimizing the violence of the experience (making the experience less intimidating) (Carlson et al., 2015). Communication with family members, is the cornerstone of creating a significant relationship between the patient and his patient and the improvement of the experiences of patient and his family (Ellis, Gergen, Wohlgemuth, Nolan and Aslakson, 2016). Must integrate: regular communication between caregivers and the family; minimize discrepancies in care provided to the patient (between caregivers and between caregivers and families); delays erroneous information, care plans or worsening of the patient's prognosis. The process of communication with the family is a function of the nurse and allows to know, to defend, question, (Ellis, Gergen, Wohlgemuth, Nolan and Aslakson, 2016, Olding and al., 2016, Ahluwalia, Schreibeis-Baum, Prendergast, Reinke and Lorenz, 2016). Due to the demands of the activity to be developed, they will have to be professionals experienced. They can even identify themselves as a leader / expert in integrating family members into the unit or supervising younger nurses when they learn to deal with families, which can help decrease stress during the communication (Bell, 2016).

Preparation

Divergent information or contradictions put to family members a sense of insecurity in the clinical state and the care that the person receives. It is therefore important that family members receive accurate, sufficient and honest information and that there is open and common communication between professionals. It is essential that the critical care nurse can be able to identify needs family members and to demonstrate the appropriate forms of intervention for people in need of support (Kynoch, Chang, Coyer and McArdle, 2016).

Environment

The family members of ICU patients have various needs, especially in terms of comfort, tranquillity, information and proximity (Khalaila, R., 2014). It is therefore important that the family is received in a calm, reserved and comfortable environment where the possibilities of interruption are reduced.

Participants

At the reception and preparation of the family at the first visit of a newly admitted patient, it is important that at least the nurse and the doctor participating in order to respond to their information and support needs, as Current evidence suggests that the clinical condition of the patient is the most universal need, regardless of the level of education or culture of the family (Kynoch, Chang, Coyer and McArdle, 2016). Nurses act as advocates, provide information haring, translating, clarifying and reinforcing the information given to family members by the doctor. They collect data because of their relationship with the patient and family, they need to know what they are and what has happened to them. The parents feel comforted to ask personal questions or to convey information (Ahluwalia, Schreibeis-Baum, Prendergast, Reinke and Lorenz, 2016). The relationship established with family members depends on their expectations of availability and skill they attribute to professionals. It is therefore important to have an available, safe and competent participation that is conducive to a relationship of trust (Riley, White, Graham, & Alexandrov).

Process

Evaluate - Focusing the family's welcome on their information needs and their support is fundamental, which is well represented in the research results. Family members of ICU patients have varied needs, security, information and proximity being the most important, while comfort and support are the least important (Khalaila, R.). This manifests itself as a care recipient for different psychological, social and physical needs. From the first contact, it is important to identify and respond to the needs of family members as a prerequisite for building partnerships between families and caregivers (Olding, et al., 2016). From the first day of hospitalization, since admission, the inclusion of family members is fundamental (Jason, 2015). Family members are invited to provide data - trigger events, potential symptoms, patient information. It's an important moment to begin the inclusion of the family in the care process because, according to Jason (2015). When care progresses from initial assessment to diagnosis and treatment plan, family involvement in the team is different, and active participation becomes a relationship of courtesy and respect / exchange of information (Jason, 2015). Include intimately family members in the care plan; a practice focused on the needs of patients and their family members (Akroute, & Bondas, 2016).

Inform

Professionals greet family members by introducing themselves: name, category and indicate the reason for receipt (for example, is the professional responsible for providing

care to the patient that day). They question family members about the information they have about the clinical situation of the person. They confirm or supplement the information by using an understandable terminology, short sentences and unambiguous. Make sure they demonstrate readiness for dialogue and clarification of issues and doubts presented to them, thus creating an environment in which family members should feel that they are involved in this process. It is important that the professionals are coherent, which supposes a team work. Nurses are safe in the information they transmit but are powerless. Patients, their family members and staff are always present, but the ability to fully participate in meetings with family members is because they have contrary information compared to what has been communicated to them or even because there are very different goals of care (Ahluwalia, S., H. Schreibeis-Baum, T. Prendergast, L., L. & Lorenz, 2016). It presents the rules of the unit regarding visits (it provides written information): hours, flexible hours, number of visitors, type of visitors, telephone contacts, exceptional situations, ...

