Ethnic Differences in Parent Preference to Be Present for Painful Medical Procedures

Melissa Jones, BS*; Mohammed Qazi‡; and Kelly D. Young, MD, MS§

ABSTRACT. Objective. To examine ethnic differences between white, black, and Hispanic (English-speaking and Spanish-speaking) parents in their desire to remain present during their children’s painful medical procedures.

Methods. A convenience sample of parents from each of 4 ethnic groups (black, white, and Hispanic [divided into English-speaking Hispanic and Spanish-speaking Hispanic]) was surveyed regarding their preferences for remaining present for 5 hypothetical painful procedures: venipuncture, laceration repair, lumbar puncture, fracture reduction, and critical resuscitation. For each procedure, a short description of the procedure was read to the parent, and a picture of the procedure was shown. The effect of ethnicity on parental desire to stay was examined by using the χ² test and multivariate logistic regression.

Results. Complete data on 300 parents, 72 to 79 from each ethnic group, were obtained. There were no significant demographic differences between groups except that English-speaking Hispanic parents were younger, and black parents were relatively well educated, whereas Spanish-speaking Hispanic parents were relatively less well educated. Overall, the percentages of those who would wish to remain with their child during the procedures were 94% (venipuncture), 88% (laceration repair), 81% (lumbar puncture), 81% (fracture reduction), and 81% (critical resuscitation). The only significant ethnic difference was that English-speaking Hispanic parents were less likely to want to remain present during a critical resuscitation (P = .01). Black parents were less likely, and English-speaking Hispanic parents were more likely, to want physicians to decide for them whether they should remain present. Parents generally preferred to actively participate during the procedure by coaching and soothing their child rather than to just observe.

Conclusions. We found few ethnic differences in parents’ desire to be present during their child’s painful medical procedures. Overall, the vast majority of parents would prefer to remain present even for highly invasive procedures. Pediatrics 2005;116:e191–e197. URL: www.pediatrics.org/cgi/doi/10.1542/peds.2004-2626; parent, family member presence, procedure, pain, pediatric, survey.

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MATERIALS AND METHODS
We interviewed parents of 4 different ethnic groups (black, white, English-speaking Hispanic, and Spanish-speaking Hispanic) regarding their preferences for remaining present during 5 hypothetical painful medical procedures commonly performed in the pediatric emergency department: venipuncture, laceration repair with sutures, lumbar puncture, fracture reduction, and critical resuscitation.

There were few ethnic differences. On univariate analysis, Spanish-speaking Hispanic parents were less likely to want to stay for laceration repair, and English-speaking Hispanic parents were less likely to want to remain present for critical resuscitation (Table 3). In general, the perceived invasiveness increased (fracture reduction, lumbar puncture, and critical resuscitation), a lower percentage wished to remain ($P<.001$). However, when parents were presented with the situation of an awake child or their child’s likely death during a critical resuscitation, the desire to stay increased compared with if the child was unconscious during the resuscitation ($95\%$ if awake and $93\%$ if likely to die versus $89\%$ if unconscious).

There were few ethnic differences. On univariate analysis, Spanish-speaking Hispanic parents were less likely to want to stay for laceration repair, and English-speaking Hispanic parents were less likely to want to remain present for critical resuscitation (Table 3).

On univariate analysis, child gender, caregiver type (mother or father), caregiver age, and child age were not statistically significant predictors of whether the caregiver would want to remain present for each procedure.

Three hundred ten caretakers were enrolled. Data on 10 caretakers were discarded because: the person being surveyed was not the primary caretaker of the child; the caretaker was having trouble understanding the questions; or the caretaker could not complete the interview because he or she was called into the doctor’s office. Seven caretakers declined to participate. There were only 5 pairs of caretakers who were mother-father dyads: 2 white, 2 English-speaking Hispanic, and 1 black.

RESULTS
Three hundred ten caretakers were enrolled. Data on 10 caretakers were discarded because: the person being surveyed was not the primary caretaker of the child; the caretaker was having trouble understanding the questions; or the caretaker could not complete the interview because he or she was called into the doctor’s office. Seven caretakers declined to participate. There were only 5 pairs of caretakers who were mother-father dyads: 2 white, 2 English-speaking Hispanic, and 1 black. Less than 10% of the parents were recruited from pediatric clinics.

