

Avoiding Confusion During Medical Emergencies

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Types of Medical Emergencies

- *Sentinel Medical Event*
- *Cardiac and/or Respiratory Arrest*



Sentinel Medical Events



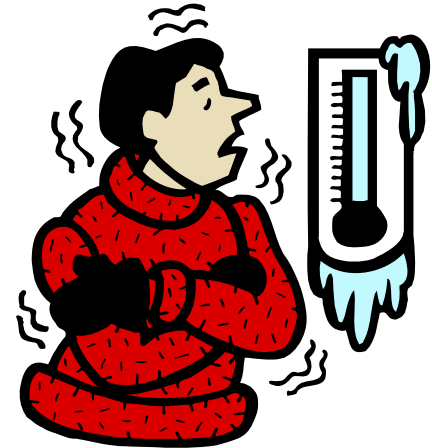
Definitions

- *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*

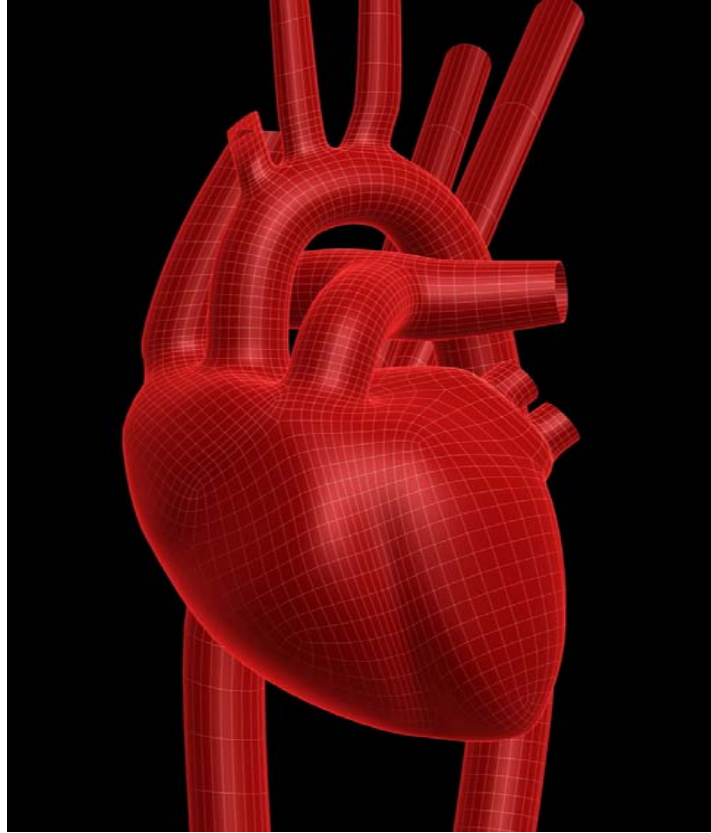


Staff Response to Sentinel Medical Events

- *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 .*



Tresch & Thakur, "Cardiopulmonary Resuscitation in the Elderly: Beneficial or Futility?", Emergency Medicine Clinics of North America, August 1, 1998

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

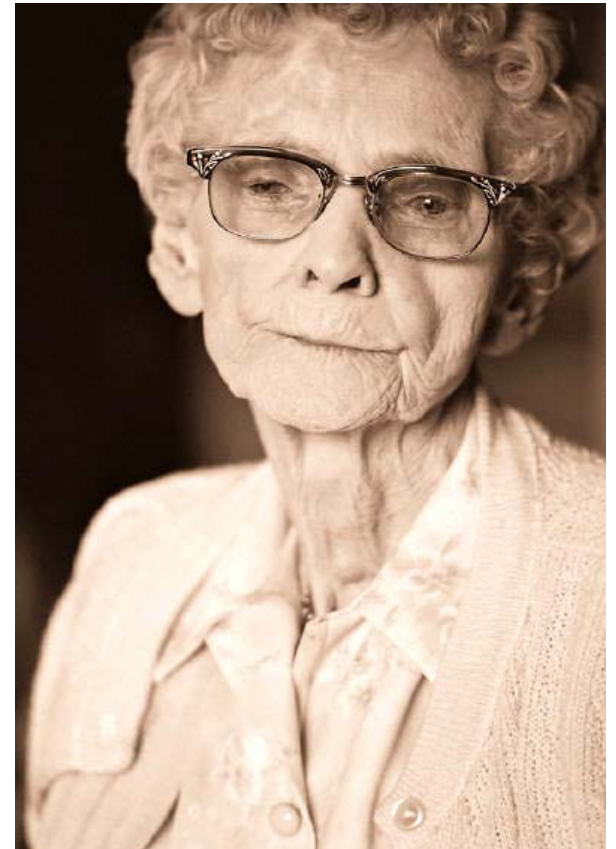
- *Acute vs. chronic illness*
- *Survivability of CPR*
- *Family members & the resident's wishes*



