

Outcome not affected by family presence during resuscitation

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(HealthDay)—There are no significant differences in outcomes or processes of care for U.S. hospitals with policies allowing for family presence during resuscitation (FPDR) compared with hospitals without this policy, according to a study published online March 24 in *Circulation: Cardiovascular Quality and Outcomes*.

Zachary D. Goldberger, M.D., from the University of Washington in Seattle, and colleagues examined the overall safety of FPDR policies and their impact on [resuscitation](#) care. An observational cohort study was conducted in 252 U.S. hospitals involving 41,568 adults with [cardiac arrest](#).

The researchers found that facility characteristics did not differ significantly for hospitals with versus those without an FPDR policy. There were also no significant differences between hospitals with versus

without FPDR policies in the return of spontaneous circulation (adjusted risk ratio, 1.02; 95 percent confidence interval, 0.95 to 1.06) or in survival to discharge (adjusted risk ratio, 1.05; 95 percent confidence interval, 0.95 to 1.15). A small, borderline decrease in the mean time to defibrillation was seen at hospitals with versus those without an FPDR policy (mean difference, 0.32 minutes). There was no meaningful difference between hospitals with and those without an FPDR policy in terms of resuscitation quality, interventions, and facility-reported potential resuscitation systems errors.

"Further study is warranted about the direct effect of FPDR attempts on adult patients with an in-[hospital](#) cardiac arrest and their families," the authors write.

More information: [Abstract](#)
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