Demographic characteristics of the study population are shown in Table 1. The significant differences in demographic characteristics between the ethnic groups were that English-speaking Hispanic parents were significantly younger, and black parents were relatively better educated, whereas Spanish-speaking Hispanic parents were relatively well educated. There were no statistically significant differences in the percentage of parents from each ethnic group who had previously been present for a particular procedure performed on this or any other child (Table 2).

Overall, the proportions who wished to remain for each procedure were $94\%$ (venipuncture [95% CI: 91–96%]), $88\%$ (laceration repair [95% CI: 84–92%]), $81\%$ (lumbar puncture [95% CI: 76–85%]), $81\%$ (fracture reduction [95% CI: 76–85%]), and $81\%$ (critical resuscitation [95% CI: 76–85%]) (Table 3). In general, as the perceived invasiveness increased (fracture reduction, lumbar puncture, and critical resuscitation), a lower percentage wished to remain ($P<.001$). However, when parents were presented with the situation of an awake child or their child’s likely death during a critical resuscitation, the desire to stay increased compared with if the child was unconscious during the resuscitation ($95\%$ if awake and $93\%$ if likely to die versus $89\%$ if unconscious).

On univariate analysis, child gender, caregiver type (mother or father), caregiver age, and child age were not statistically significant predictors of whether the caregiver would want to remain present for each procedure.
TABLE 3. Proportion of Caregivers Who Wish to Remain Present According to Ethnicity and Procedure

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Black (N = 72)</th>
<th>White (N = 73)</th>
<th>English-Speaking Hispanic (N = 76)</th>
<th>Spanish-Speaking Hispanic (N = 79)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venipuncture, n (%)</td>
<td>68 (94)</td>
<td>66 (90)</td>
<td>71 (93)</td>
<td>77 (97)</td>
<td>.33</td>
</tr>
<tr>
<td>Laceration repair, n (%)</td>
<td>66 (92)</td>
<td>67 (92)</td>
<td>70 (92)</td>
<td>62 (78)</td>
<td>.02</td>
</tr>
<tr>
<td>Fracture reduction, n (%)</td>
<td>58 (81)</td>
<td>60 (82)</td>
<td>59 (78)</td>
<td>65 (82)</td>
<td>.88</td>
</tr>
<tr>
<td>Lumbar puncture, n (%)</td>
<td>60 (83)</td>
<td>58 (81)*</td>
<td>62 (82)</td>
<td>61 (78)*</td>
<td>.88</td>
</tr>
<tr>
<td>Critical resuscitation, n (%)</td>
<td>64 (89)</td>
<td>57 (78)</td>
<td>53 (70)</td>
<td>68 (86)</td>
<td>.01</td>
</tr>
<tr>
<td>Awake</td>
<td>68 (94)</td>
<td>68 (93)</td>
<td>70 (92)</td>
<td>78 (99)</td>
<td>.26</td>
</tr>
<tr>
<td>Unconscious</td>
<td>61 (85)</td>
<td>62 (85)</td>
<td>66 (87)</td>
<td>77 (97)</td>
<td>.10</td>
</tr>
<tr>
<td>Likely to die</td>
<td>64 (89)</td>
<td>68 (93)</td>
<td>68 (89)</td>
<td>77 (97)</td>
<td>.21</td>
</tr>
</tbody>
</table>

* N = 72; data are missing for 1 parent
† N = 78; data are missing for 1 parent
‡ N = 298; data are missing for 2 parents

during the procedure. Parents who had previously stayed for a given procedure were more likely to wish to remain in the future for laceration repairs (116 of 125 [93%] who had previously stayed vs 149 of 175 [85%] who had not previously stayed; P = .04) but not for the other procedures. A significant difference for level of caregiver education was found only for critical resuscitation, with those with higher degrees more likely to want to stay present (P = .04). These findings were no longer statistically significant on multivariate analysis.

While parents were more likely to rate themselves as moderately to very anxious before any type of painful procedure performed on their child, although this difference was not statistically significant (Table 1). Overall, parents who rated themselves as typically anxious were less likely to want to remain present for venipunctures only (P = .02). This predictor remained significant for venipunctures on multivariate analysis.