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



Resuscitation (CPR)

Preferences of Older Adults

*52% of older adults
who chose CPR
estimated their
prognosis as better
than those who did
not choose CPR*

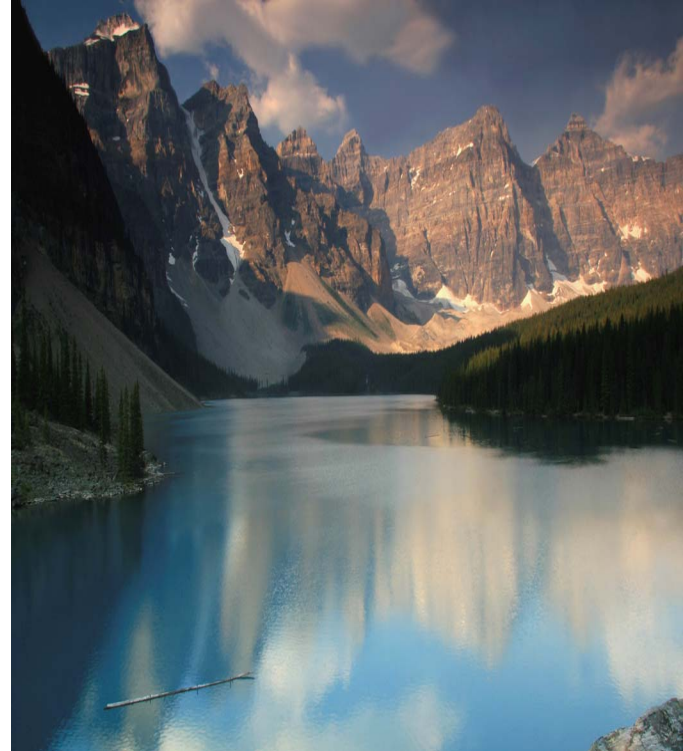
Laakkonen, Pitkala, Strandberg, Berglind, & Tilvis, "Older people's reasoning for resuscitation preferences and their role in the decision-making process," Resuscitation, May 2005



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%)

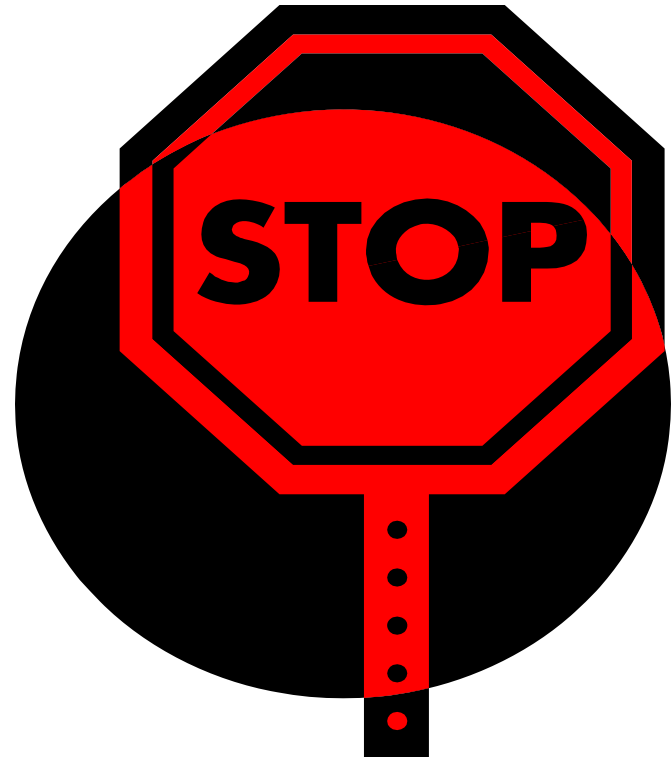
- *“I have already gained old age and led a full life.” (88%)*
- *“People cannot decide these things.” (72%)*

