Avoiding Confusion During Medical Emergencies

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Types of Medical Emergencies

- Sentinel Medical Event
- Cardiac and/or Respiratory Arrest
Sentinel Medical Events
Definitions

• **Sentinel Medical Event**
  
  An unexpected event that results in a serious injury that does not immediately involve a cardiac and/or respiratory arrest
Examples of Sentinel Medical Events

- Choking
- Burns
- Hypothermia
Staff Response to Sentinel Medical Events

- Immediate assessment
- Immediate interventions according to professional standards
- Monitoring the resident
- Notification of the physician and responsible party
Cardiac and/or Respiratory Arrest
Definitions

• Cardiac and/or Respiratory Arrest
  Unanticipated, witnessed or unwitnessed absence of pulse and/or respirations
Sudden Cardiac Death (SCD) in the Elderly

SCD occurs to 198,000 to 264,000 persons over the age of 65 each year.

Anticipated Death vs. Sudden Cardiac Death (SCD)

- Terminal illness
- Multi-system organ failure
- Gradual decline in condition
- Overwhelming disease process
Do Not Resuscitate (DNR) Orders
Prevalence of DNR Orders in Long Term Care Facilities

40% of LTC residents had a DNR order

Messinger-Rapport & Kamel, “Predictors of do not resuscitate orders in the nursing home,” Journal of the American Medical Directors Association, January 2005
Television Portrayal of CPR

• 66% of CPR patients survive.
• 17% of CPR patients were elderly.
• 75% of cardiac arrests were caused by trauma.
Resident CPR Education

- Acute vs. chronic illness
- Survivability of CPR
- Family members & the resident’s wishes
Predictors of DNR Orders in Long Term Care Facilities

- ≥85 years (57%)
- Race: 49% whites vs. 13% African Americans
- Diagnosis of depression (52%)
- Greater number of medical conditions

Messinger-Rapport & Kamel, “Predictors of do not resuscitate orders in the nursing home,” Journal of the American Medical Directors Association, January 2005
52% of older adults who chose CPR estimated their prognosis as better than those who did not choose CPR

Laakkonen, Pitkala, Strandberg, Berglind, & Tilvis, “Older people’s reasoning for resuscitation preferences and their role in the decision-making process,” Resuscitation, May 2005
Reasons Older Adults Choose CPR (52%)

- “Life is precious and worth living for me.” (92%)
- “Maintaining life is a value of its own.” (92%)
- “I feel needed by my family and my closest friends.” (81%)

Laakkonen, Pitkala, Strandberg, Berglind, & Tilvis, “Older people’s reasoning for resuscitation preferences and their role in the decision-making process,” Resuscitation, May 2005
Reasons Older Adults Choose DNR (48%)

• “I have already gained old age and led a full life.” (88%)

• “People cannot decide these things.” (72%)

Laakkonen, Pitkala, Strandberg, Berglind, & Tilvis, “Older people’s reasoning for resuscitation preferences and their role in the decision-making process,” Resuscitation, May 2005
DNR Physician Orders

• Advance directives are not DNR physician orders.

AMDA Declaration of Death Policy March 2003
DNR Physician Orders

• *If a resident has an advance directive that requests no CPR, a DNR order must be written & signed by the physician.*

AMDA Declaration of Death Policy March 2003
The Physician Progress Notes 
Regarding DNR Orders

• Include diagnoses
• Reason for the DNR order
• Resident’s capacity to make the decision
• Discussion of DNR status with the responsible party or guardian
A DNR order does not mean medical abandonment.
AMDA Quality Improvement Scholars Project (DNR Residents)

5 Scenarios:
- Abnormal vital signs
- Confusion
- Stroke
- Fall
- Pneumonia

6 Treatments:
- Doctor visit
- Hospitalization
- Hospice care
- Tube feeding
- Ventilator
- CPR
DNR Residents Requested:

**By Scenario:**
- Pneumonia – 3.21 treatments
- Fall – 3.08 treatments
- Confusion – 2.86 treatments
- Abnormal vital signs – 2.27 treatments
- Stroke – 2.0 treatments

**By treatment:**
- Dr. visit - 3.7 scenarios
- Hospital - 3.1 scenarios
- Hospice - 2.78 scenarios
- Tube feeding - 2.3 scenarios
- Ventilator - 2.5 scenarios
- CPR – 1.67 scenarios
DNR or CPR?

