

LETTER



The effect visiting relatives in the adult ICU has on children

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Dear Editor,

“If you please... draw me an intensive care unit”, *the Little Prince* [1] may have said to the healthcare professionals in an intensive care unit (ICU) to become familiarized with this strange universe. When visiting relatives, children are exposed to unfamiliar visual, auditory, and olfactory stimuli. They witness crippling pathologies and unpleasant physical conditions and treatments. This exposes the child to the extreme vulnerability of their loved one and makes normal interaction with the beloved adult difficult.

It is legitimate to question the psychological impact visiting the adult ICU could have on a child. It is also important to analyze how healthcare professionals can support children during such visits. In a systematic review of the literature we identified seven main articles published in English between 1990 and 2018 in peer-reviewed journals which respond to these questions.

The beneficial effects of allowing children to visit patients in the ICU

Visiting a relative in the ICU appears to generate feelings of release and relief among children [2, 3]. During such visits, children appear to be more curious than frightened. Older children seem more focused on their family members while younger children appear more interested in the equipment [4]. The proximity of an ICU member during the visit allows children to obtain clear information, gain a better grasp of what is happening, and feel that they have not been excluded from the patient care process [3, 6]. Providing information during such visits

equips the child with tools to combat uncertainty regarding the condition of their relative [6].

The psychological risks of allowing children to visit patients in the ICU

The waiting time before the visit is very difficult and it may spark anxiety and uncertainty in a child [7]. Studies highlight the importance of clear communication between the child and the healthcare professionals accompanying them during the visit [3, 7, 8]. These professionals often give visiting children unclear explanations [3]. Fergé studied adolescents and noted that they may feel ignored and misunderstand family members' medical condition [8]. Finally, children may feel frightened and powerless when they encounter their sick parents [3]. Such a response should trigger support (Table 1).

How a child is prepared and supported when they visit a relative in the adult ICU determines the success of the visit [7, 8].

“*Language is the source of misunderstandings*” [1], and an adult's perception of a given situation may differ significantly from that of a child. Different children also understand situations and express their feelings and needs differently. Their perceptions and needs depend on their developmental age, emotional maturity, cognitive abilities, and personal experiences [9]. It is, therefore, important to develop mediation tools for children in this scenario (e.g., information booklets, games and/or drawings). These could assist healthcare professionals in learning how much a visiting child understands and what they imagine. They could also make the experience the child is undergoing more transparent to the adults surrounding them. There is scant research on this topic, yet it is urgently required to develop an informed policy with regards to the management of children visiting the adult ICU.

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Table 1 Articles identified after a systematic review of six databases (PubMed, Elsevier's ScienceDirect, PsycINFO, SpringerLink, Sage Journals, Pascal and Francis), published in English between 1990 and 2018, and screened using the following terms in the title, abstract or key-words: (intensive care) AND (child OR children OR teenager OR adolescent) AND (visit OR visiting)

Author, year of publication, location.	Service type	Population	Methods	Data collection schedule	Results
Nicholson et al. 1993, USA [7]	Adult surgical intensive care unit	10 families in a "restricted" group visit (family members excluding children) 10 families in a "facilitated" group visit (family members including children, supervision of children before, during and after the visit)	Quantitative method in a randomized controlled trial Child: the Manifest Anxiety Scale and behavioral and emotional changes as measured by the Perceived Change Scale Parent: State-Trait Anxiety Inventory + the Mood Adjective Check List + Feetham Family Functioning Survey + Life Event Scale	After the visit	Children in the "facilitated" group visit have fewer negative behavioral and emotional changes than those in the "restricted" group visit
Knutsson and Bergbom 2007, Sweden [4]	Adult intensive care unit	30 parents	Quantitative study. Questionnaire about the visit of their children to a family member in the ICU	After the visit	77% of parents considered that the visit had been beneficial to their child, and that it is important for healthcare professionals to be involved in the visit
Knutsson et al. 2008, Sweden [2]	Adult intensive care unit	28 children aged 4–17 years	Qualitative study Semi structured interviews	3 months after the visit	The visit appeared to generate feelings of release and relief
Kean, 2010, Scotland [5, 6]	Adult intensive care unit	9 family interviews: 12 parents aged 35–55 years. 12 children aged 8–25 years	Qualitative study Family group interview (semi structured)	After the visit	Younger children focused on the ICU setting while older children focused on the function of the ICU The visit enabled older children to obtain information and to fight against issues of clinical and functional uncertainty
Knutsson and Bergbom 2016, Sweden [3]	Adult intensive care unit	28 children aged 4–17 years	Qualitative study Semi-structured interview	Before and after the visit	Visiting a sick parent brought the child relief and calmness Visiting led to the emergence of positive feelings of involvement in the care of relatives Relatives' situation sometimes evoked feelings of despair and fear
Fergé et al. 2018, France [8]	Adult intensive care unit	53 teenagers aged 12–17 years	Quantitative study Satisfaction survey Anxiety questionnaire Psychometric evaluation (HADS, Hospital Anxiety and Depression Scale)	After the visit and before the 15th day of hospitalization and the patient's extubation	Anxiety was observed in 35.9% of the teenagers and depression symptomatology in 18.9%. No significant difference according to ICU visiting status 80% reported a lack of information, 40% insufficient consideration, and 27.5% misunderstood the reason for hospitalization. Two regretted visiting

Supplementary online material: flow diagram of selected articles and material references

Electronic supplementary material

The online version of this article (<https://doi.org/10.1007/s00134-019-05690-2>) contains supplementary material, which is available to authorized users.

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Compliance with ethical standards**Conflicts of interest**

The author declares that they have no competing interests.

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Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Accepted: 6 July 2019

Published online: 22 July 2019

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