

İNVAZİF GİRİŞİMLERDE AİLE BULUNMALI MI? EVET BULUNMALI



UZM. HEMŞ. DUYGU DEMİR

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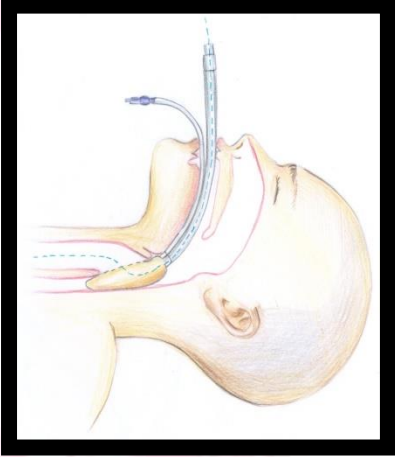
İNVAZİF GİRİŞİMLER

Çocuklarda

korku ve ağrıya

neden olan en önemli tıbbi
prosedürlerdendir.

UYGULANAN BAZI İNVAZİF GİRİŞİMLER



- Periferik IV kateter yerleştirme
- PICC veya arteriyel hat ekleme
- Üriner kateter yerleştirme
- Nazogastrik tüp yerleştirilmesi
- Endotrakeal aspirasyon
- Dren çıkarılması
- Lomber ponksiyon
- Göğüs tüpü çıkarılması/yerleştirilmesi
- Endotrakeal tüp entübasyonu/ekstübasyonu
- Santral venöz kateter yerleştirilmesi
- Kardiyopulmoner resüsitasyon

KORKU



AĞRI

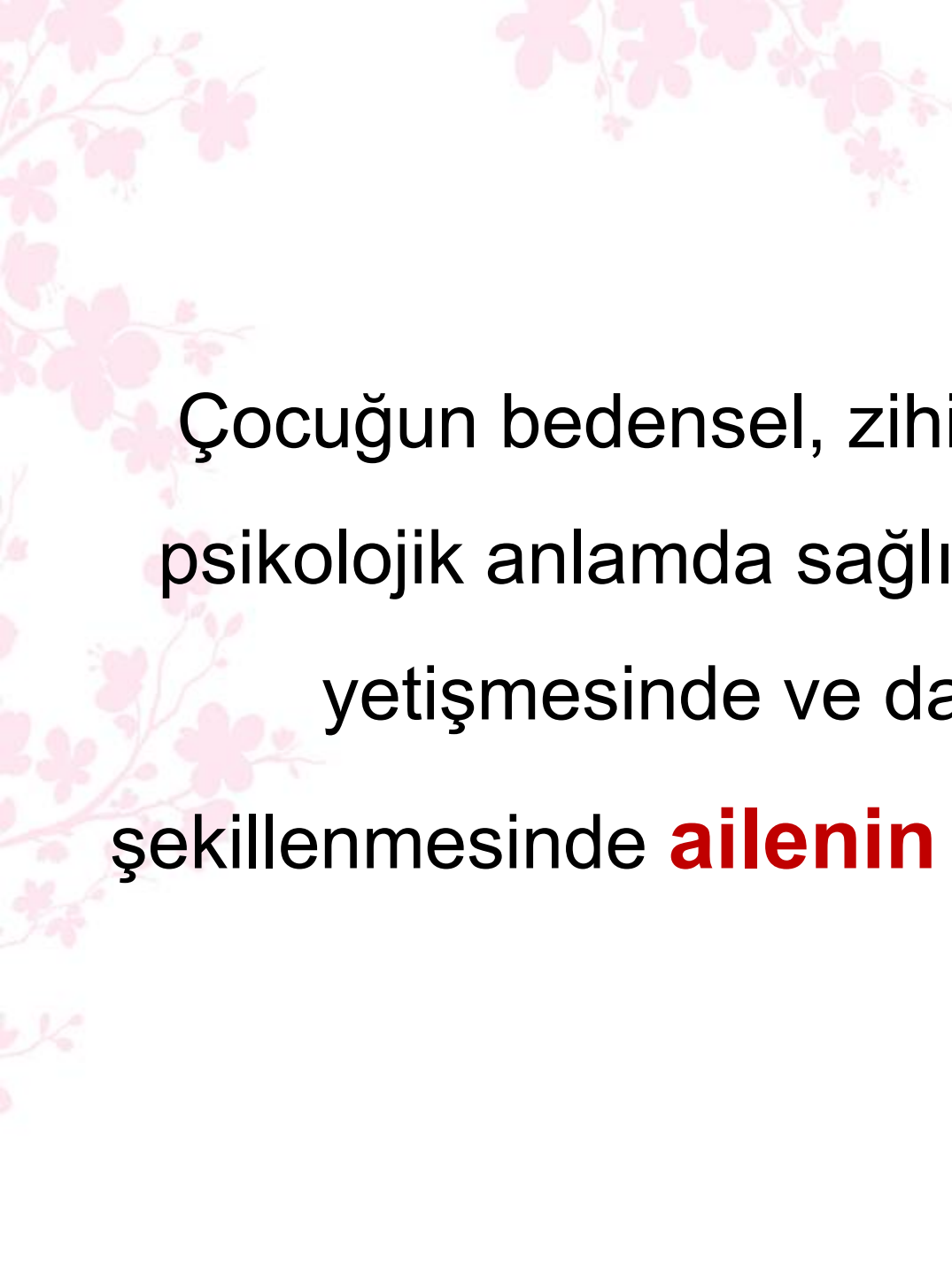
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AİLE

