

#LIVES2023: Ten Recommendations for Child-Friendly Visiting Policies



The debate over whether children and adolescents should be allowed to visit their sick family members in ICUs has persisted for years. Paediatric ICUs generally permit children's visits, but there are diverse policies for adult ICUs. In most cases, children's visits have more positive than negative effects, as they desire contact with their loved ones and can handle visits well with appropriate support. Such visits can help children better understand reality and maintain their relationships with family members. Hygiene measures can mitigate infection risk, but there are rare instances where visits may have negative effects, such as observing distressing patient conditions.

In 2022, the German Interdisciplinary Association of Critical Care and Emergency Medicine proposed a White Paper with ten recommendations for children visiting ICUs based on a consensus process involving various specialists. The aim is to promote a culture of family-centred care with child-friendly visiting policies:

Recommendation 1 emphasises the importance of an interprofessional team in planning children's visits to the ICU. This process involves patients (if conscious), parents, children, and clinicians coming to a mutual agreement for the visit. The healthcare team carefully plans the visit, documenting it as a daily goal and ensuring effective communication with the patient and their family.

Recommendation 2 underscores the importance of strengthening parental competencies. To prepare parents, they are provided with guidance, information, and opportunities for conversations to enhance their ability to perceive and respond to their children's needs in this challenging situation.

Recommendation 3 focuses on providing child-friendly information when children visit the ICU. The information should be adjusted to the children's cognitive and emotional development and supported by resources like booklets, videos, or brochures. It's encouraged for children to express their understanding of the situation, and all communication should be characterised by honesty, transparency, and appreciation of the children's contributions.

Recommendation 4 emphasises the need for thorough preparation, accompaniment, and follow-up for children's ICU visits. The visit is well-coordinated with everyone involved, and the patient and room are appropriately prepared. A designated person within the medical or care team oversees the entire visit. Children are given respect and support to engage in activities they feel comfortable with, such as touching the loved one, asking questions, chatting, or ending the visit when they wish.

Recommendation 5 emphasises the importance of offering psychosocial support for children's visits to the ICU. This support should be provided based on local availability and may include resources like psychologists, spiritual counsellors, or crisis intervention teams.

Recommendation 6 focuses on providing special support in palliative situations. When dealing with terminally ill patients or situations where the patient has passed away, clinicians should engage in open conversations with children about topics such as dying, death, and mourning. These discussions should occur at a level that allows children to express their thoughts and emotions, and clinicians with palliative care expertise should be involved.

Recommendation 7 emphasises the need to provide child-friendly support. A team member or psychosocial professional should facilitate a safe visit for children. They prepare and accompany the children during the visit and help arrange a follow-up appointment with the family to ensure their needs and experiences are properly addressed.

Recommendation 8 underscores the importance of creating a culture that supports children's visits to the ICU and addressing any barriers that may exist. Continuous training of the healthcare team and opportunities for critical reflection on existing practices are essential. Interprofessional leadership also involves considering and discussing potential insecurities and stress within the team, ensuring that all staff members are aligned to support children's visits in the ICU.

Recommendation 9 emphasises integrating quality and risk management into allowing children to visit the ICU. This involves proactive quality and risk management and structured quality control to ensure the successful implementation of such visits. Children's visits can be formally defined as part of a protocol, which helps determine the desired quality of the visit and establishes a clear process.

Recommendation 10 highlights the importance of documenting children's visits to the ICU and incorporating them into family rounds. Clinicians are encouraged to maintain comprehensive records of children's visits, including details about the decisions, planning, involvement of children and parents, and an evaluation of the visit in the patients' charts.

Source: [Intensive Care Medicine](#); [#LIVES2023](#)

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