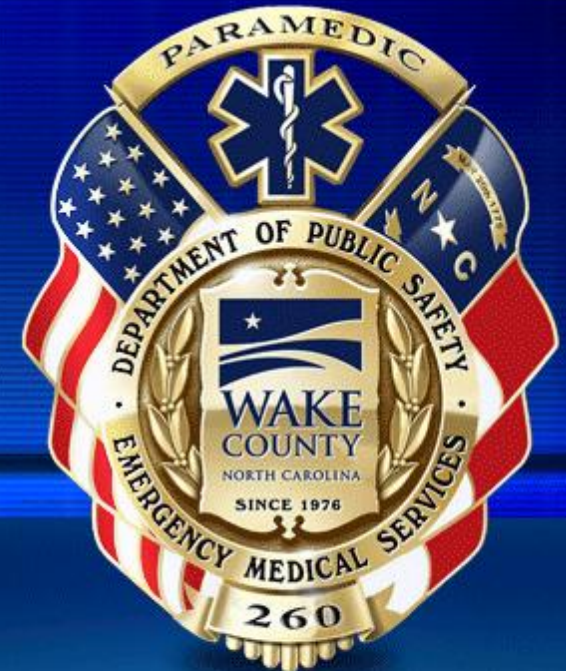


Morbidity of Mortality: The Assurance of the Only Stable Rhythm

J. Brent Myers, MD MPH
Medical Director
Wake County EMS System
Raleigh, NC



Your whole life
is leading up to this.