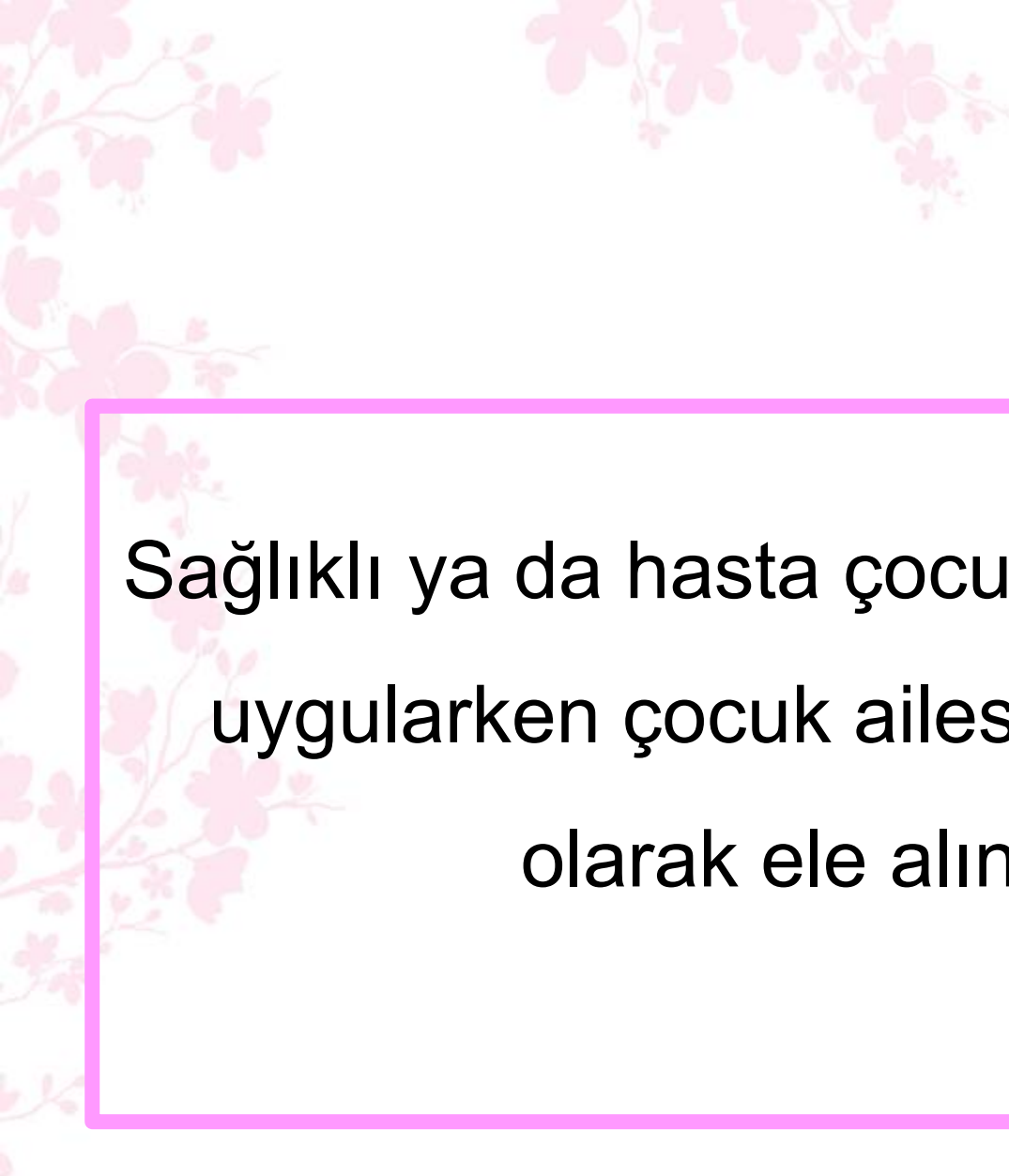
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Çocuğun Korkularını Azaltmak İçin

- İşleme hazırlanması
- İşleme dahil edilmesi
- Bireysel gereksinimlerinin dikkate alınması
- Emosyonel açıdan desteklenmesi
- Yaşına uygun yaklaşım sağlanması gerekir ve
- Ailesinden ayırmaktan kaçınılmalıdır

A decorative pink cherry blossom branch with small flowers and buds, extending from the top left corner towards the center of the slide.

Çocuğun bedensel, zihinsel, fizyolojik ve psikolojik anlamda sağlıklı bir birey olarak yetişmesinde ve davranışlarının şekillenmesinde **ailenin rolü** çok büyüktür.



Sağlıklı ya da hasta çocuğa bakım ve tedavi
uygularken çocuk ailesi ile **BÜTÜNCÜL**
olarak ele alınmalıdır.

AİLE KATILIMI

Çocuk/ Hasta ile fiziksel ve görsel iletişimin sağlanarak aile üyelerinin girişimler sırasında sevdiklerinin yanında bulunmasıdır.

AİLE KATILIMI

**AİLE MERKEZLİ BAKIMIN
TEMELİNDE YER ALIR**



Aile merkezli bakımın temeli, annelerin ve hastaneye yatan çocukların annelerinden ayrılmaya verdikleri tepkiler üzerine yapılan araştırmalara dayanmaktadır.

Anne yoksunluğu ve ayrılık anksiyetesinin;

>çocuğun iyileşmesini geciktirdiğini

>sonraki yaşamında kişilik ve ruh sağlığını etkilediğini gösteren

çalışmalar pediatrie **AİLE MERKEZLİ BAKIM**” ortaya çıkmasını

sağlamışlardır (Kuzlu TA. ve ark. 2011, Erdevi Ö. 2009)



❖ İlk 1950 yılında tanımlanmış olan bakım felsefesi yavaş yavaş uygulamaya girmiştir.

❖ Hemşire Florance Blake (1954) aileler ve hemşireler arasında çocukların bakım ve tedavisi ile ilgili yapılan işbirliğinin yararlı etkilerini ortaya koyan **ilk araştırmacıdır**

(APA 2003, [Harrison](#) TM.2010)

İnvazif İşlemler ve Resüsitasyon Sırasında Aile Varlığı

- Amerikan Pediatri Akademisi (APA; American Academy of Pediatrics)
- Acil Hemşireleri Derneği (The Emergency Nurses Association's)
- AmerikanKritik-Bakım Hemşireleri Derneği (The American Association of Critical-Care Nurses)
- Acil Tıp Teknisyenleri Ulusal Birliği (The National Association of Emergency Medical Technicians)
- Amerikan Acil Tıp Koleji (The American College of Emergency Physicians) onaylamıştır.

Amerikan Kalp Derneği (The American Heart Association) de 2000 yılında kardiyopulmoner resüsitasyon kılavuzlarında aile varlığını onaylamıştır.



AİLE

**ÇOCUK İÇİN BİRİNCİL GÜÇ VE
DESTEK KAYNAĞIDIR**

Çocukların **tamamı** ağırlı bir işlem sırasında ebeveynlerinin yanlarında bulunmasını istemişlerdir.

