



box 3-2 nursing interventions for *Care of the Family in Crisis*

- Guide the family in defining the current problem.
- Help the family identify its strengths and sources of support.
- Prepare the family for the critical care environment, especially regarding equipment and purposes of the equipment.
- Speak openly to the patient and the family about the critical illness.
- Demonstrate a concern about the current crisis and an ability to help with the initial relationship.
- Be realistic and honest about the situation, taking care not to give false reassurance.
- Convey feelings of hope and confidence in the family's ability to deal with the situation.
- Try to perceive the feelings that the crisis evokes in the family.
- Help the family identify and focus on feelings.
- Assist the family to determine the goals and steps to take in facing the crisis.
- Provide opportunities for the patient and the family to make choices and avoid powerlessness and hopelessness.
- Assist the family in finding ways to communicate with the patient.
- Encourage the family to help with the care of the patient.
- Discuss all issues as they relate to the patient's uniqueness, avoiding generalizations.
- Help the family to set short-term goals so that progress and positive changes can be seen.
- Ensure that the family receives information about all significant changes in the patient's condition.
- Advocate the adjustment of visiting hours to accommodate the needs of the family as permitted by the situation in the unit.
- Determine if there is space available in the hospital near the unit where the family can be alone and have privacy.
- Recognize the patient's and family's spirituality, and suggest the assistance of a spiritual advisor if there is a need.

therapeutic as possible. Nursing interventions should be designed to:

- Help the family learn from the crisis experience and move toward adaptation
- Regain a state of equilibrium
- Experience the normal (but painful) feelings associated with the crisis, to avoid delayed depression and allow for future emotional growth

Suggestions for nursing interventions with the family in crisis are outlined in Box 3-2. Considerations for the pediatric patient and the older patient are provided in Box 3-3 and Box 3-4, respectively.



box 3-3 *Providing Care for the Critically Ill Child*

- Provide parents with accurate, clear, honest, up-to-date information and explanations throughout treatment.
- Consistently involve the family in care and comfort of the pediatric patient.
- Involve the family actively in preparing the plan of care.
- Allow parents open visiting time as well as private time.
- Validate the positive behaviors observed in the parents during their care of the child.
- Respect the parent's right to make as well as change decisions about treatment options for the child.
- Demonstrate the commitment of the nurse to the care and comfort of the child.
- Expose the family to all the members of the health care team, especially when making decisions.

Visitation Advocacy

The use and provision of visiting hours has long been a disputed, misunderstood topic between the nurse and the family. Visiting hours in the CCU were restricted for many years, with the rationale that rest, quiet, and an undisturbed environment were all therapeutic nursing interventions. Families often interpreted these restrictions as being denied access to their loved ones.

As early as 1978, Dracup and Breu reported that satisfying the needs of the families of patients was improved by



box 3-4 *Providing Care for the Critically Ill Older Patient*

- Respect the dignity, intelligence, privacy, and maturity of the patient at all times.
- Maintain the patient's right to make decisions as long as possible.
- Avoid the use of paternalism in patient care.
- Integrate the physiological and cognitive changes of aging with the assessment and care of the patient.
- Allow the family to share in the care of their family member.
- Provide active participation and a sense of control for the patient and family.
- Ascertain that the patient remains the focus of care, and that interventions are performed for the good of the patient.
- Assess the impact that medical and nursing interventions play on quality of life and sense of well-being.
- Determine family burden.