Multivariate logistic-regression models were examined for each procedure to control for the effect of the following possible confounders: caregiver and child age, whether the parent had previously stayed for a procedure, and caregiver education level and anxiety (Table 4). The Hosmer-Lemeshow goodness-of-fit statistic did not approach significance for any of the models, demonstrating good fit of the models.
The effect of ethnicity on desire to remain present for laceration repair was no longer statistically significant on multivariate analysis, but the effect of ethnicity on desire to remain present for critical resuscitation remained statistically significant. For the subset of Spanish-speaking Hispanic parents only, an exploratory multivariate logistic-regression model to examine predictors of their desire to remain present for laceration repair found whether they had stayed previously during a laceration repair to be the only significant predictor (odds ratio: 10.5; 95% CI: 1.6–67.4). For the subset of English-speaking Hispanic parents and the outcome desire to remain present for critical resuscitation, multivariate modeling did not reveal a significant contributing predictor. Significant ethnic differences were found when parents were asked if the physician should determine if the parent should stay (Table 5). In general, black parents were less likely to want the doctor to determine if they should stay, whereas English-speaking Hispanic parents were more likely to want the physician to decide, and white parents and Spanish-speaking Hispanic parents fell between the two. These results varied by procedure, and the differences were statistically significant for venipuncture (P < .05), fracture reduction (P < .05), and critical resuscitation (P < .005). In general, there were few differences by ethnicity in the reasons cited for wishing to stay or leave and in what the parent would prefer to do during the procedure (Table 6). Spanish-speaking Hispanic parents were statistically more likely to actively participate in the procedure (P = .04), and black parents were less likely to stay (Table 5). In general, parents who remained present during a laceration repair did not reveal ethnic differences in the outcome desire to remain present for critical resuscitation, but the effect of ethnicity on desire to remain present for laceration repair was no longer statistically significant on multivariate analysis. The effect of ethnicity on desire to remain present for laceration repair was no longer statistically significant on multivariate analysis. For the subset of English-speaking Hispanic parents and the outcome desire to remain present for critical resuscitation, multivariate modeling did not reveal a significant contributing predictor. Significant ethnic differences were found when parents were asked if the physician should determine if the parent should stay (Table 5). 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### Table 4: Regression Models, Odds Ratios of Predictors in Models, and Goodness-of-Fit $P$ Values

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent age</td>
<td>0.978</td>
<td>1.003</td>
<td>0.972</td>
<td>0.989</td>
<td>1.045</td>
<td>1.117</td>
<td>1.077</td>
</tr>
<tr>
<td>Child age</td>
<td>1.054</td>
<td>0.997</td>
<td>1.012</td>
<td>1.005</td>
<td>0.972</td>
<td>0.940</td>
<td>0.983</td>
</tr>
<tr>
<td>Anxiety (reference group: very anxious)</td>
<td>0.088*</td>
<td>1.060</td>
<td>0.841</td>
<td>1.378</td>
<td>0.674</td>
<td>1.623</td>
<td>0.630</td>
</tr>
<tr>
<td>Relaxed</td>
<td>0.496*</td>
<td>0.878</td>
<td>1.055</td>
<td>0.877</td>
<td>1.249</td>
<td>0.394</td>
<td>1.594</td>
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<tr>
<td>Minimally anxious</td>
<td>0.181*</td>
<td>0.731</td>
<td>1.071</td>
<td>0.849</td>
<td>0.691</td>
<td>0.586</td>
<td>0.150</td>
</tr>
<tr>
<td>Moderately anxious</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than high school</td>
<td>0.404</td>
<td>0.326</td>
<td>0.356</td>
<td>0.385</td>
<td>1.185</td>
<td>†</td>
<td>0.462</td>
</tr>
<tr>
<td>High school or trade school graduate</td>
<td>0.402</td>
<td>0.410</td>
<td>0.437</td>
<td>0.496</td>
<td>1.314</td>
<td>†</td>
<td>0.691</td>
</tr>
<tr>
<td>College or higher degree</td>
<td>0.961</td>
<td>0.793</td>
<td>0.597</td>
<td>0.485</td>
<td>0.366</td>
<td>†</td>
<td>0.177</td>
</tr>
<tr>
<td>No previous experience with procedure</td>
<td>0.915</td>
<td>2.065</td>
<td>1.542</td>
<td>2.449</td>
<td>1.161</td>
<td>10.518*</td>
<td>1.526</td>
</tr>
<tr>
<td>Ethnicity (reference group: Spanish-speaking Hispanic)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>1.574</td>
<td>0.181</td>
<td>0.530</td>
<td>0.770</td>
<td>0.969*</td>
<td>1.969</td>
<td>0.983</td>
</tr>
<tr>
<td>White</td>
<td>2.373</td>
<td>0.200</td>
<td>0.631</td>
<td>0.857</td>
<td>2.258*</td>
<td>2.258</td>
<td>2.928</td>
</tr>
<tr>
<td>English-speaking Hispanic</td>
<td>2.047</td>
<td>0.244</td>
<td>0.614</td>
<td>1.129</td>
<td>3.954*</td>
<td>3.954</td>
<td>3.954</td>
</tr>
<tr>
<td>Hosmer-Lemeshow goodness-of-fit $P$ value</td>
<td>.86</td>
<td>.63</td>
<td>.66</td>
<td>.88</td>
<td>.94</td>
<td>.65</td>
<td>.81</td>
</tr>
</tbody>
</table>