Çocukların ebeveynlerini yanlarında isteme nedenleri;

- ✓ Destek olması (%47.4)
- ✓ Kendini güvende hissetmesi (%22.7)
- ✓ Korkmamak (%14.2) ve
- ✓ Canının daha az acıması (%15.7)

(Tüfekci ve Erci 2007)

**EBEVEYNLER İŞLEM SIRASINDA
ÇOCUKLARINI DESTEKLEYEREK
RAHATLAMALARINI
VE
DİKKATİ BAŞKA YÖNE ÇEKMEYİ
SAĞLAYABİLİRLER**

- Sacchetti A. ve ark. 1996 yılında 96 aile ve 98 sağlık profesyoneli ile yaptığı araştırmada şu verilere ulaşılmıştır

YAPILAN İŞLEMLER

- İntravenöz kateterizasyon 91 kişi
- Lomber ponksiyon 23
- Üretral kateterizasyon 9
- Nazogastrik tüp yerleştirilmesi 1
- Entübasyon 1
- Resüsitasyon 1
- Yabancı cisim çıkarılması 1

AİLE VARLIĞI SONUCU ÇIKARIM LAR

Acil Servis Uygulamaları Sırasında Aile Varlığı	Ailelerin Görüşü %
İyi Fikir	93
Kötü Fikir	2
Fark Etmez	5

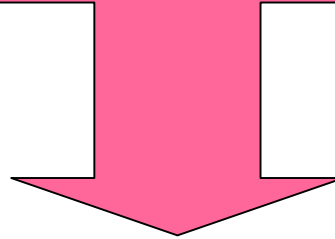
Çocuk sakinleşti	% 19
Aile başucunda destek oldu	% 31
Aile çocuğun dikkatini çekmekte yardımcı oldu	% 55

Boudreaux ve ark. 2002 yılında yaptıkları randomize kontrollü çalışmada;

- Ailelerin invazif prosedürler ve resüsitasyon sırasında çocuklarının yanında kalmayı tercih ettikleri
- Aile varlığında hem ailenin hem de çocuğun stresinin azaldığı verilerine ulaşılmıştır.



**AİLE ÜYELERİ İNVAZİF İŞLEMLERİ
NEGATİF ETKİLER Mİ?**



Effects of Family Presence During Resuscitation and Invasive Procedures in a Pediatric Emergency Department

Janice Mangurten, RN, CCRN, CEN, Shari H. Scott, RN, MS, LMFT, LPC, Cathie E. Guzzetta, RN, PhD, AHN-BC, FAAN, Angela P. Clark, RN, PhD, CNS, FAAN, FAHA, Lori Vinson, RN, Jenny Sperry, LMSW, Barry Hicks, MD, FACS, FAAP, Wayne Voelmeck, RN, PhD
Dallas and Austin, Tex, and Newark, Del

EBEVEYNLER	SAĞLIKÇILAR
Article Info Kendi çocuğuma yardımcı olduğumu hissettim.	Resüsitasyon sırasında aileler çocukları için her şeyin yapıldığını gördüler
Özellikle fiziksel temasta bulunmak çok önemliydi	Ebeveyn varlığında çocuk hakkında soru sorarak zamanında sağlık bilgileri sağlandı
Resüsitasyon tekrar bulunmayı seçerim (%100)	Ebeveyn varlığı çocukların sakinleşmesini sağladı
Bilinmeyen korkusunun hafiflediğini ifade etmişlerdir	Hasta bakımı kesintisiz oldu (%100)
3 ay sonra yapılan geri dönüşlerde ebeveynler travma yaşamadığını ifade etti	

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**Pediatric Acil
Serviste Aile Varlığı
Hasta Bakımını
Kesintiye
Uğratmamakta ve
Bakımı
Kolaylaştırmaktadır**

Family Members Do Not Disrupt Care When Present during Invasive Procedures

Alfred Sacchetti MD^{1,*}, Carrie Paston MD¹
and Carol Carraccio MD²

Article first published online: 8 JAN 2008

DOI: 10.1197/j.aem.2004.12.010

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Medicine

Issue



Academic Emergency
Medicine

Volume 12, Issue 5, pages
477–479, May 2005

SEARCH

In this issue

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Additional Information (Show)

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Abstract

References

Keywords:

family presence; invasive procedures; pediatric

Objective: To determine whether family members (FMs) remaining with pediatric patients during invasive procedures interfere with delivery of care. **Methods:** The authors conducted a prospective observational study of consecutive patients <18 years of age undergoing invasive procedures in the emergency department (ED) over a one-year period. Behaviors of FMs remaining during invasive procedures were recorded as any of six categorical descriptions (stood quietly, asked questions, soothed patient, helped restrain patient, interfered with care, other). All observations were made through direct observation by two study attending physicians on FMs of patients under their direct care, or during their supervision of resident care. **Results:** Fifty-four FMs were observed during the ED care of 37 patients [mean age 1.5 years (± 0.25), median age 0.4 years]. Invasive procedures included: lumbar puncture ($n=28$), endotracheal intubation ($n=5$), fracture reduction ($n=2$), shoulder reduction ($n=1$), and tube thoracostomy ($n=1$). Seventy-one FM activities were recorded: stood bedside, 22 (31%); soothed child, 21 (30%); asked questions, 11 (16%); helped restrain, 5 (7%); interfered with care, 2 (3%); and other, 10 (15%). The two "interfered with care" events were minor and did not significantly alter patient management. One mother experienced a near-syncope event standing during a lumbar puncture of her child and was seated without further incident. One mother stopped reduction of a shoulder dislocation because she felt the pain control was inadequate even though the child was deeply sedated with propofol. Expected patient behavior was described to the mother and reduction was completed. **Conclusions:** In this study, family members remaining with children during invasive procedures were not a risk for disruption of patient care.

Annelerin çocuk bakımına/tedavisine katılması;

- İkinci plana atılma
- Kontrolü kaybetme duygusu yaşamamalarını,
- Çocuklarını duygusal yönden destekleme fırsatı bulmalarını ve
- Hasta çocuğun bakımını öğrenmelerini sağlar

Böylece anksiyete düzeylerinin **düşmesini** sağlayabilir

(Kuzlu TA. ve ark. 2011).

Guzzetta ve ark. 2006

Giriřimler sırasında aile üyelerinin çocuęun yanında bulunması, çocukları için her řeyin yapıldıęını gözlemleyerek anksiyetelerinin azalmasını sağlar.