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.*



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:

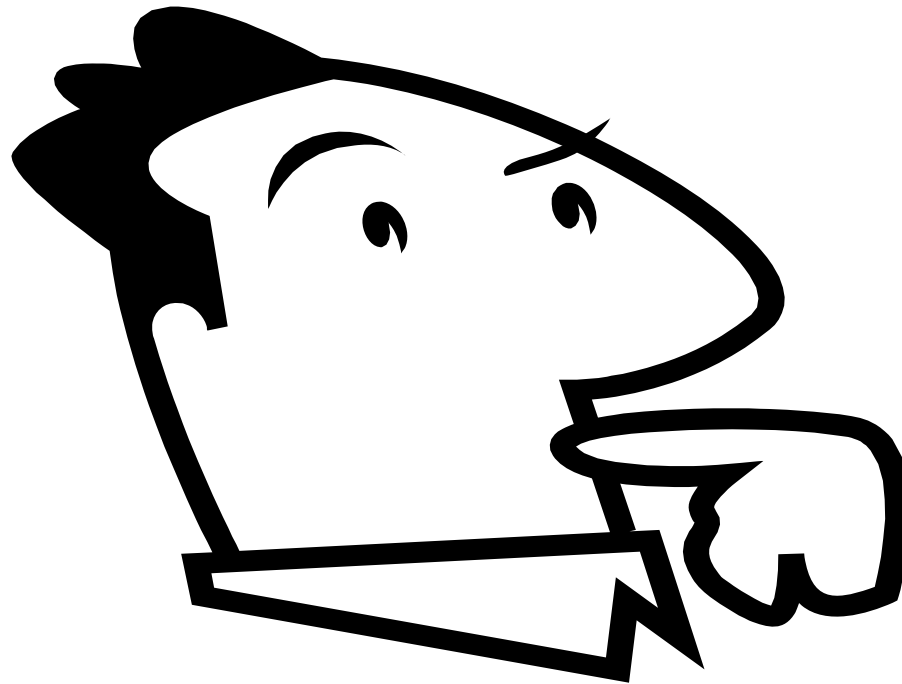
- *Dr. visit - 3.7 scenarios*
- *Hospital - 3.1 scenarios*
- *Hospice - 2.78 scenarios*
- *Tube feeding - 2.3 scenarios*
- *Ventilator - 2.5 scenarios*
- *CPR – 1.67 scenarios*

DNR or CPR?

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



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*



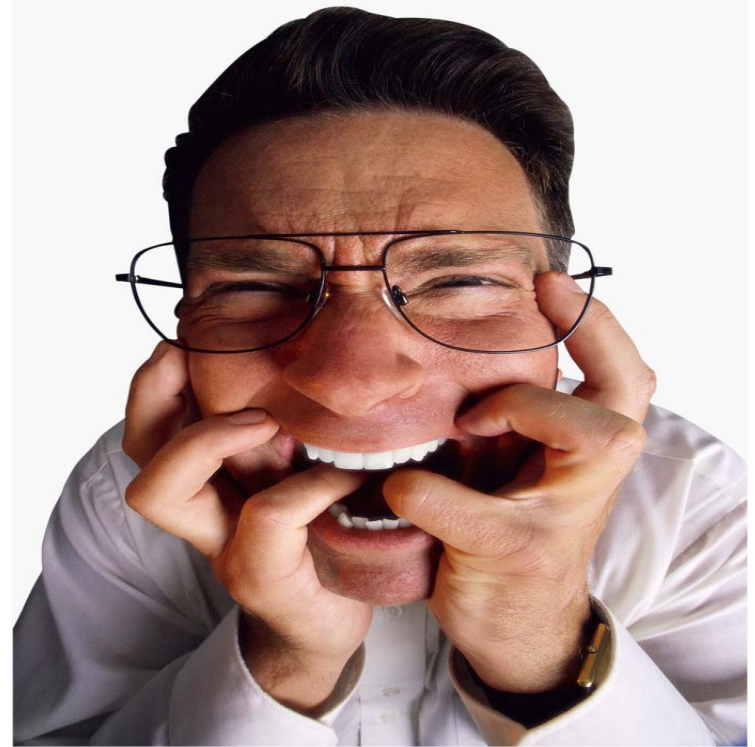
Causes of Confusion in Cardiac/Respiratory Arrest