* Statistically significantly different.
† Insufficient variation in this variable to test.
TABLE 5. Proportion Wishing the Physician to Determine Whether Caregiver Stays

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Black (N = 72)</th>
<th>White (N = 73)</th>
<th>English-Speaking Hispanic (N = 76)</th>
<th>Spanish-Speaking Hispanic (N = 79)</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Venipuncture, n (%)</td>
<td>9 (13)</td>
<td>7 (10)</td>
<td>19 (25)</td>
<td>10 (13)</td>
<td>.04</td>
</tr>
<tr>
<td>Laceration repair, n (%)</td>
<td>9 (13)</td>
<td>11 (15)</td>
<td>21 (28)</td>
<td>18 (23)</td>
<td>.08</td>
</tr>
<tr>
<td>Fracture reduction, n (%)</td>
<td>12 (17)</td>
<td>8 (11)</td>
<td>22 (29)</td>
<td>15 (19)</td>
<td>.04</td>
</tr>
<tr>
<td>Lumbar puncture, n (%)</td>
<td>11 (15)</td>
<td>15 (21)</td>
<td>24 (32)</td>
<td>17 (22)</td>
<td>.11</td>
</tr>
<tr>
<td>Critical resuscitation, n (%)</td>
<td>10 (14)</td>
<td>27 (37)</td>
<td>22 (29)</td>
<td>14 (18)</td>
<td>.004</td>
</tr>
</tbody>
</table>

TABLE 6. Caregiver Reasons Behind Staying or Leaving

<table>
<thead>
<tr>
<th>Why would you want to stay?</th>
<th>Venipuncture</th>
<th>Laceration Repair</th>
<th>Lumbar Puncture</th>
<th>Fracture Reduction</th>
<th>Critical Resuscitation</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>n/N (%) (N = number that wanted to stay)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child wants me</td>
<td>141/282 (50)</td>
<td>147/266 (55)</td>
<td>113/241 (47)</td>
<td>119/242 (49)</td>
<td>103/242 (43)</td>
<td>.07</td>
</tr>
<tr>
<td>Want to know what the doctor is doing</td>
<td>173/282 (61)</td>
<td>167/266 (63)</td>
<td>174/241 (72)</td>
<td>168/242 (69)</td>
<td>199/242 (82)</td>
<td>.001</td>
</tr>
<tr>
<td>Will help calm child</td>
<td>216/282 (77)</td>
<td>200/266 (75)</td>
<td>165/241 (69)</td>
<td>173/242 (71)</td>
<td>142/242 (59)</td>
<td>.001</td>
</tr>
<tr>
<td>If this applies, would you want to, n/N (%)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Actively participate in procedure</td>
<td>210/282 (74)</td>
<td>165/266 (62)</td>
<td>123/241 (51)</td>
<td>132/242 (55)</td>
<td>108/242 (45)</td>
<td>.001</td>
</tr>
<tr>
<td>Observe only</td>
<td>79/282 (28)</td>
<td>94/266 (35)</td>
<td>104/241 (43)</td>
<td>110/242 (41)</td>
<td>140/242 (61)</td>
<td>.001</td>
</tr>
<tr>
<td>Coach and soothe child</td>
<td>151/282 (54)</td>
<td>157/266 (59)</td>
<td>146/241 (61)</td>
<td>142/242 (59)</td>
<td>137/242 (57)</td>
<td>.52</td>
</tr>
</tbody>
</table>

Parents generally wanted to actively participate during the procedure by soothing and calming their child. However, there is a clear subset of parents who do not wish to remain present, mainly because they themselves are too nervous. If these parents are forced to remain present by well-meaning health care workers, they may increase their children’s anxiety.