FAMILY PRESENCE DURING RESUSCITATION AND INVASIVE PROCEDURES IN PEDIATRIC CRITICAL CARE: A SYSTEMATIC REVIEW

By Sarah Smith McAlvin, RN, MSN, CPNP, CCRN, CPEN, and Aimee Carew-Lyons,
RN, MSN, CPNP, CCRN, NEBC, CPHQ

Bu çalışmalar aile
varlığının;

✓Ebeveyn
memnuniyetini
arttırdığı ve

✓Ebeveynlerin baş
etmelerini
güçlendirdiğini
belirtmektedir

(2014)

Background In pediatric critical care, family-centered care is a central theme that ensures holistic care of the patient and the patient's family. Parents expect and are encouraged to be involved in the care of their child throughout all phases of the child's illness. Family presence is generally accepted when the child's condition is stable; however, there is less consensus about family presence when the child becomes critically ill and requires resuscitation and/or invasive procedures.

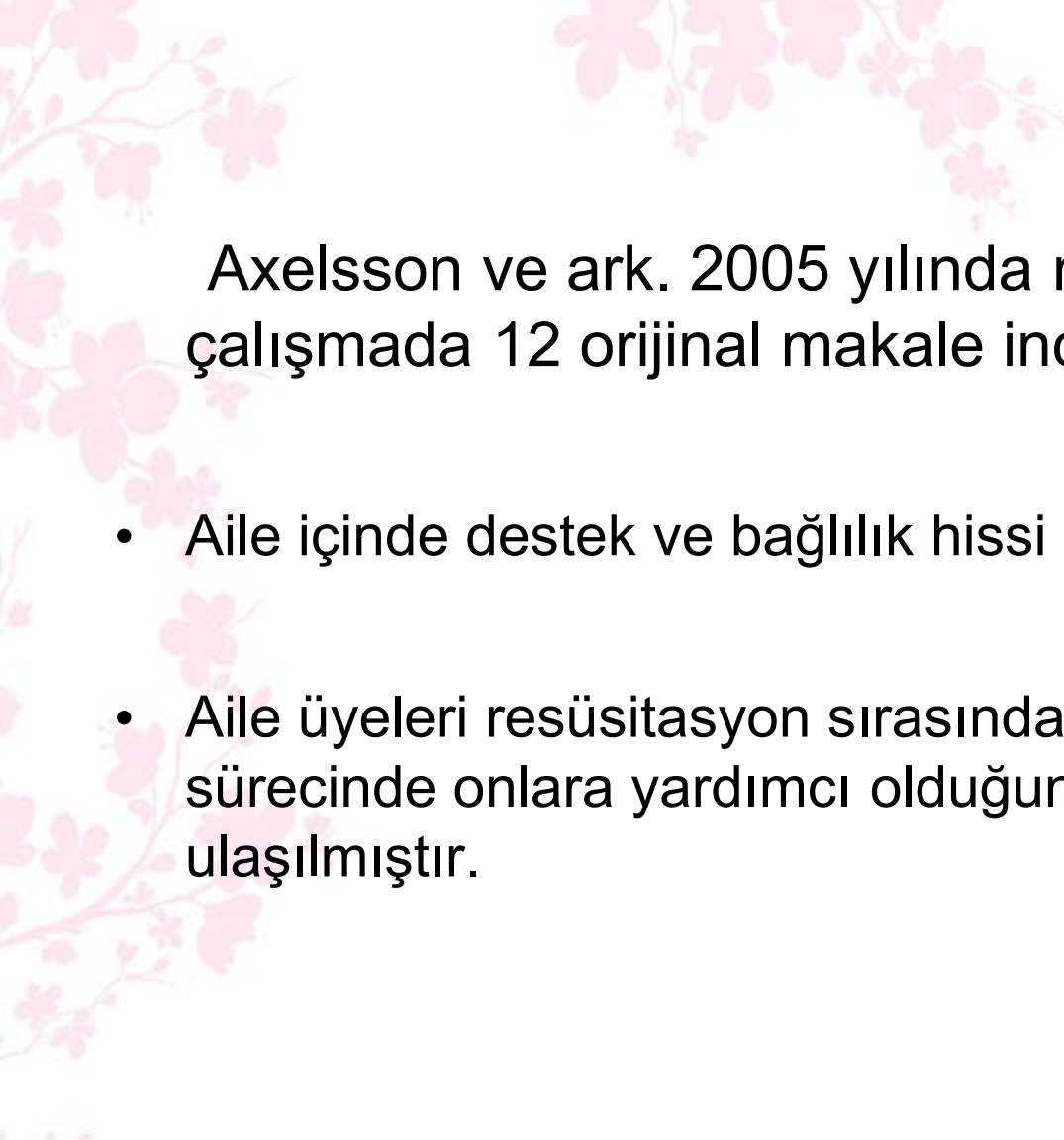
Methods The PRISMA model guided this systematic literature search of CINAHL, MEDLINE, Ovid, and PubMed for articles published between 1995 and 2012. Specific search terms used included *pediatric intensive care, parent presence, family presence, pediatrics, invasive procedures, and resuscitation*.

Results This literature search yielded 117 articles. Ninety-five abstracts were evaluated for relevance. Six articles met criteria and were included in this review. The findings indicate that parents want to be present during invasive procedures and

enrollees:

voice examination

our understanding of

A decorative pink cherry blossom branch with small flowers and buds, extending from the top left corner towards the center of the slide.

Axelsson ve ark. 2005 yılında randomize kontrollü çalışmada 12 orijinal makale incelenmiştir. Sonuçlar;

- Aile içinde destek ve bağlılık hissi geliştiğini ifade ettiği
- Aile üyeleri resüsitasyon sırasında bulunmanın kendi yas sürecinde onlara yardımcı olduğunu ifade ettiği verilerine ulaşılmıştır.

“Good And Bad Experiences Of Family Presence During Acute Care And Resuscitation. What Makes The Difference?

Parental presence during resuscitation in the PICU: the parents' experience

Sharing and surviving the resuscitation: a phenomenological study

Fiona JC Maxton

Article first published online: 12 NOV 2008

DOI: 10.1111/j.1365-2702.2008.02525.x

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Issue



Journal of Clinical Nursing

Special Issue: Children & Young Persons

Volume 17, Issue 23, pages 3168–3176, December 2008

EBEVEYN DENEYİMİ

Resüsitasyon sırasında destek **en deneyimli klinik hemşire** tarafından sağlandı.