*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



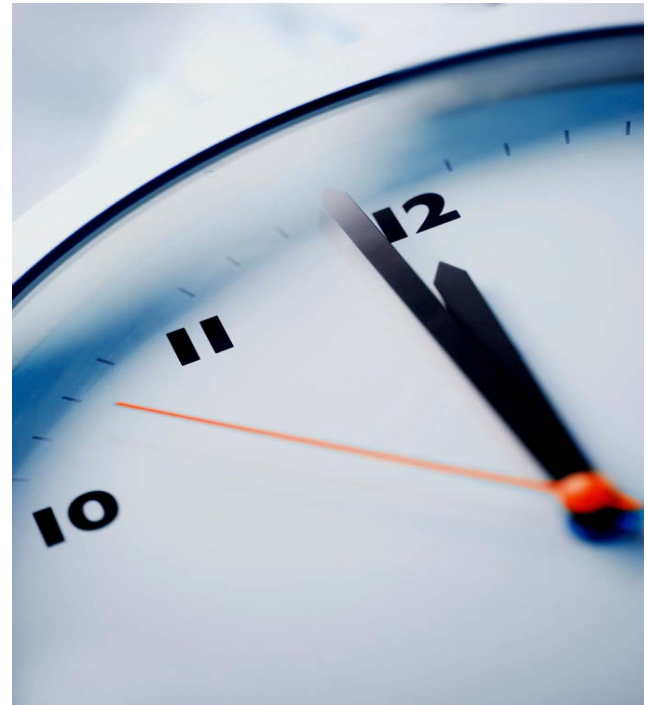
Causes of Confusion in Medical Emergencies

*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

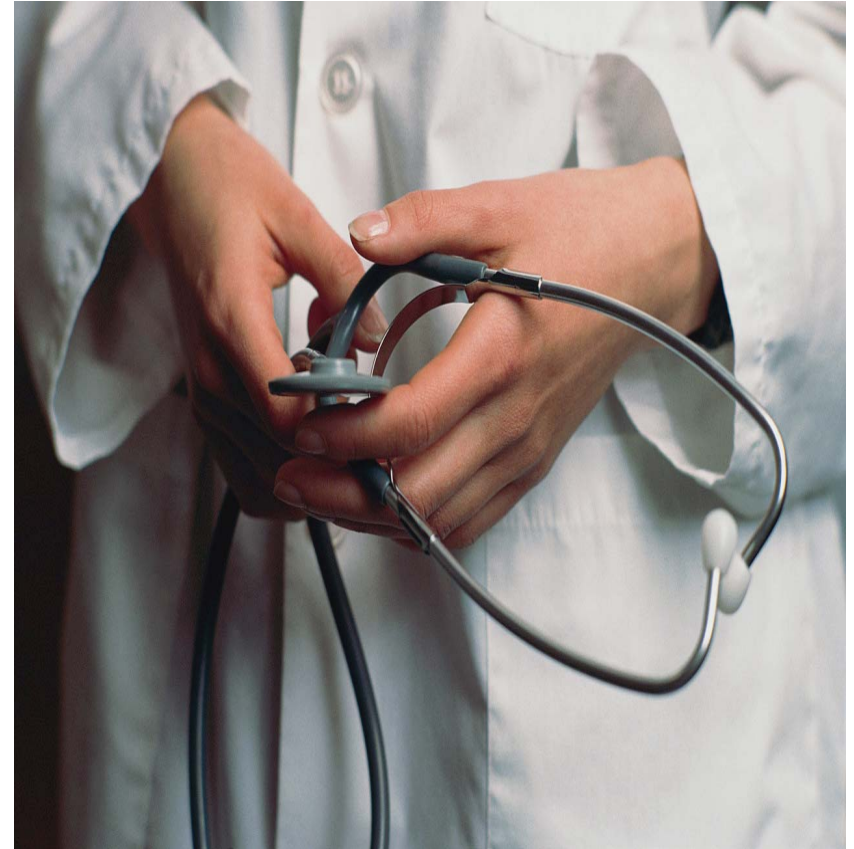
- *No unilateral decision-making by the physician*
- *DNR policies & procedures must be signed & dated by the facility medical director*



