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Pet Visitation Programmes in Critical Care: Positive Impact on Patient Outcomes

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Although empirical research is still limited and insufficient, there is increasingly more evidence that pets can have a positive emotional and physical impact on people, and in particular patients, through the human-animal bond. In this article, we will explore two particular experiences at different institutions where pet visitation programmes are encouraged, and talk about the sorts of guidelines necessary to ensure hygiene and patient safety. The most recent study in the acutely ill patient population was done using seventy- six hospitalised heart failure patients randomised to three groups:

- 1) Those left alone (at rest);
- 2) Those who received a human visitor; and,
- 3) Those visited by a therapeutic companion dog visit with dog lying on the bed.

The findings of the study clearly showed that only the third group of acutely ill patients, who each received a therapeutic visit from their family pet, experienced measurable physiological benefits, which included improved haemodynamics, decreased plasma epinephrine and decreased anxiety.

Pet Visitation Programmes Make a Difference

Baystate Medical Center in Springfield, Massachusetts (USA) has had a pet visitation programme in place in the medical-surgical ICU since 1995. In order to minimise infection control and safety, the infection control department was included in the development of the program. Proof of immunization, recent bathing with flea treatment and 24-hour notice are all required. While it can sometimes be a labour-intensive endeavour, staff feel that it is well worth the effort. Just two weeks after the completion of the organisation of the infrastructure for the programme, there was a request from a patient's family to have the patient's own pet visit. The family was surprised and quite pleased to hear that not only were pets permitted to visit in the ICU, but that there was a supportive programme in place. This was especially important since the patient, Mr. S., was very withdrawn and appeared to respond only to the pictures of his dog that were kept at the bedside.

Assessing the patient's mental status was difficult because the patient had both a previous psychiatric condition as well as a current neurological insult that was the reason for his ICU admission. "Ellie", his greyhound, began to visit daily and was received with a smile and a notable increase in Mr. S.'s cognitive awareness.

In addition, we found that we were able to talk to the patient through Ellie, even though he did not respond to our direct communication, which allowed us to more thoroughly assess his mental status. Both the nursing and medical staff embraced the intervention of pet visitation and enthusiastically incorporated the new therapy into their practice as evidenced by their support and acceptance of Ellie with each visit. After he was discharged from the ICU, Ellie continued to visit him regularly on the long-term respiratory unit. He completed the process of weaning from his ventilator support and was discharged home. Considering that Mr. S. was completely unresponsive to all nursing staff and significant others everyone except for Ellie, this reaction was quite powerful.

Pets Help Long-Term Critically Ill Patients

At Catholic Medical Center in Manchester, New Hampshire, it was recognised that long term critically ill patients often became depressed and lacked the motivation to participate in their care and journey back to wellness, despite improvement in their condition and active family involvement. There is evidence that depression can adversely affect the outcome of patient recovery, even to the point of increasing mortality risk.

A patient's stay in the ICU can sometimes be long, arduous, and monotonous and at times, a member of his or her family and that family, including a pet, best meets patient needs. Knowing that we needed to find creative ways to encourage these patients, animal assisted therapy was introduced into our ICU by Donna Proulx, a staff nurse, using the patient's own pets. During pet visits we have observed withdrawn patients become interactive and anxious patients become calmer. For others, seeing their beloved pets became a motivating factor to participate in their own care in order to get home again and care for their pet. Patients look forward to these visits and exhibit great joy when they see their pet walk into the room and lie in bed with them. This happiness permeates the unit and positively impacts the staff as well.

Conclusion

This doesn't mean that every ICU patient will get a pet visit. It means that if a pet is important to a patient we will try to bring them together. Certain guidelines are followed, such as consent, proof of immunisation, and recent bathing with flea treatment. Nevertheless, it is our belief that pet therapy is a minimal cost intervention

that can make a noticeable contribution to the well being of the critically ill patient.

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