

Complete Summary

GUIDELINE TITLE

Patient-and family-centered care and the role of the emergency physician providing care to a child in the emergency department.

BIBLIOGRAPHIC SOURCE(S)

American Academy of Pediatrics Committee on Pediatric Emergency Medicine, American College of Emergency Physicians Pediatric Emergency Medicine, O'Malley P, Brown K, Mace SE. Patient- and family-centered care and the role of the emergency physician providing care to a child in the emergency department. Pediatrics 2006 Nov;118(5):2242-4. [8 references] [PubMed](#)

GUIDELINE STATUS

This is the current release of the guideline.

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COMPLETE SUMMARY CONTENT

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SCOPE

DISEASE/CONDITION(S)

Any condition requiring a visit to the emergency department

GUIDELINE CATEGORY

Management

CLINICAL SPECIALTY

Emergency Medicine
Pediatrics

INTENDED USERS

Emergency Medical Technicians/Paramedics
Health Care Providers
Hospitals
Nurses
Patients
Physicians

GUIDELINE OBJECTIVE(S)

To address the particular challenges in, and opportunities for, providing patient- and family-centered care in the emergency department setting

TARGET POPULATION

Pediatric patients and their families presenting to the emergency department

INTERVENTIONS AND PRACTICES CONSIDERED

Establishing patient- and family-centered care (PFCC) in the emergency department (ED) including:

- Knowledge of the patient's experience
- Patient and family involvement in the decision-making regarding patient's medical care
- Encouraging family-member presence during invasive procedures
- Providing information to family
- Encouraging collaboration with other health care professionals

MAJOR OUTCOMES CONSIDERED

Not stated

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Not stated

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Not stated

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The American Academy of Pediatrics (AAP) and American College of Emergency Physicians support the following:

1. Knowledge of the patient's experience and perspective is essential to practice culturally effective care that promotes patient dignity, comfort, and autonomy.

2. The patient and family are key decision-makers regarding the patient's medical care.
3. The interdependence of child and parent, patient and family wishes for privacy, and the evolving independence of the pediatric patient should be respected.
4. The option of family-member presence should be encouraged for all aspects of emergency department care.
5. Information should be provided to the family during interventions regardless of the family's decision to be present or not.
6. Patient- and family-centered care encourages collaboration with other health care professionals along the continuum of care and acknowledgment of the importance of the patient's medical home to the patient's continued well-being.
7. Institutional policies should be developed for provision of patient- and family-centered care through environmental design, practice, and staffing in collaboration with patients and their families.

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence supporting each recommendation is not specifically stated.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Establishing patient- and family-centered care results in better health care, safety, and patient and family satisfaction

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

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ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2006 Nov

GUIDELINE DEVELOPER(S)

American Academy of Pediatrics - Medical Specialty Society
American College of Emergency Physicians - Medical Specialty Society

SOURCE(S) OF FUNDING

American Academy of Pediatrics

GUIDELINE COMMITTEE

Committee on Pediatric Emergency Medicine
Pediatric Emergency Medicine Committee

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

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GUIDELINE AVAILABILITY

Electronic copies: Available from the [American Academy of Pediatrics \(AAP\) Policy Web site](#).

Print copies: Available from American Academy of Pediatrics, 141 Northwest Point Blvd., P.O. Box 927, Elk Grove Village, IL 60009-0927.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on January 10, 2007. The information was verified by the guideline developer on January 23, 2007.

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