

Short Communication

The Family in the Room: Rachel Clevenger, RRT, Certified Trauma Professional

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Throughout the hospital wards and waiting areas, we catch glimpses of them in various stages of disarray; often worse for wear. Husbands, wives, companions, parents, children, grandparents, friends, and relatives curled up on unmovable chairs or hard unforgiving benches. Some are desperately trying to contact family members to give an update with a dying cell phone. Many are sleep deprived or strung out on caffeine beverages, shuffling out only to fill their empty stomach or to splash some water on their faces. Some anxiously waiting for the patient's next treatment or hoping to catch the doctor during rounds for an explanation of what they heard the night before. With ventilator and IV pump alarms sounding all hours of the night, the hospital equipment can seem extremely threatening. With tunnel vision and hollow eyes, they are eager for news when you come to the door with your assignment. Hours from work have been missed, and many family members have not slept in their beds in days. Some have been on the watch for days or even weeks, and they are so frustrated when your presence does not answer any questions that might give light to their suffering. Anger may often ensue from a helpless state of mind, and harsh underserved words may be hurled in your direction without precedence. What are you to do?





The unofficial role of a respiratory therapist is a bit of a liason, an extension of a steady hand of comfort as you care for your patient in the presence of their family and friends. Indeed, providing your patient with exceptional care according to your institution's standards is still a priority. However, other actions can be taken immediately to diffuse volatile situations before they get out of control.

First, remember that the family member may be so exhausted from the hospital duration that their manner of behavior is not normal for them. The fear of the unknown and their empathy for the patient is most likely triggering some of the aggressive or grasping behavior. Keep your voice steady, and speak calmly about what you are there to accomplish. The patient may be the one in pain, but rest assured that these people are hurting, too. While you do not need to subject yourself to abuse, keep in mind the dark place from which some of those emotions are emulating. If you have ever been on the other side of the hospital bed, you do understand this concept.

Second, discreetly remind the family member that they too must look after their own needs and health; lest they become a patient in the facility themselves. If they are willing, suggest that they might slip out for a cup of coffee or meal while you look after the patient in their absence. Many are terrified to leave the bedside for fear that something will happen while they are gone, so reassure them that your health team is vigilant. Offer to contact the hospital's minister or ambassador as a comfort; should they be willing to see them. Kindness can reach across the aisle.

Third, you may be peppered with questions about details of the patient's care that you are unable to answer. Should this happen, you may need to defer to the patient's nurse or physician for further explanations. Do not overstep your boundaries with false hope in attempting to give comfort, and do not offer information that is not directly in your preview; even if you know the answer. You may instead explain in more detail the respiratory treatment or therapy that you are giving at the moment, and possibly even give the family member a task to assist you in some small capacity. This is especially effective if the family member has been a caregiver previously to the patient because it gives them a chance to be useful in real-time. Do not speak to them in high medical language, as it can be frustrating and cause a failure to communicate. Keep things simple and direct. If the oxygen equipment or ventilator appears overwhelming to the family member, tell them one or two simple facts about the function of it to ease their fear.

Fourth and final, be certain that you address the patient by name during your visit, even if they are sedated and intubated. Patient care is just that: care. Allow the family member to see you caring for their loved one, regardless of the patient's response to you. Do not be in a hurry to leave the room simply



because you are being observed with extra eyes, as this is not a new concept in the medical field. A throughout and the complete job is always required, and a professional RT will always give the highest standard of care during daily tasks. Keep everything calm and steady, so that it will as a result bring down the "temperature" in the room.

If you have ever been the "family in the room", you understand the family in the room. Before I entered healthcare, I spent two years as the family of a terminal cancer patient; lost and filled with all of the uncertainty of the next treatment and diagnosis. I listened breathlessly during daily rounds; attempting in vain to interpret the medical language and terminology. If you have not had a similar opportunity, just imagine for a minute how you might react should it be your loved one in that hospital room. You are scared, exhausted, hungry, confused, helpless, and distraught for a loved one with an uncertain future. The learning curve on this reality very steep, and one that changes your perspective on care for the whole of your life.

A respiratory therapist is a caregiver by trade. As caregivers, let us never lose the perspective that we strive to heal more than just our patients. In sharing our strengths and skill, we also give our care to the family in the room.

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