

# Using an Evidence-Based Practice Process to Change Child Visitation Guidelines

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The multidimensional scope of nursing practice requires a nurse to provide not only physical and psychosocial interventions for patients, but also to support the family, particularly as the end of life approaches. One of the highest priorities for patients at the end of life is being able to spend time with the family members who are most important to them. In the case of a parent with young children, such visits can provide a sense of joy and peace that is important to the overall well-being of all.

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Unfortunately for patients with cancer, many hospitals have areas that restrict access to children. In the inpatient lymphoma/myeloma unit at the University of Texas MD Anderson Cancer Center in Houston, nurses adhered to visiting guidelines restricting children because of the immunocompromised status of the patient population. Children younger than 12 years were not allowed to visit patients in the unit or other areas of the hospital. However, a patient and her family made such an impression on the nurses that they prompted the staff to find the evidence supporting that policy.

## Case Study

Mrs. A was a 33-year-old patient with aggressive large B-cell lymphoma, which was rapidly progressing despite multiple treatments with different chemotherapy regimens. She and her family were determined to fight the cancer until the end. Mrs. A had been admitted to the inpatient unit multiple times to receive her treat-

ments and for management of numerous complications. During one admission, Mrs. A became gravely ill, which made seeing her two young children difficult for her. She had to be placed in a wheelchair and taken to a public area where visitation was allowed. At numerous times during the hospitalization, she was too ill to be moved.

Mrs. A's husband asked the staff why age 12 was the "magic number" and whether children become germ-free at age 13. He also asked why the children would be such a threat if they had been vaccinated against communicable diseases. In addition, he wanted to know why their children had been allowed unlimited visits when Mrs. A was admitted to the pediatric unit (an overflow unit when the lymphoma unit is full). The nurses in the lymphoma/myeloma unit recognized that the husband's questions were valid and that they did not have good answers for him. Mrs. A died while in the pediatric unit and, therefore, was able to visit with her children until her death. The nurses

promised Mrs. A's husband that they would look into the issue of child visitation for the benefit of future patients and their families.

## Methods

The unit nurses conducted a preliminary search of the literature to find studies that explained the higher risk of acquiring infections from children compared to adults in the immunocompromised population of patients with cancer. Surprisingly, the search did not reveal any study that was conducted on this subject. Further inquiries were made to the experts in the department of infectious diseases at MD Anderson Cancer Center, who were not able to provide any evidence to support that assumption. Physicians from different areas of the institution also were interviewed to solicit their opinion about the issue. The unit nurses learned that most practitioners were not opposed to allowing children visitation rights if the same guidelines that the institution uses to screen adult visitors were used to screen children.

The issue was presented to the nursing governance body to start the process of revising the institutional policy. The representatives of the nursing governance body recognized that the child visitation policy was important and voted to consider the issue. That led to the formation of a multidisciplinary professional action coordinating team (PACT). The child visitation policy PACT included staff from nursing (inpatient and outpatient), patient advocacy, risk management, and infection control departments, as well as physicians from different specialties. The members met weekly to discuss, develop, and implement changes in the