Ebeveynler;

- ✓ Resüsitasyon sırasında çocukları için her şeyin yapıldığını gördükleri için şüphenin azaldığını
- ✓ Çocukları için karar verme ve savunucusu olarak katılmanın mümkün olduğunu
- ✓ Resüsitasyon sırasında kendilerini ölüme değil çocuklarının iyileşmesine odakladıklarını
- ✓ Resüsitasyon çabalarına rağmen herhangi bir travma yaşamadıklarını
- ✓ Resüsitasyon sırasında hemşirelerin kendilerine destek olduklarını belirtmişlerdir.

Bu Yeni Rol Hemşirelere Ebeveynlerin **Olumlu Bir Bakış** Açısı Geliştirmesini Sağlamıştır.



**AİLE VARLIĞI
GÜÇLÜ BİR ANALJEZİKTİR**

Breastfeeding Medicine

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Breastfeeding or Breastmilk to Alleviate Procedural Pain in Neonates: A Systematic Review

To cite this article:

Prakesh S. Shah, Lucia Aliwalas, and Vibhuti Shah. Breastfeeding Medicine. June 2007, 2(2): 74-82.
doi:10.1089/bfm.2006.0031.

Published in Volume: 2 Issue 2: June 5, 2007

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Lucia Aliwalas

Department of Paediatrics, Mount Sinai Hospital, Toronto, Ontario, Canada.

Vibhuti Shah

Department of Paediatrics, Mount Sinai Hospital, Toronto, Ontario, Canada.

ABSTRACT

Objectives: To (1) compare breast

Methods: Systematic review and meta-analysis of breast

Results: Eleven eligible studies were included. Breastfeeding

Conclusions: If available, breastfeeding or breastmilk

EMZİRMENİN VE ANNE
SÜTÜNÜN YENİDOĞANLARDA
İŞLEMSEL AĞRIYI VE STRESİ
AZALTTIĞI GÖRÜLMÜŞTÜR

Savaşer (2000); Yenidoğanda topuktan kan alınması sırasında oluşan rahatsızlığı azaltmada anne kucağının etkisi

Çalışma grubu N=36



Anne Kucağında Emzik

Kontrol Grubu N=34



Yatağında Emzik

Çalışma grubundaki yenidoğanların ağrı puan ortalamalarının kontrol grubuna göre **anlamli derecede düşük** bulunduğu bildirilmiştir.

Article

Analgesic effects of skin-to-skin contact and breastfeeding in procedural pain in healthy term neonates

F Okan A Ozdil A Bulbul Zuhal Yapici A Nuhoglu

Department of Pediatrics, Sisli Children's Hospital, Istanbul.

Annals of Tropical Paediatrics International Child Health (Impact Factor: 1.17), 06/2010;

30(2):119-28. DOI: 10.1179/146532810X12703902516121

Source: PubMed

ABSTRACT

The effectiveness of skin-to-skin contact to decrease pain from heel-lancing in healthy term neonates and whether breastfeeding in addition to skin-to-skin contact provided a more effective analgesia than skin-to-skin contact alone were investigated.

A randomised, controlled trial was conducted in 107 neonates undergoing heel-lance. Infants were randomly assigned to three groups: (i) being held in their mother's arms, (ii) being held in their mother's arms and breastfeeding, or (iii) lying on the table before the procedure. Responses to pain were measured by physiological and behavioural responses. Responses were measured by physiological and behavioural responses. Infants had a mean (SD) birth weight of 3.4 (0.4) kg. At the time of the procedure, no significant difference between the groups was found for heart rate, oxygen saturation, crying time, or grimacing. Compared with group 3 ($p < 0.05$), grimacing was less in group 1. In healthy term neonates, skin-to-skin contact reduce both physiological and behavioural pain response. Breastfeeding in the first 2 postnatal days with skin-to-skin contact did not increase the analgesic effect of skin-to-skin contact alone.

SAĞLIKLI YENİDOĞANLARDA
TEN TENE TEMAS VE
EMZİRMENİN İŞLEMSEL
AĞRIYI AZALTTIĞI
BİLDİRİLMİŞTİR.

Database Title

The Cochrane Library

Published Online: 23 JAN 2014

Assessed as up-to-date: 16 MAY 2013

DOI: 10.1002/14651858.CD008435.pub2

Abstract

Jump to...

Background

Skin-to-skin care (SSC), otherwise known as Kangaroo Care (KC) due to its similarity with marsupial behaviour of ventral maternal-infant contact, is one non-pharmacological intervention for pain control in infants.

Objectives

The primary objectives were to determine the effect of SSC alone on pain from medical or nursing procedures in neonates undergoing painful procedures compared to no intervention, sucrose or other analgesics, or additions to simple SSC such as rocking; and the effects of the amount of SSC (duration in minutes) and the method of administration (who provided the SSC, positioning of caregiver and neonate pair).

The secondary objectives were to determine the incidence of untoward effects of SSC and to compare the SSC effect in different postmenstrual age subgroups of infants.

Search methods

The standard methods of the Cochrane Neonatal Group were used to search the Cochrane Central Register of Controlled Trials (CENTRAL) (1987 onwards); PubMed (1975 onwards); EMBASE (1975 onwards); ISI/BIOMED (1975 onwards); database (1982 onwards); SCIELO database (1982 onwards); and the Cochrane Injuries Review Group International (1980 onwards). Searches were conducted in the following languages: English, Spanish, French, German, Italian, Portuguese, and Dutch.

Selection criteria

Studies with randomisation or quasi-randomisation
age (PMA)) to a maximum of 44 weeks PMA and p
conducted by doctors, nurses, or other healthcare

Data collection and analysis

The main outcome measures were physiological o (WMD) with 95% confidence interval (CI) using a fi variations on type of tissue-damaging procedure. p

Main results

Nineteen studies (n = 1594 infants) were included. Venepuncture and heel stick (n = 50), two used intr were generally strong and free from bias.

Eleven studies (n = 1363) compared SSC alone to a no-treatment control. Although 11 studies measured heart rate during painful procedures, data from only four studies (n = 121) could be combined to give a mean difference (MD) of 0.35 beats per minute (95% CI -6.01

Ten Tene Temasın;
Hem Fizyolojik Hem De Davranışsal
Göstergelerde Olmak Üzere Topuktan
Kan Alımı Sırasında **Ağrıyı**
Azaltmada Etkili Bir İşlem Olduğu
Belirtilmiştir.

The effect of kangaroo care on pain in premature infants during invasive procedures

Esma Akcan¹, Rana Yiğit², Aytuğ Atıcı³

¹Bozok University School for Health Sciences, Yozgat, ²School for Health Sciences, and ³Department of Pediatrics, Mersin University Faculty of Medicine, Mersin, Turkey

Prematüre
Yenidoğanlarda
Kanguru
Bakımının
İnvazif İşlemler
Sırasında
Oluşan **Ağrıyı**
Azalttığı
Bildirilmiştir.