DNR Policies and Procedures

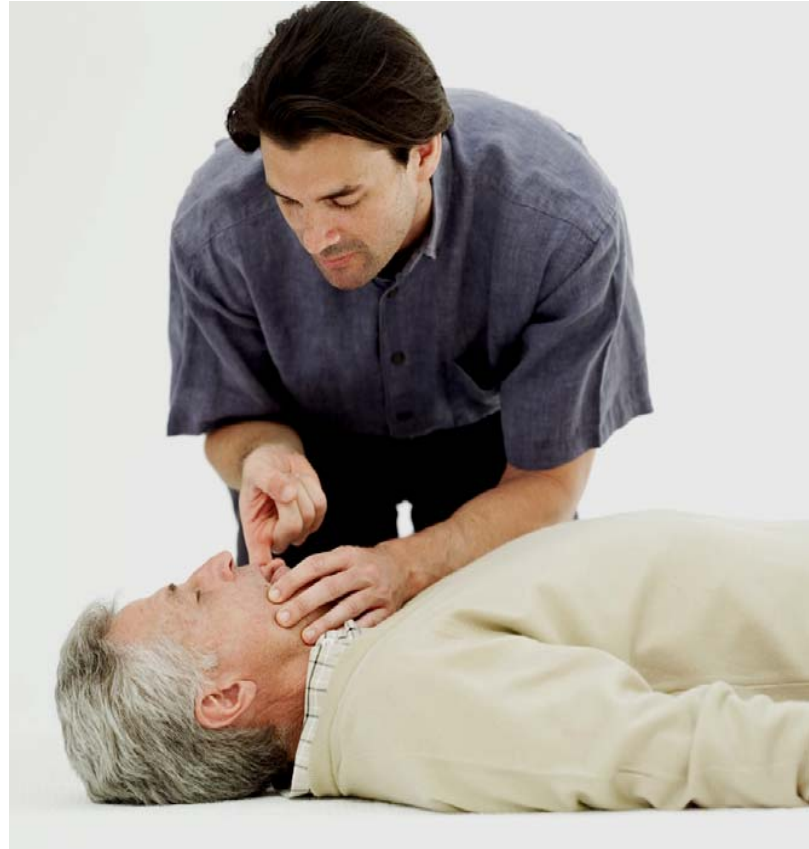
Nursing Assessment

- *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?*



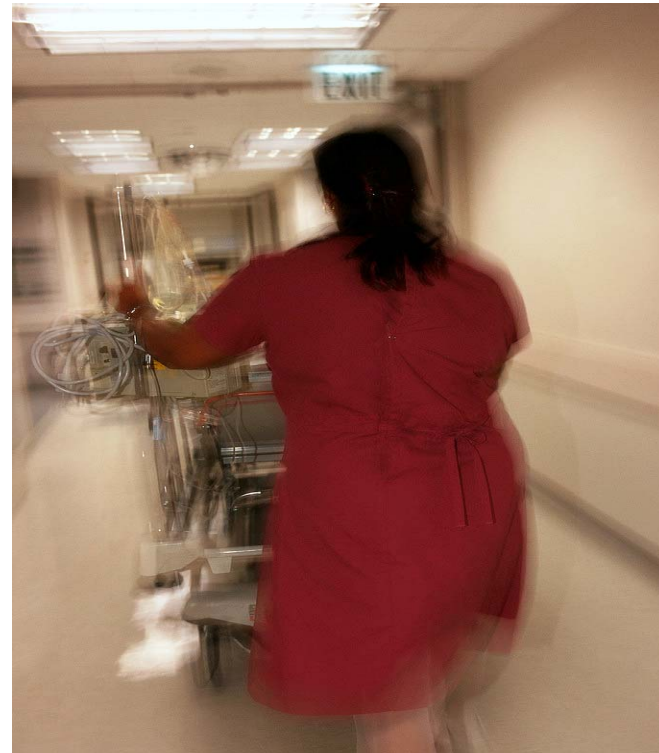
Determining Compliance Regarding the Administration of CPR in a LTC Facility

- *Did the nurse assess the resident per professional standards?*
- *Was CPR done per the resident's advance directive & physician order?*