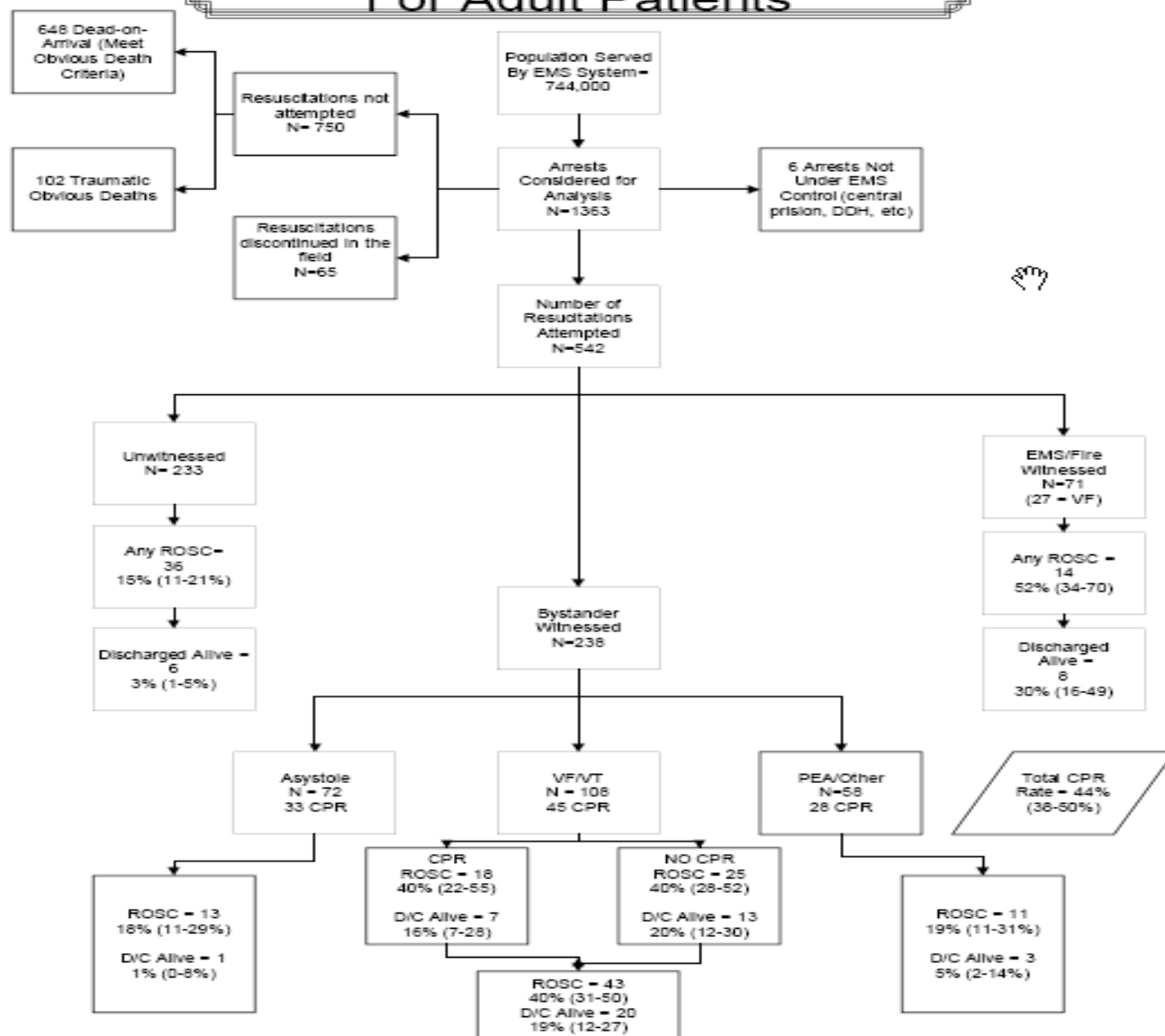
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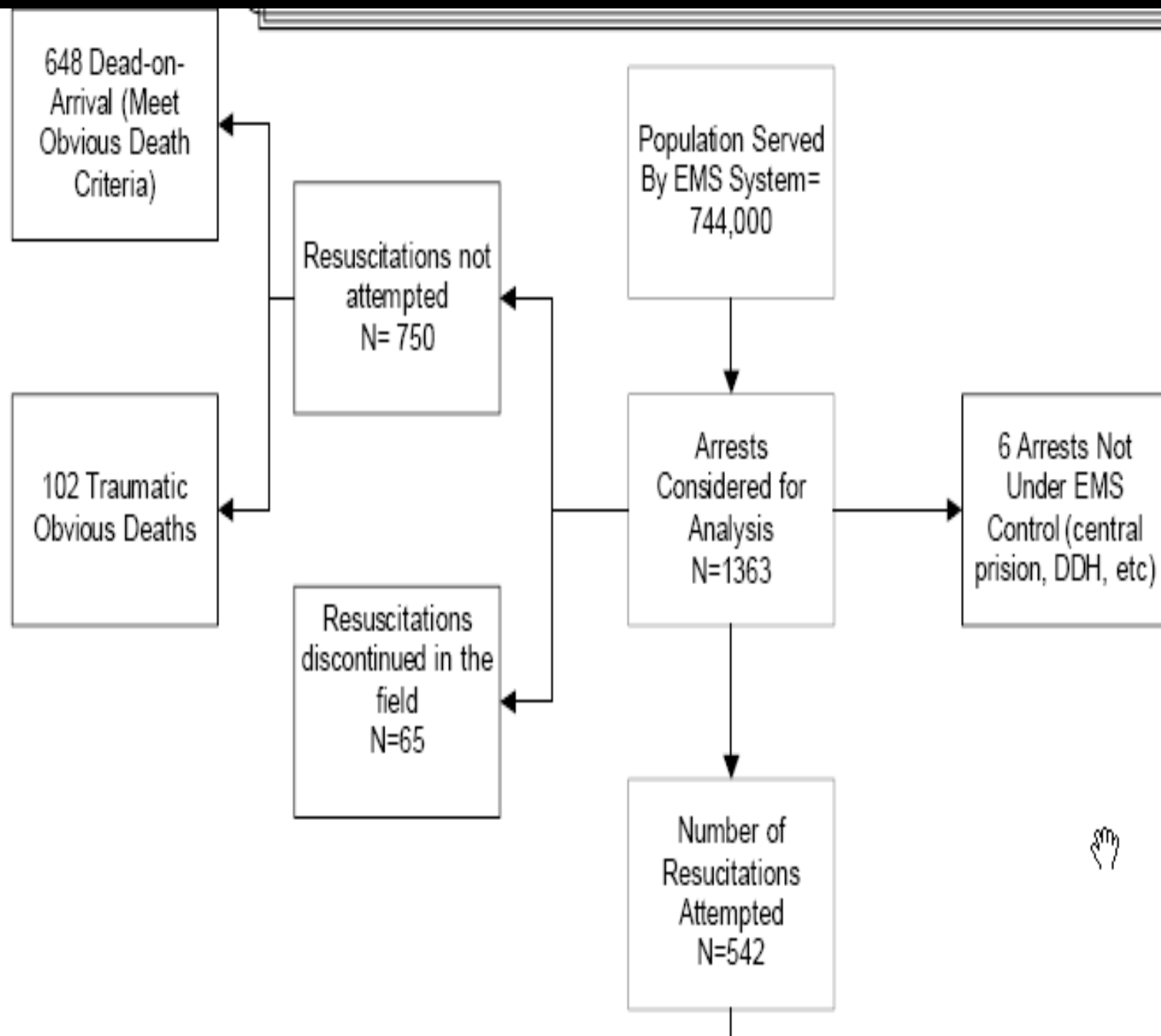
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Wake EMS System 2003-04 Cardiac Arrest Report Abbreviated Utstein Style For Adult Patients





What Should We Do With the Families?

