Morbidity of Mortality: The Assurance of the Only Stable Rhythm

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Your whole life is leading up to this.

SIX FEET UNDER

A new series from the Academy Award-winning writer of "American Beauty"

PREMIERES TONIGHT AT 10PM/9C

NEW EPISODES EVERY SUNDAY
648 Dead-on-Arrival (Meet Obvious Death Criteria)

102 Traumatic Obvious Deaths

Resuscitations not attempted N=750

Population Served By EMS System = 744,000

Arrests Considered for Analysis N=1363

Number of Resuscitations Attempted N=542

Resuscitations discontinued in the field N=65

6 Arrests Not Under EMS Control (central prison, DDH, etc)
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

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 without a primary care physician who apparently died of medical causes (aka "natural death")
- Suspicious Death (law enforcement)

Coordinate with Law Enforcement

Patient meets criteria for obvious death?

No

Continue with Resuscitation Per Appropriate Protocol

Yes

Coordinate with Law Enforcement

Law Enforcement and/or EMS Recognize Suspicious Death?

No

Unattended Death: (Patient has no known primary care physician). Contact State Medical Examiner at 919-966-2253. Coordinate with Law Enforcement. Leave all medical devices in place. If devices have been removed, tape them across the chest of the patient. Do not place sharps under tape but rather note the devices in writing on the tape.

Yes

Attended Death? (Patient has primary care physician who can be identified). Attempt to contact primary care physician.

No

Contact made with primary care physician and/or on-call physician?

Yes

Confirm name of primary care physician from family. Give information to law enforcement.

No

Describe case and obtain name of physician to sign death certificate. Give information to law enforcement.

Yes

Release of the body is appropriate. Medical devices may be removed.
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.