

**Do not to attempt CPR decisions in patients dying at Akershus
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Introduction

- Background/ aim
- Material/ methods
- Results
- Conclusion – what can we learn?



Background

Presumption/ clinical experience that decisions to not attempt CPR usually are taken late



Resuscitation at cardiac arrest is futile



Negative consequences

Negative Consequences

1. Acute medical recourses are being occupied/reduced preparedness
2. Seriously ill and dying people are unnecessary exposed to distress at their death bed
3. Burdening next of kin and health care workers
4. Expresses inadequate communication

Guidelines / procedures

- National guideline for decision making processes for limitation of life prolonging treatment of seriously ill and dying patients *Nasjonal veileder for beslutningsprosesser for begrensning av livsforlengede behandling hos alvorlig syke og døende* (April 2009, revised July 2013).
- Local procedures at Akershus University Hospital *EQS-prosedyre HLR minus* (Sept. 2016)

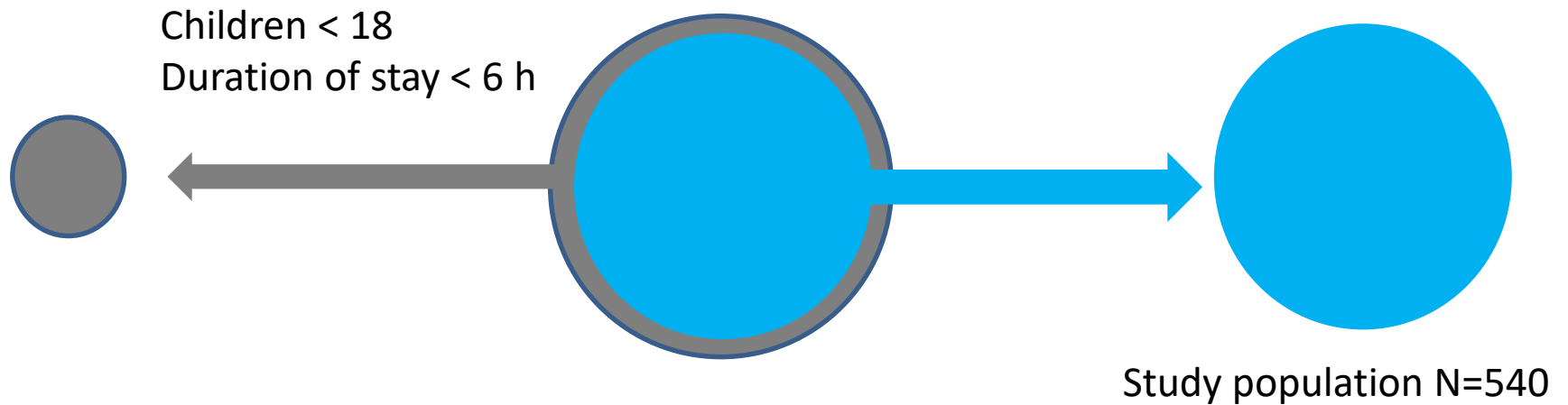
Law provisions:

- Law on Health Personnel *Helsepersonellloven*
- Law on Patients Rights *Pasientrettighetsloven*

What did we do?