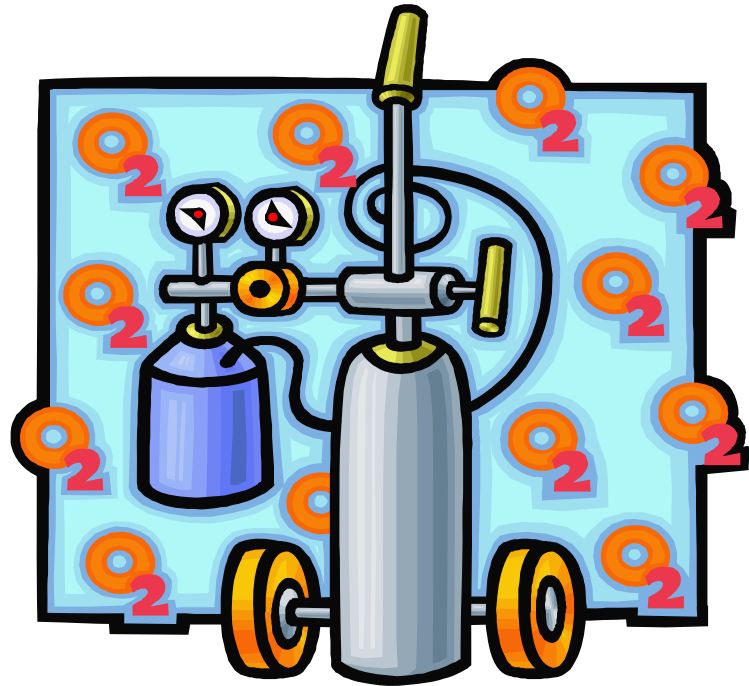
Determining Compliance Regarding the Administration of CPR in a LTC Facility

- *Was CPR started timely and done correctly?*
- *Was the crash cart brought to the code timely?*



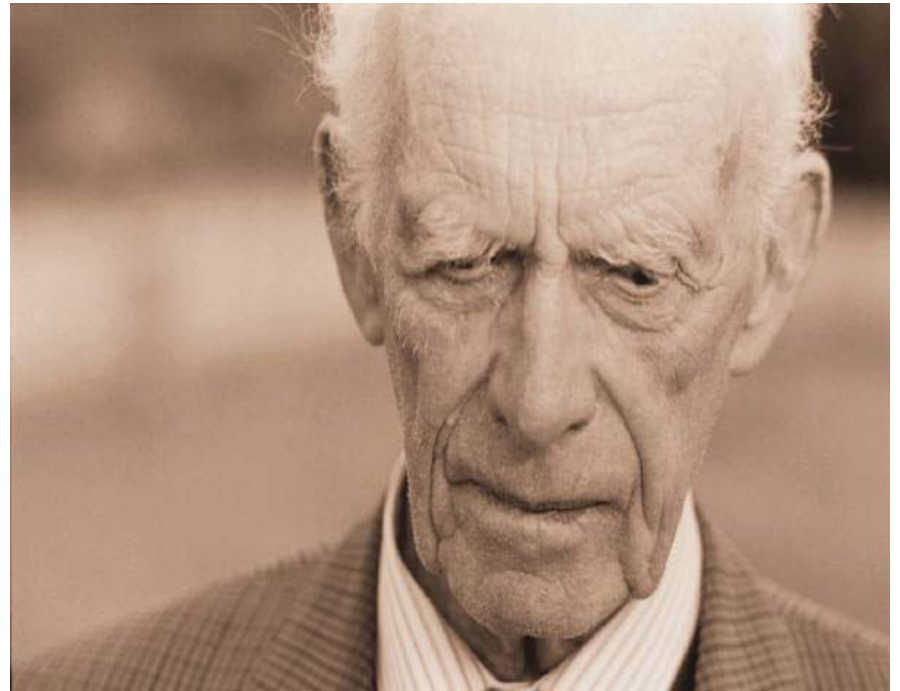
Determining Compliance Regarding the Administration of CPR in a LTC Facility