✦ Two questions to be answered:

✦ Should they be present for the resuscitation?

✦ How will they handle the news? How should we give it?



Should They Be Present?

- ✦ All available evidence suggests they should be offered the opportunity to be at the bedside.
- ✦ One study indicates 80% of family members desired to be present during the efforts, but only 11% were offered the opportunity



NEJM Study

- ✦ 94% of family members who attended the resuscitation efforts said they would choose to do it again if presented with the same situation
- ✦ 2/3 felt their presence made death easier for the patient



Potential Problems with Family Presence

- ✦ Interference with efforts
 - ✦ 9 years of experience at one hospital demonstrated no such interference
 - ✦ Code Commander can assist with this
- ✦ It has been my experience that the family is ready to stop efforts long before we are



Potential Problems with Family Presence

✦ **Medicolegal**

- ✦ **Most law suits are due to lack of communication**
- ✦ **Family members can often hear our statements anyway, so we are not performing our resuscitation without them “watching”**
- ✦ **I have no more concern with or without family member presence**

✦ **Tsai, E. NEJM 2002;346(13):1019-1021**



So, What Should We Do?

- ✦ In many circumstances, the family member should be offered the opportunity to be present during the resuscitation
- ✦ This may be more important after initial treatments have been performed (IV/IO access, airway management)
- ✦ The Code Commander should help the family members understand the plan



How Do We Tell the Family?

- ✦ If the family is present during the resuscitation, they will already have some understanding
- ✦ If the family has not been present, then I always begin by asking “What do you already know about _____’s condition?”



The Initial Conversation

- ✦ **Two keys phrases:**
 - ✦ **We have done everything that could be done – we carry all of the drugs and other treatments they have at the hospital**
 - ✦ **Despite these efforts, _____ did not survive and has died.**



The Initial Conversation

- ✦ Do not use euphemisms such as:
 - ✦ “Aunt Bertha has passed”
 - ✦ “Uncle Bob has done gone on”
 - ✦ “Sister has crossed to the other side”
- ✦ Every region and culture has their own language.
- ✦ Use the word “DEAD” and be quiet



Non-verbal Communication

- ✦ **Sit down or get eye-to-eye**
 - ✦ Don't "stare them down"
- ✦ **Bodily contact**
 - ✦ Hand to shoulder, hand to hand
- ✦ **Facial expressions**



Inform

- ✦ Introduce yourself
- ✦ Ask if they want children in the room
- ✦ Address survivors by last name and title
- ✦ Do not appear rushed (sit down)
- ✦ Ask them what happened
- ✦ Use the descendants name: not him/her, he/she, your wife/husband



Three Important Items to Loved Ones

- ✦ Knowledge of freedom from pain and anxiety
- ✦ Cleanliness of the body
- ✦ Physical touch of the deceased
 - ✦ Rutkowski A. Annals Emerg Med 2002;40:521-3



How Will Families Handle the Non-Transport?

- ✦ Only one small survey in the literature
- ✦ This study indicates positive outcome
- ✦ Brief review follows



How Will Families Handle Non-Transport?

- ✦ For all families of cardiac arrest victims, 97% were satisfied with the care
- ✦ 100% of the non-transported patients' families were satisfied
- ✦ 25% of the transported patients' families stated they wished the patient had been allowed to die in the home



How Will Families Handle Non-Transport?

- ✚ 50% of transported patients' families were not satisfied with interaction with the emergency physician
- ✚ 100% were satisfied with interaction with the emergency nurses
- ✚ 97% were satisfied with interaction with paramedics



How Will Families Handle Non-Transport?