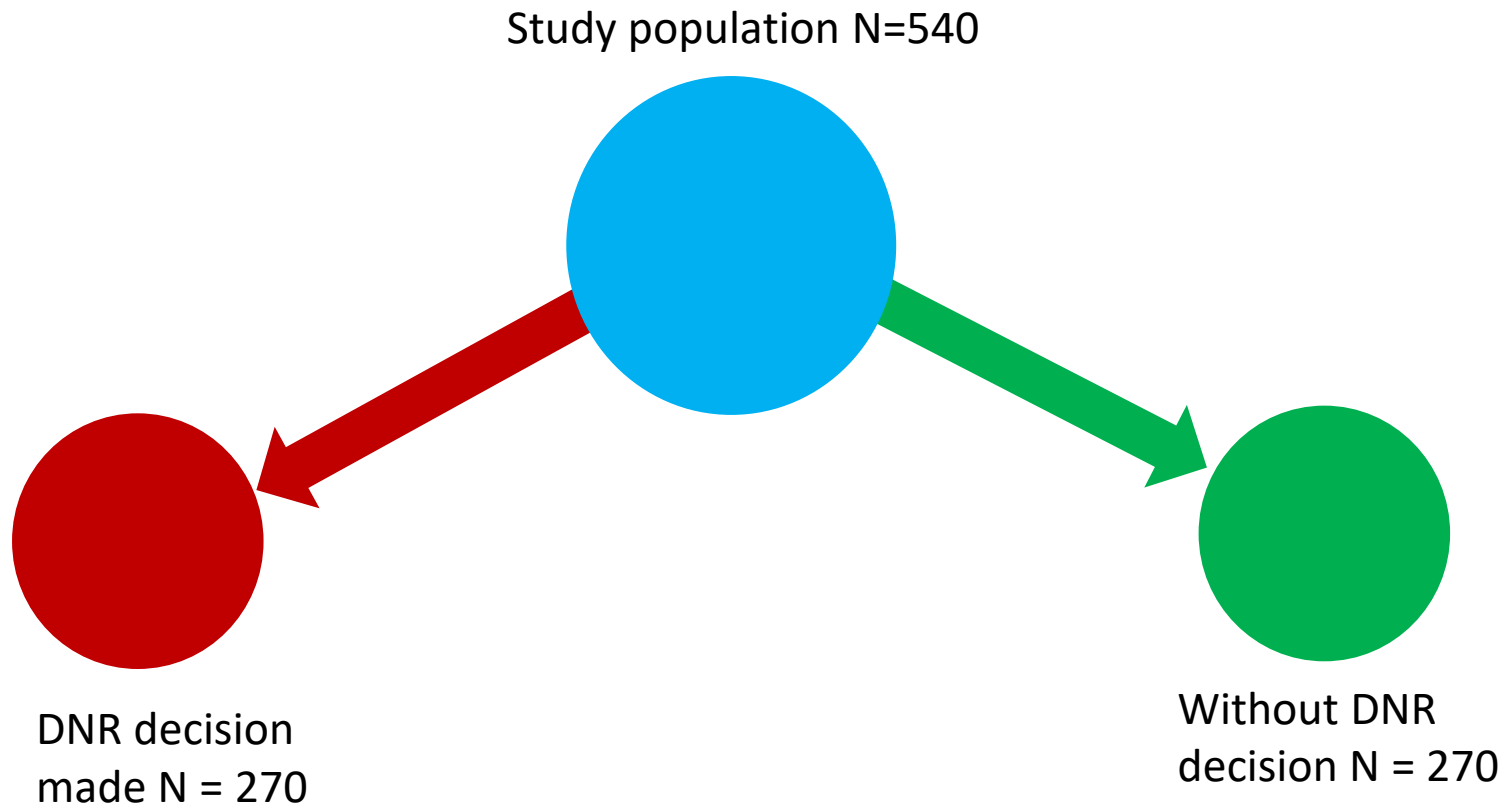


Methods

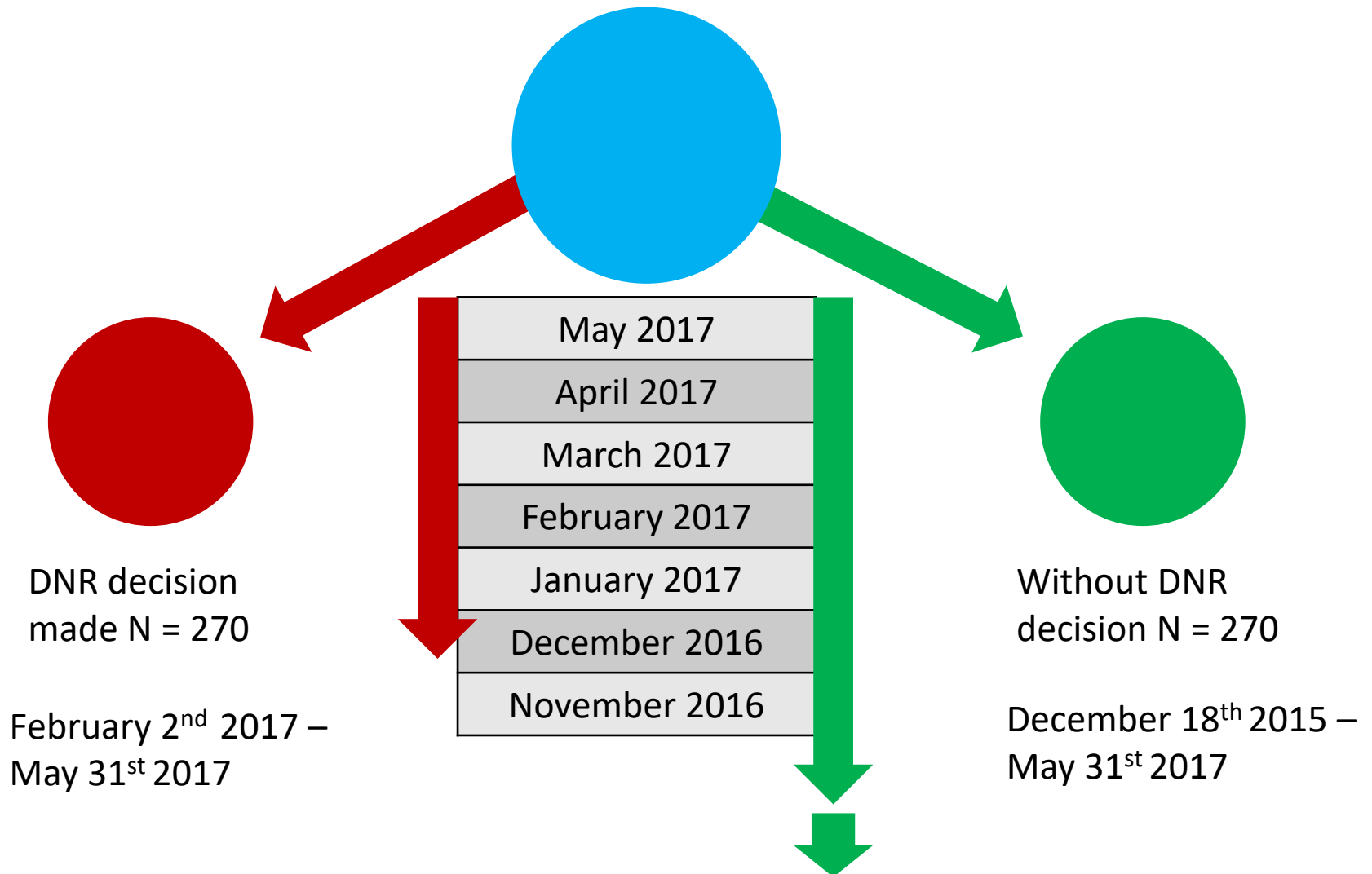


All deaths at Akershus University