SUMMARY: Akcan E, Yiğit R, Atıcı A. The effect of kangaroo care on pain in premature infants during invasive procedures. Turk J Pediatr 2009; 51: 14-18.

The aim of this study was to evaluate the effect of kangaroo care (KC), implemented by mothers, on pain in preterm infants before, during and after an invasive procedure.

A total of 50 premature infants (25 in KC group, 25 in control group) were included in this comparative, randomized, controlled study. Gestational and postnatal ages of the infants were between 26-36 weeks and 0-28 days, respectively. Infants with congenital abnormalities or sepsis and those who needed mechanical ventilation or surgical intervention were not included in the study. None of the infants received narcotic analgesics. Behavioral and physiologic responses to pain were recorded and Premature Infant Pain Profile (PIPP) was used to evaluate the severity of pain. Collected data was evaluated using SPSS for Windows 11.5 program.

Premature Infant Pain Profile scores were significantly lower at each measurement during or soon after the invasive procedure in infants in the KC group compared to controls.

In conclusion, KC starting 30 minutes before and continuing 10 minutes after an invasive procedure was found to be effective in decreasing pain during and after the invasive procedure in premature infants.

Key words: kangaroo care, newborn, pain, premature infant pain profile, preterm.

Pain relief effect of breast feeding and music therapy during heel lance for healthy-term neonates in China: A randomized controlled trial

Jiemin Zhu, MSc, RN (Assistant Professor)✉, He Hong-Gu, PhD, RN, MD (Assistant Professor)✉, Xiuzhu Zhou, BSc, RN (Head Nurse)✉, Haixia Wei, BSc (Nursing) Programme Year 4 student✉, Yaru Gao, BSc (Nursing) Programme Year 4 student✉, Benlan Ye, PhD (Professor and Head)✉, Zuguo Liu, PhD, MD (Professor and Dean)✉✉, Sally Wai-Chi Chan, PhD, RN (Professor and Head)✉

ber 1, 2014; Published Online:

Objectives

to test the effectiveness of breast feeding (BF), music therapy (MT), and combined breast feeding and music therapy (BF+MT) on pain relief in healthy-term neonates during heel lance.

Design

randomised controlled trial.

Setting

in the postpartum unit of one university-affiliated hospital in China from August 2013 to February 2014.

Participants

among 288 healthy-term neonates recruited, 250 completed the trial. All neonates were undergoing heel lancing for metabolic screening, were breast fed, and had not been fed for the previous 30 minutes.

Interventions

all participants were randomly assigned into four groups – BF, MT, BF+MT, and no intervention – with 72 neonates in each group. Neonates in the control group received routine care. Neonates in the other three intervention groups received corresponding interventions five minutes before the heel lancing and throughout the whole procedure.

Measurements

Neonatal Infant Pain Scale (NIPS), latency to first cry, and duration of first crying.

Findings

mean changes in NIPS scores from baseline over time was dependent on the interventions given. Neonates in the BF and combined BF+MT groups had significantly longer latency to first cry, shorter duration of first crying, and lower pain mean score during and one minute after heel lance, compared to the other two groups. No significant difference in pain response was found between BF groups with or without music therapy. The MT group did not achieve a significantly reduced pain response in all outcome measures.

Conclusions

BF could significantly reduce pain response in healthy-term neonates during heel lance. MT did not enhance the effect of pain relief of BF.

Emzirmek
topuktan kan
alımı sırasında
yenidoğanların
ağrısını tek
başına
azaltabilen bir
yöntemdir

Effectiveness and Tolerability of Pharmacologic and Combined Interventions for Reducing Injection Pain During Routine Childhood Immunizations: Systematic Review and Meta-Analyses

Vibhuti Shah, MD, FRCP, MSc^{1,2}; Anna Taddio, MSc, PhD, RPh^{3,4}; and Michael J. Rieder, MD, PhD, FRCPC, FRCP (Gla

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Practice, Leslie Dan Faculty of Pharmacy, University of
Evaluative Sciences, The Hospital for Sick Children, Toron
Paediatrics, Physiology and Pharmacology & Medicine,
of Western Ontario, London, Ontario, Canada

ABSTRACT

Background: Immunization is the most common cause of iatrogenic pain in childhood. Despite the availability of various analgesics to manage vaccine injection pain, they have not been incorporated into clinical practice. To date, no systematic review has been published on the effectiveness of pharmacologic and combined interventions for reducing injection pain.

infants and children, evaluated topical local anesthetics. In a meta-analysis of 7 trials, including 276 children, child self-reported pain ratings were lower in children

$P = 0.04$). The use of topical local anesthetics was as-

Rutin Aşı Sırasında
Enjeksiyon Ağrısını
Azaltmak İçin

EMZİRMEK

Conclusion: Topical local anesthetics, sweet-tasting solutions, and combined analgesic interventions, including **breastfeeding**, were associated with reduced pain during childhood immunizations and should be recommended for use in clinical practice.

Brief Report: Maternal Kangaroo Care for Neonatal Pain Relief: A Systematic Narrative Review

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¹School of Nursing, University of British Columbia, ²Child and Family Research Institute, Early Human Experience Research Unit, ³University of Sao Paulo at Ribeirao Preto College of Nursing, and ⁴Department of Statistics, University of British Columbia

Objective To appraise critically and to synthesize existing Maternal Kangaroo Care (MKC) intervention studies for neonatal procedural pain. **Methods** Four electronic databases were systematically searched and eligible studies selected by two independent reviewers. Of 93 abstracts, 12 studies met the inclusion criteria. Findings were extracted and methodology assessed based on best-synthesis methodology.

Results There is evidence that MKC can significantly reduce pain from a single pain procedure in full-term infants and stable preterm infants (>26 weeks GA). All 12 MKC studies reported significant reduction in pain behavior but measures of heart rate varied. However, current approaches to data analysis cannot tell us of the magnitude of treatment effects. **Conclusions** Future studies need to clearly define their intervention, provide a guiding framework, explain their study methods and analyses and report effect sizes. This will help strengthen validity of the intervention and support recommendations for clinical application.