Prepare the family member (s) for entry into the unit:

- presents the physical structure of the unit (open space / individualized units / ...) in envisioning how environments can facilitate or prevent the participation of family members. It raises awareness of the effects of the sound and technological environment of the UCI, helping to anticipate the inhibition, fear or potential difficulty of the unit.

The involvement of family members is reduced by environmental issues and lack of time for professionals. The technical medical alarm equipment can be considered as frightening and unpleasant as the various professionals close to the patient, the connection to infusions and monitors focuses the family's attention, distanced them, causing fear and insecurity. Informs and cooperates with family members on the use of personal protection, hand hygiene and the preservation of the privacy of other hospitalized patients and / or their families. The professional observes what is familiar, ensures that the message has been understood, gives time to understand, repeats if necessary, minimizes the gaps. In the dialogue, there is a visual contact.

Results

Briefly summarize the information provided or the topics covered moment, as well as the most relevant aspects to be preserved, which will constitute an aspect determining the continuity of family-professional contacts because, often, the perception of unreality and confusion must be repeated and reinforced (Karlsson, Tisell, Engström & Andershed, 2011).

Bibliography

Ahluwalia, S., Schreibeis-Baum, H., Prendergast, T., Reinke, L.,& Lorenz, K. (2016). Nurses as intermediaries: how critical care nurses perceive their role in family meetings. *American Journal of Critical Care, 25*(1), 33-38.

Akroute, A., & Bondas, R., (2016). Critical care nurses and relatives of elderly patients in intensive care unit - ambivalent interaction. *Intensive and Critical Care Nursing 34*, 67—80.

Bell, L., (2016). Caring for Families and patients. *AJCC American Journal of Critical Care, 25*(1), p.51.

Carlson, E., Spain, D., Muhtadie, L., McDade-Montez, L., & Maciaca, K., (2015). Care and Caring in the ICU: Family Members' Distress and Perceptions about Staff Skills, Communication, and Emotional Support. *Journal of Critical Care, 30*(3): 557–561.

Ellis, L., Gergen, J., Wohlgemuth, L., Nolan, M., & Aslakson, R., (2016). Empowering the "cheerers": role of surgical intensive care unit nurses in enhancing family resilience. AJCC *American Journal of Critical Care, 25*(1), 39-45.

Garrouste-Orgeas, M., Willems, V., Timsit, J., Diaw, F., Brochon, S., Vesin, A., … & Misset, B., (2016). Opinions of families, staff, and patients about family participation in care in intensive care units. *Journal of Critical Care, 25*, 634–640.

Jason, R., (2015). Who is on the medical team?: Shifting the boundaries of belonging on the ICU. *Social Science & Medicine, 144*, 112-118.

Khalaila, R., (2014). Meeting the needs of patients' families in intensive care units. *Nursing Standard, 28*(43), 37-44.

Kynoch, K., Chang, A., Coyer, F. & McArdle, A. (2016). The effectiveness of interventions to meet family needs of critically ill patients in an adult intensive care unit: a systematic review update. *JBI Database of Systematic Reviews and Implementation Reports*. p. 179-232.

McConnell, B., & Moroney, T., (2015). Involving relatives in ICU patient care: critical care nursing challenges. *Journal of Clinical Nursing, 24*, 991-998.

Olding, M., McMillan, S., Reeves, S., Schmitt, M. & Puntillo, K. (2016). Patient and family involvement in adult critical and intensive care settings: a scoping review. *Health Expectations, 19*(6), 1183–1202.

Reeves, S., McMillan, S., Kachan, N., Paradis, E., Leslie, M., & Kitto, S., (2015). Interprofessional collaboration and family member involvement in intensive care units: emerging themes from a multi-sited ethnography. *Journal of Interprofissional Care. 29*(3), 230–237

Riley, B., White, J., Graham, S., & Alexandrov, A., (2014). Traditional/restrictive vs patient-centered intensive care unit visitation:perceptions of patients' family members, physicians, and nurses. *AJCC American Journal of Critical Care, 23*(4), 316-324.

Wong, P., Liamputtong, P., Koch, S., & Rawson, H., (2015). Families' experiences of their interactions with staff in an Australian intensive careunit (ICU): A qualitative study. *Intensive and Critical Care Nursing, 31*, 51-63.


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