- *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?*



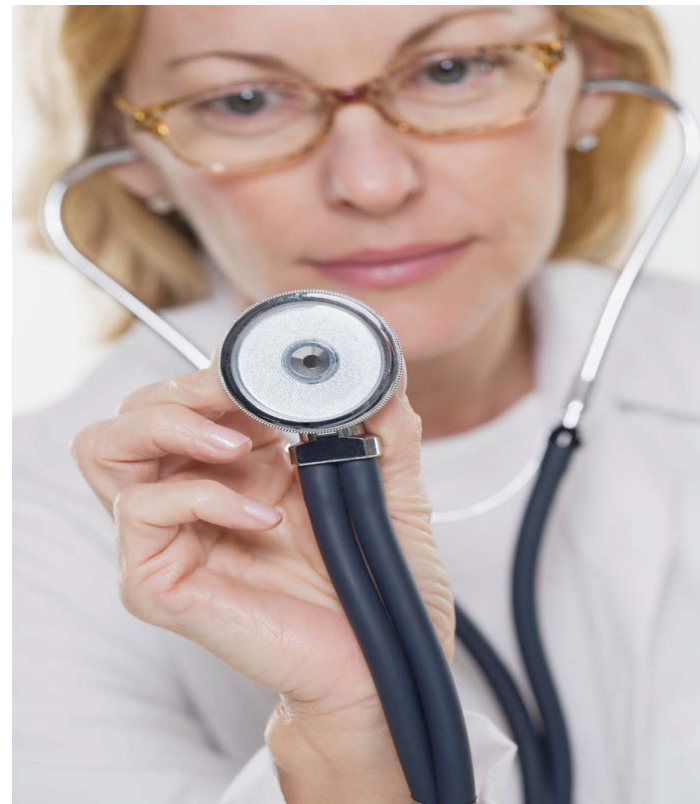
Determining Compliance Regarding the Administration of CPR in a LTC Facility

- *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*



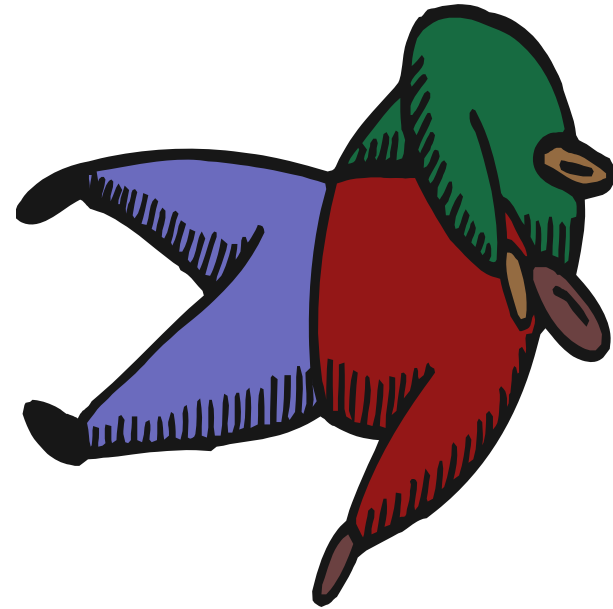
Possible Citations

- *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.