Kanguru Bakımının Term ve Preterm
Yenidoğanlarda İşlemsel Ağrıyı
Azalttığı Bildirilmiştir

their vulnerability to noxious stimulation (Frank et al., 2000; Gunnar & Quevedo, 2007). During periods of

et al., 2005) although mechanisms underlying the intervention remain unclear. It is thought that kangaroo pos-

stic, multilevel intervention, breastfeeding, dis-
t al., 2005). The modality
when it was discovered
at vertically between the
clothing (kangaroo pos-
of premature infants.
been reported (Charpak

EĞİTİM

Resüsitasyon ve invazif girişimler sırasında aile katılımına yönelik gelişmiş iletişim ve yardım desteği sağlamak amacıyla sağlık personelinin hazırlamak için mutlaka gereklidir (APA 2015)

Parent Presence during Invasive Procedures and Resuscitation

Evaluating a Clinical Practice Change

Martha A. Q. Curley^{1,2}, Elaine C. Meyer^{1,3,4}, Lisa A. Scoppettuolo⁵, Elizabeth A. McGann¹, Bethany P. Trainor¹, Christine M. Rachwal¹, and Patricia A. Hickey¹

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Sections:

ABSTRACT

Rationale: Parent presence during invasive procedures and/or resuscitation is a relatively underdeveloped and controversial practice. Much of the concern stems from the apprehension of the medical community.

Objectives: To evaluate whether implementation of formal practice guidelines and corresponding interprofessional education would improve clinicians' sense of preparation and comfort in providing parents with options during their child's procedures.

Methods: Multiphase pre-post survey of (1) clinician perceptions and (2) practice from the perspective of clinicians and parents experiencing the same procedure. Data were collected over 4 years from a cardiovascular and critical care program in one U.S. children's hospital.

Measurements and Main Results: More than 70% of clinicians participated in the perception surveys (n = 782) and 538 clinicians and 274 parents participated in the practice surveys. After the intervention, clinicians reported that parents were present during more invasive procedures and reported higher levels of comfort with the practice of providing options to parents during resuscitative events. Levels of comfort were higher in clinicians who had practiced skills in a simulated learning environment. During both phases, few clinicians reported that parent presence affected their

SİMÜLASYON
DESTEKLİ
VE
UYGULAMA
KILAVUZLARI İLE
YAPILAN EĞİTİMLER



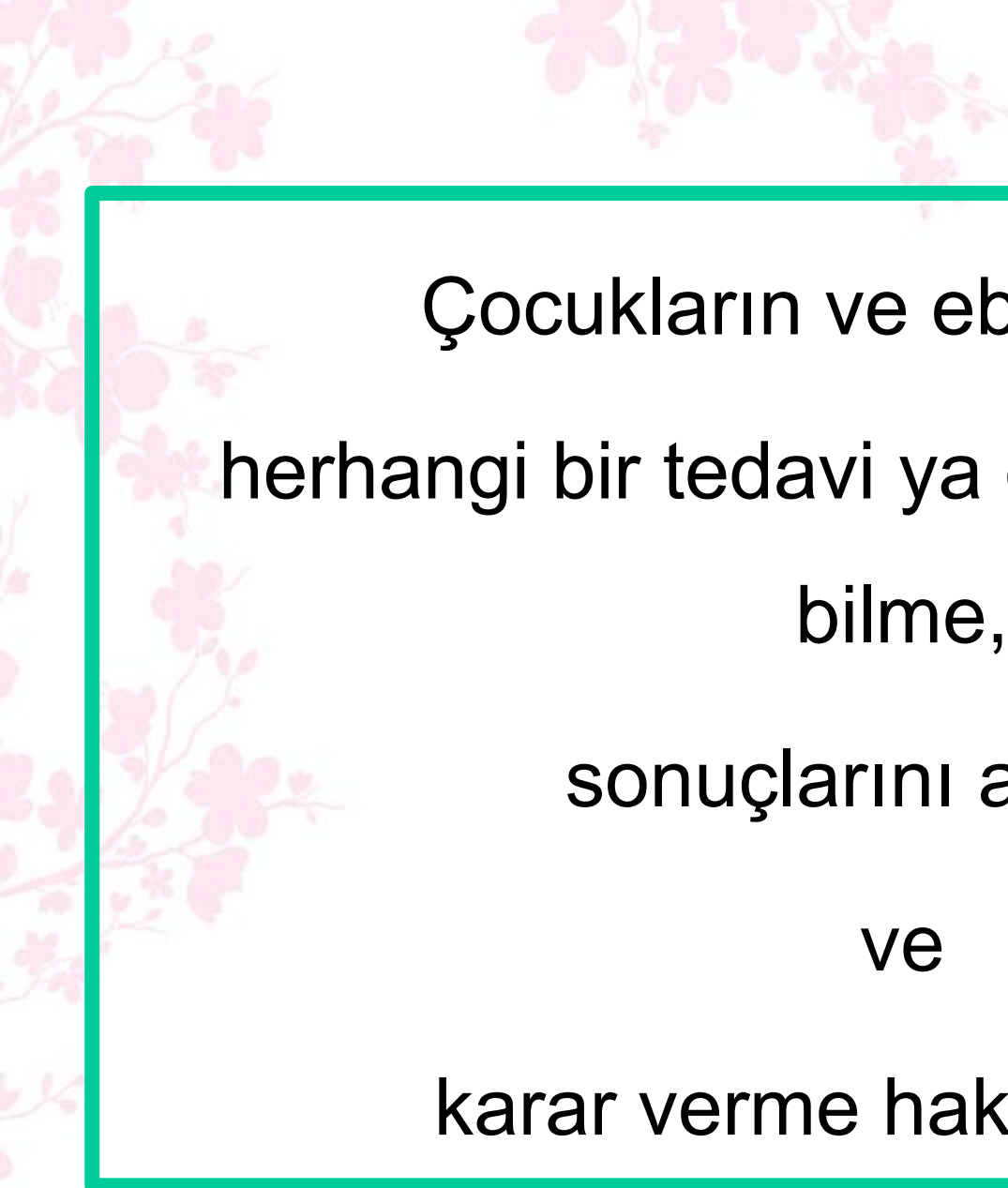
Klinisyenlerin algıları üzerinde pozitif yönde değişimler olmuş;

✓ *invazif işlemler ve resüsitasyon sırasında aile katılımını desteklemişler*

✓ *İşlemler sırasında aileler ile iletişim becerilerinin arttığını ve zorlu sağlık konuşmaları sırasında anksiyetelerinin azaldığını ifade etmişlerdir.*



EBEVEYN VARLIĞI HASTA HAKKIDIR

A decorative pink cherry blossom branch with small flowers and buds, extending from the top left corner towards the center of the slide.