The best approach to parental presence for pediatric procedures is an individualized one. Although the majority of parents wish to remain present, a significant minority do not. If a large ethnic difference in parental preference had been found, there would be possible justification for individualizing discussions with parents based on ethnic group identification. However, although English-speaking Hispanic parents were less likely to wish to remain present for a critical resuscitation, the differences in proportions were small (70% of English-speaking Hispanic parents vs. 84% of all other parents), and the majority still preferred to remain present. This study supports giving all parents the option to remain present but not pressuring them to stay.

Our study was limited by small sample size and the necessity for collecting a convenience sample from heterogeneous sites (clinic and emergency department). Also, there were differences between ethnic groups in parent age and education, which could have confounded our results. We attempted to control for these confounders by using multivariate analysis. However, multiple comparisons without adjustments increased the risk of incurring 1 or more type I errors. Differences seen in Spanish-speaking...
Hispanic parents could be attributed to the fact that a single research nurse interviewed these parents. This was a logistic necessity to use a fluent Spanish-speaking interviewer. We attempted to overcome possible sources of bias by having the lead investigator train this research nurse in interview techniques and directly observe her initial encounters. These findings represent a single geographic area and may not be applicable to similar ethnic groups of different areas. Finally, parents’ answers to hypothetical situations may not match their actions in real situations.

CONCLUSIONS

The only ethnic difference in parents’ desire to be present during their child’s painful medical procedures we found was that English-speaking Hispanic parents were less likely to want to remain present for critical resuscitations. Black parents were less likely, and English-speaking Hispanic parents were more likely, to want physicians to make the decision regarding remaining present than white and Spanish-speaking Hispanic parents. Overall, the vast majority of parents would prefer to remain present and to participate or soothe their child even for highly invasive procedures. The decision to have the parent remain present must be based on each individual parent’s preference; generalizations about ethnic and racial groups’ preferences cannot be made. Additional study on other factors influencing parental desire to stay is needed.

ACKNOWLEDGMENTS

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We thank Silvia Villanueva, RN, for assistance in enrolling Spanish-speaking parents.

APPENDIX

Parent Survey

Demographic Information
Ethnicity: Caucasian □ African-American □ Hispanic □
Relationship to Patient: Mother □ Father □ Other (explain) ______
Age: _______ Language □ English □ Spanish
Level of Education:
   a. Elementary School (K-5)
   b. Middle School (6–8)
   c. Some High School
   d. High School Graduate
   e. Trade School/Technical School
   f. Some College
   g. College Graduate
   h. Masters or Doctorate
Number of Children: ________

If more than one: # of children being treated

Child with Parent Today:
   Age: ______
   Sex: ______

Normally before my child is about to undergo a painful medical procedure I feel:
   A. Relaxed
   B. Minimally Anxious
   C. Moderately Anxious
   D. Very Anxious

After Reading Standardized Description and Showing Picture of Procedure:

Would you want to stay and observe while your child is undergoing this procedure?

   Yes □ No □

If Yes:
1. Have you previously stayed for this procedure with this child or other children?
   Yes □ No □
2. Why would you want to stay? (Circle all that apply)
   a. My child wants me in the room.
   b. I want to know what the physician is doing.
   c. My presence will help calm child.
   d. Other. Please explain __________
3. If this applies (for shots, fracture reductions, and stitches), would you want to
   a. Actively participate (hold child, help doctor)
   b. Just observe
   c. Coach your child (talk, soothe)
4. Would you want the physician to determine if you can stay or not?
   Yes □ No □

If No:
1. Have you previously stayed for this procedure with your child or other children?
   Yes □ No □
2. Why would you not want to stay? (Circle all that apply)
   a. I trust the physician.
   b. My child would be more distressed if I were there.
   c. I would be too nervous.
   d. I would make the physician nervous.
   e. Other. Please explain __________
3. Would you want the physician to determine if you can stay or not?
   Yes □ No □

For critical resuscitation only.

Would you want to stay and observe if: (Yes or No)
   a. Child is awake? Yes □ No □
   b. Child is unconscious? Yes □ No □
   c. Child is likely to die? Yes □ No □

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