✦ Families reported:

- ✦ Anxiety during the rush to the hospital

- ✦ Frustration when the resuscitation was terminated quickly after arrival

- ✦ Loneliness in the hospital waiting room

Edwardsen EA et al. Prehospital Emergency Care 2002;6(4):440-4





Deceased Persons



History:

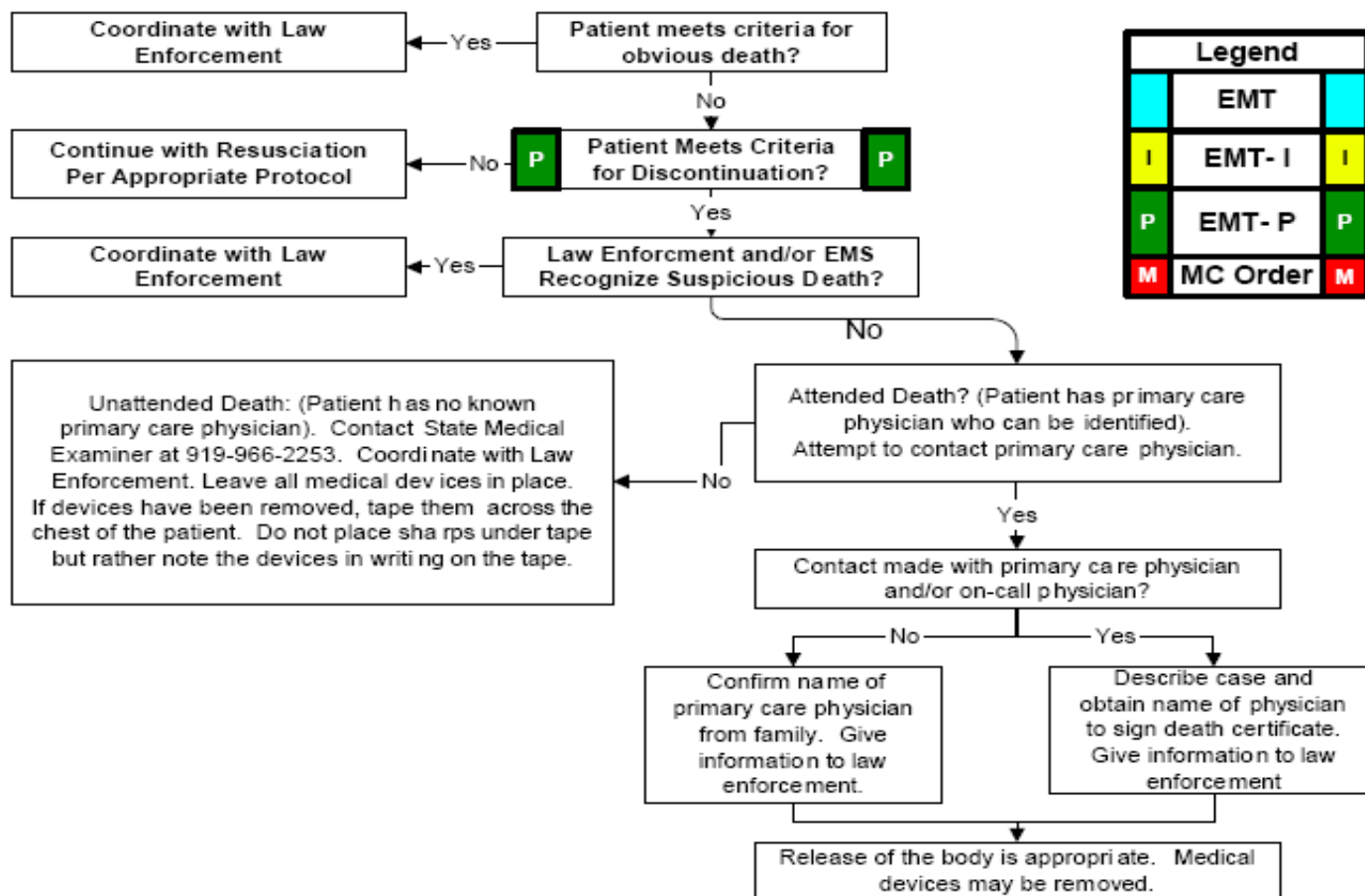
- Patient encountered by EMS who meets criteria for obvious death
- Patient with DNR order in place who is pulseless and apneic
- Patient for whom resuscitation efforts are ceased on-scene

Key Information:

- Name of Primary Care Physician
- Known medical conditions
- Last time known to be alive

Differential:

- **Attended Death** (a patient with a primary care physician who apparently died of medical causes (aka "natural death"))
- **Unattended Death** (a patient with out a primary care physician who apparently died of medical causes (aka "a natural death"))
- **Suspicious Death** (law enforcement)



Death Be Not Proud

- ✚ Sit with the family and friends
- ✚ Use clear terms and be concise
- ✚ Include bystanders, even during resuscitation
- ✚ Consider a protocol with M. E.