Çocukların ve ebeveynlerin
herhangi bir tedavi ya da cerrahi işlemi
bilme,
sonuçlarını anlama
ve
karar verme hakları vardır.

Tüfekci ve Erci 2007

Sağlık çalışanlarının çoğunluğunun ağırlı bir işlem sırasında çocuklarının yanında bulunma **hakkı** olduğu düşüncesi ile ebeveynlerin bulunmasına izin verdikleri saptanmıştır



Forster ve ark. 2002

Aile üyesi varlığı

çocuk ve aile memnuniyetini artırarak

malpraktis dava oranlarını

azaltabilir

Boie ve ark.'larının 1999 yılında 400 ebeveyn ile yaptıkları çalışmasında ailelere girişimler sırasında çocuklarının yanında bulunmak isteyip-istemedikleri sorulmuş

Yeniden canlandırma gibi yoğun girişimsel işlemlerin yapıldığı bir durumda bile aile üyelerinin **%80'i** çocuklarının yanında bulunmak istediklerini belirtmişlerdir

ARTICLE

Experience of Families During Cardiopulmonary Resuscitation in a Pediatric Intensive Care Unit

Cynthia Tinsley, MD^a, J. Brandon Hill, MD^a, Jason Shah, MD, MPH^a, Grenith Zimmerman, PhD^b, Michele Wilson, MS, RN^c, Kiti Freier, PhD^d, Shameel Abd-Allah, MD^a

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What's Known on This Subject

Allowing families to be present during CPR is controversial. Studies to date have asked parents to speculate whether they would want to be present for CPR, and most believe that they would want to stay.

ABSTRACT

OBJECTIVES. Having parents present during cardiopulmonary resuscitation is a common practice in pediatrics. This study aimed to determine the effects of their presence during the resuscitation efforts of their child and whether

www.pediatrics.org/cgi/doi/10.1542/peds.2007.3650

- ✓ Tüm aileler CPR sırasında bulunma seçeneği verilmesi gerektiğine inandıklarını belirtmişler
- ✓ Sağlıkçılar ailelerin isteklerine karşı duyarlı olmalı ve CPR sırasında bulunmaları için izin vermelidir

believed that touching their child brought comfort, 29% (6 of 21) felt scared during cardiopulmonary resuscitation, 71% (15 of 21) believed that their presence comforted

American Academy of Pediatrics

CPR SIRASINDA AİLE
VARLIĞININ GEREKLİ
OLDUĞUNU
BİLDİRMİŞLERDİR

**AİLE KATILIMININ İSTENDİK DÜZEYDE
UYGULANABİLMESİ İÇİN KURUM İÇİNDE
YAZILI POLİTİKALAR VE KURALLAR
DÜZENLENMESİ GEREKLİDİR**

FAMILY PRESENCE DURING CARDIOPULMONARY RESUSCITATION AND INVASIVE PROCEDURES: PRACTICES OF CRITICAL CARE AND EMERGENCY NURSES

By Susan L. MacLean, RN, PhD, Cathie E. Guzzetta, RN, PhD, HNC, Cheri White, RN, PhD, CCRN, Dorrie Fontaine, RN, DNSc, Dezra J. Eichhorn, RN, MS, CNS, PMHNP, Theresa A. Meyers, RN, BSN, CCRN, and Pierre Désy, BSc. From Emergency Nurses Association, Des Plaines, Ill (SLM, PD), Holistic Nursing Consultants and Children's Medical Center of Dallas, Dallas, Tex (CEG), Sutter Roseville Medical Center, Roseville, Calif (CW), School of Nursing, University of California, San Francisco, Calif (DF), North Arkansas Human Services System, Batesville, Ark (DJE), and Memorial Hospital, Colorado Springs, Colo (TAM).

- **BACKGROUND** Increasingly, patients' families are remaining with them during cardiopulmonary resuscitation and invasive procedures, but this practice remains controversial and little is known about the practices of critical care and emergency nurses related to family presence.
- **OBJECTIVE** To identify the policies, preferences, and practices of critical care and emergency nurses for having patients' families present during resuscitation and invasive procedures.
- **METHODS** A 30-item survey was mailed to a random sample of 1500 members of the American Association of Critical-Care Nurses and 1500 members of the Emergency Nurses Association.
- **RESULTS** Among the 984 respondents, 5% worked on units with written policies allowing family presence during both resuscitation and invasive procedures and 45% and 51%, respectively, worked on units that allowed it without written policies during resuscitation or during invasive procedures. Some respondents preferred written policies allowing family presence (37% for resuscitation, 35% for invasive procedures), whereas others preferred unwritten policies allowing it (39% for resuscitation, 41% for invasive procedures). Many respondents had taken family members to the bedside (36% for resuscitation, 44% for

Resüsitasyon ve invaziv işlemler sırasında aile varlığı için
YAZILI POLİTİKALAR VE KURALLAR oluşturulması
tavsiye edilir.

SONUÇ OLARAK AİLE KATILIMI



- ✓ Çocuk ve ailenin anksiyete düzeyini azaltır
- ✓ Çocuk için duygusal destek sağlar
- ✓ Çocuk ve ailenin memnuniyetini artırır
- ✓ Çocuğun aile ile bağlılığını sürdürmesini sağlar
- ✓ Çocuğun güven duygusunun zedelenmesini önler
- ✓ Çocuğun işlem sırasında ağrısının azalmasını sağlar
- ✓ Çocuk-aile ve sağlık ekibi üyeleri arasında sağlıklı bir iletişim sağlar
- ✓ Ailenin keder sürecini daha kolay atlatmasını sağlar
- ✓ Bilinmezlik korkusunu azaltarak şüphe duygusunu ortadan kaldırır
- ✓ Ailelerin resüsitasyon ve invazif girişimler hakkında kararlara katılabilmesini sağlar
- ✓ Program ve politikaların gelişimini destekler ve savunuculuğu artırır

ÖNERİLER

- Çocuk gibi özel hasta grubu için ailenin yeri çok önemlidir
- Sunulan hizmetin niteliğinin artması açısından AİLE KATILIMI çok önemlidir
- İnvazif girişimler sırasında aile katılımına yönelik yazılı politikalar oluşturulması sağlık çalışanları arasında ortak dil oluşturulmasını ve sürecin daha iyi çalışmasını sağlar.



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