

Family-Centred Care and Communication

Family-centred care is an integral principle when planning the care of infants and children. Emergency clinicians should always actively encourage and involve the child and their family in decision making and the undertaking of procedures and the delivery of basic cares. Where possible, the continuation of the child's normal cares and routines should be encouraged as this can help alleviate emotional stress for the child.

Communicating with children

Effective communication with children is a key in building good rapport, gaining trust and assists in delivering good quality family-centred care. As infants and children grow, their ability to communicate and their understanding changes. Remember that communication includes both verbal and non-verbal forms of communication.

Helpful tips

- Approach in a calm manner and address the child by name.
- Be patient, take your time and never try to rush your nursing care. Building a rapport with infants and children can take time. Allow children the opportunity to express their concerns and fears.
- Remember your body language and where possible assume a position that is at eye level with the child.
- Use age appropriate language and ask age appropriate questions.
- Ask young children about their toys, parents, siblings, kindy or school, instead of the date, time and location.
- Be honest in your explanation of what you are going to do whilst ensuring the use of age appropriate language. Choices should only be offered if they exist.
- Play can be used as a distraction tool or for building rapport.
- Encourage caregiver participation. This can help to put the infant or child at ease whilst placing an emphasis on family centred care.

Communication resources:

- The [Raising Children Network](#) has information available that is specific to communicating with particular ages.
- Red flags for communication and other developmental milestones in infants and children: [The Red Flags Early Identification Guide \(for children aged birth to five years\)](#)

Communicating with caregivers

Caregivers experience a range of emotions when presenting to the emergency department. Clear communication and active involvement of caregivers can help to relieve some of the stress, anxiety and vulnerability they may feel. Several communication frameworks have been developed to assist with communicating with patients and families. The AIDET framework is provided below:



AIDET Framework

A	Acknowledge	<ul style="list-style-type: none"> • Acknowledge the patient and family. • Smile and make eye contact. • Make them feel important.
I	Introduce	<ul style="list-style-type: none"> • Introduce yourself. • Explain processes/procedures and the role you will play.
D	Duration	<ul style="list-style-type: none"> • Give a realistic timeframe to complete procedures. • Give patients/families some idea of what's involved.
E	Explanation	<ul style="list-style-type: none"> • Ask patients/families if they have any concerns regarding other commitments they may have during that day (eg. the need to pick up another child from school). • Explain to patient and family how to contact you throughout their stay eg. patient buzzer.
T	Thank You	<ul style="list-style-type: none"> • Thank patients and families for their partnership and contributions.

Adapted from Huron's AIDET Tool (2024)

Caregivers involvement during procedures

Procedures are often required in the emergency department as an important part of undertaking the investigations required to care for the child who is unwell or injured. A procedure that is relatively simple in the adult populations, can require much more time planning in the paediatric population (eg. insertion of IV cannula). It is important to involve caregivers in the planning for procedures. Typical caregiver role is to provide distraction and comfort for their child. This may include assisting in holding the child in a comfort position. It is essential that the procedure is explained and that possible patient reactions (eg. gagging, coughing or vomiting during NGT insertion) are disclosed. The caregiver should be empowered to decide whether they would like to stay or leave during the procedure.

CALM Care (QH only) have resources that are useful in helping clinicians to minimise distress and discomfort for patients and their families during medical procedures. CALM is an acronym that assists in the planning and carrying out procedures.

Comfort	We will work with children and families to ensure they feel as comfortable as possible.
Analgesia	We will always offer analgesia (pain relief) when there is potential for pain.
Language	We will use words that promote calm and confidence.
Mindfulness	We will use age-appropriate distraction and relaxation techniques to reduce fear, distress and pain.

CALM Care, Children's Health Queensland (2022)

Some helpful handouts include:

- [CALM Care: A Guide for Parents and Carers](#) (QH only)
- [My CALM Plan](#) (QH only)



Further resources:

[QCYCN - Family Centred Care Posters](#)

[Meg Foundation - Comfort Positions: Guide for Parents and Healthcare Professionals](#)

References:

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- Providing care within the context of locally available resources, expertise, and scope of practice.
- Supporting consumer rights and informed decision making in partnership with healthcare practitioners including the right to decline intervention or ongoing management.

- Advising consumers of their choices in an environment that is culturally appropriate and which enables comfortable and confidential discussion. This includes the use of interpreter services where necessary.
- Ensuring informed consent is obtained prior to delivering care.
- Meeting all legislative requirements and professional standards.
- Applying standard precautions, and additional precautions as necessary, when delivering care.
- Documenting all care in accordance with mandatory and local requirements.

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