

The sudden and unexpected deterioration of a child is an unimaginable situation for families. Supporting and communicating with parents is an essential part of caring for the whole family at this difficult time. This involves the whole team, but should include an experienced member of staff dedicated to the task without the risk of being called away.

Make sure you know the child's name, and if possible, the parents'. Explain that their child is being resuscitated, and if they're not already in the room, offer the opportunity to be with them. Explain that they can go in and out at any time and that you will stay with them throughout.

It may be necessary to take a brief clinical history. Reassure them that a senior doctor will provide an update on their child as soon as possible. Describe briefly what they will see and hear, avoiding the use of medical terminology. You might say:

'There are a lot of people treating Dillon and it is very noisy. The team are using equipment to breathe for him, and are doing chest compressions as his heart has stopped beating. Dillon is attached to lots of lines and has a drip in his arm to give him medicines.'

Although staff may be apprehensive about having family present during resuscitation, it has not been shown to adversely affect clinical care. Family-witnessed resuscitation can offer comfort both to the child and their parents.

If possible, encourage parents to sit close enough to touch and talk to their child. Offer explanations about what the team are doing. It is important not to be overly optimistic and instead be honest with families. In some cases, despite all best efforts, resuscitation will be unsuccessful.

Being at the bedside allows families to see that everything possible has been done. It can also help with the grieving process if the resuscitation is not successful. Discuss ceasing the resuscitation attempt amongst your team in a calm, quiet manner. This should not be hidden from the family, nor should it be announced with no regard for their presence.

Talk to the parents about the intention to stop the resuscitation while cardio-pulmonary resuscitation (or CPR) is ongoing. It is important that they do not feel as though you are asking them if you should stop your medical efforts. Be clear and direct with the family:

‘We’ve been trying to restart Dillon’s heart for a long period of time. We’ve done everything we can, but it’s not worked. We need to think about what is best for Dillon. It’s time to stop now.’

Once the family have been informed, members of the team who do not have an ongoing role should leave quietly. Support parents to maintain touch and continue to talk to their child while CPR stops. It may then be possible to stop respiratory support in the parents’ arms if they wish.

Clearly, and without using euphemisms, inform parents that their child has died. Ensure the family have a quiet room where they can spend time with their child, with support where possible from staff that are familiar to them. Spiritual care needs and wishes should be accommodated.

Consider the possibility of tissue donation and involve the specialist donation teams where appropriate. Introduce opportunities for memory-making and the option to leave a favourite teddy or blanket with their child. Provide families with both verbal and written information, including a point of contact.

If the police and Procurator Fiscal need to be involved, certain restrictions on what happens to the child’s body and belongings after death may be necessary. If this is the case, explain to the family that you are required to take instructions from the police and the Procurator Fiscal, but where possible try to balance this with the family’s needs.

After resuscitation, it is important to make time for a team debrief, ensuring that no-one focuses on feelings of blame. Encourage the team to share their thoughts and feelings, and do everything you can to support each other.

The resuscitation and death of a child is stressful for all healthcare staff. The care we provide is enhanced when we are confident in knowing how to effectively support and communicate with families, and when we feel our work as a team is valued.

The film was produced in August 2018 and can be found at www.sad.scot.nhs.uk or <https://vimeo.com/285116146>

For more information visit www.sad.scot.nhs.uk or contact supportarounddeath@nes.scot.nhs.uk