• *In the absence of a DNR order, the standard is that CPR will be performed.*

*AMDA Declaration of Death Policy March 2003*
Causes of Confusion in Cardiac and/or Respiratory Arrest
Causes of Confusion in Cardiac and/or Respiratory Arrest

Unknown Code Status: CPR or DNR?
Identification of Code Status

- Immediate
- Accurate
Causes of Confusion in Cardiac and/or Respiratory Arrest

*Failure to follow the resident’s advance directive indicating CPR or the physician’s DNR order*
Causes of Confusion in Cardiac/Respiratory Arrest

Witnessed vs. Unwitnessed Cardiac Arrest
Causes of Confusion in Cardiac/Respiratory Arrest

Lack of Assessment:
1. Airway
2. Breathing
3. Circulation
Causes of Confusion in Cardiac/Respiratory Arrest

Lack of Staff Training & Competence in Emergency Measures
Causes of Confusion in Cardiac/Respiratory Arrest

Can’t Find the Crash Cart or Suction Machine
Causes of Confusion in Cardiac/Respiratory Arrest

Emergency Equipment is Missing or Does Not Function
Causes of Confusion in Cardiac/Respiratory Arrest

Failure to Call 911
Causes of Confusion in Medical Emergencies

Failure to Notify the Physician
Causes of Confusion in Cardiac/Respiratory Arrest

Premature Pronouncement Of Death
Policies and Procedures

Expectations and Instructions to Staff
Do Not Resuscitate (DNR) Policies and Procedures

DNR order should be consistent with the resident’s advance directive
DNR Policies and Procedures

- No unilateral decision-making by the physician
- DNR policies & procedures must be signed & dated by the facility medical director
DNR Policies and Procedures

**Nursing Assessment**

- **Responsiveness**
- **Airway**
- **Respiratory status**
- **Pulse status**
- **Pupils**
- **Rigor mortis**
DNR & CPR Policies and Procedures

• How to identify code status

• When to do CPR
DNR & CPR Policies and Procedures

Should include the system for immediate identification of code status
Compliance with Regulations
Determining Compliance Regarding the Administration of CPR in a LTC Facility

- What was the resident’s code status?
- Was there a DNR order signed by the physician?
Determining Compliance Regarding the Administration of CPR in a LTC Facility

• Did the nurse assess the resident per professional standards?

• Was CPR done per the resident’s advance directive & physician order?
Determining Compliance Regarding the Administration of CPR in a LTC Facility

• *Was CPR started timely and done correctly?*

• *Was the crash cart brought to the code timely?*
Determining Compliance Regarding the Administration of CPR in a LTC Facility

- *Was emergency equipment present?*
- *Did emergency equipment work correctly?*
Determining Compliance Regarding the Administration of CPR in a LTC Facility

What was the resident’s condition before and after CPR or DNR?
Determining Compliance Regarding the Administration of CPR in a LTC Facility

If CPR was successful, was the resident monitored until EMS arrived?
Determining Compliance Regarding the Administration of CPR in a LTC Facility

- Was 911 notified?
- Was the physician notified?
- Was the family or responsible party notified?
Determining Compliance Regarding the Administration of CPR in a LTC Facility

• *Does the policy and procedure state when CPR is to be done?*

• *Does the policy and procedure identify the factors that the nurse must assess?*
Possible Citations
Possible Citations

- **F-154** Failure to inform the resident in advance about care & treatment (DNR or CPR)
- **F-155** Failure to provide the resident the information to make an advance directive
Possible Citations

• F-157 Failure to notify the physician & family/responsible party of CPR or DNR care
Possible Citations

• *F-281 Failure to provide CPR or DNR care according to professional standards of quality*
Possible Citations

• *F-282 Failure to provide CPR by qualified staff trained and certified in CPR*
Possible Citations

• *F-309 Failure to provide the necessary CPR or DNR care*
Possible Citations

- F-456 Failure to maintain essential emergency equipment in operating condition
Possible Citations

• **F-490 Failure of administration to develop and implement policies and procedures and to provide staff training for CPR & DNR care**
Possible Citations

- F-501 Failure of the medical director to coordinate a program of policies and procedures and training of staff regarding CPR and DNR care
This is life and death!

*Staff need to be able to make split second decisions on behalf of the resident & carry them out successfully.*