Hospital unntil 31.05.17

Methods

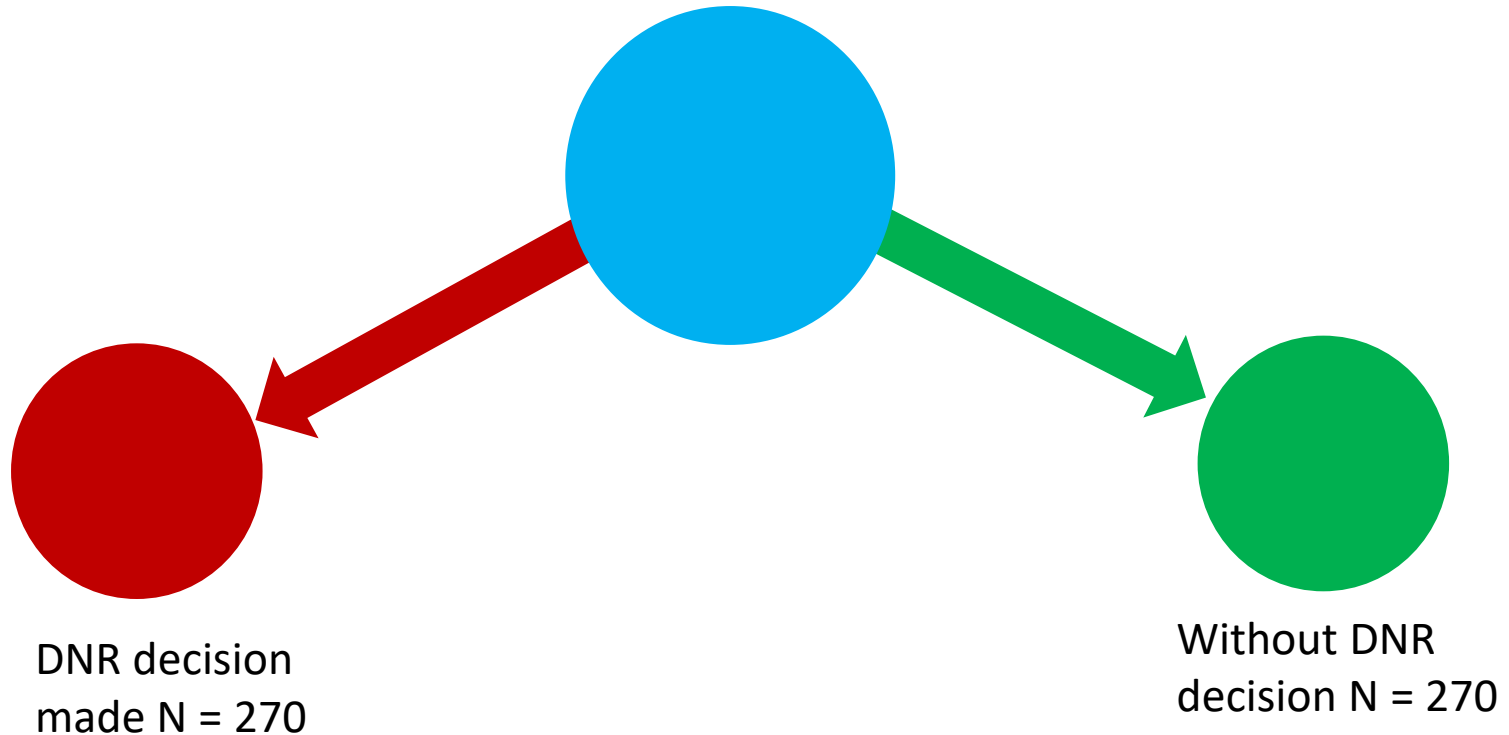


Study population N=540



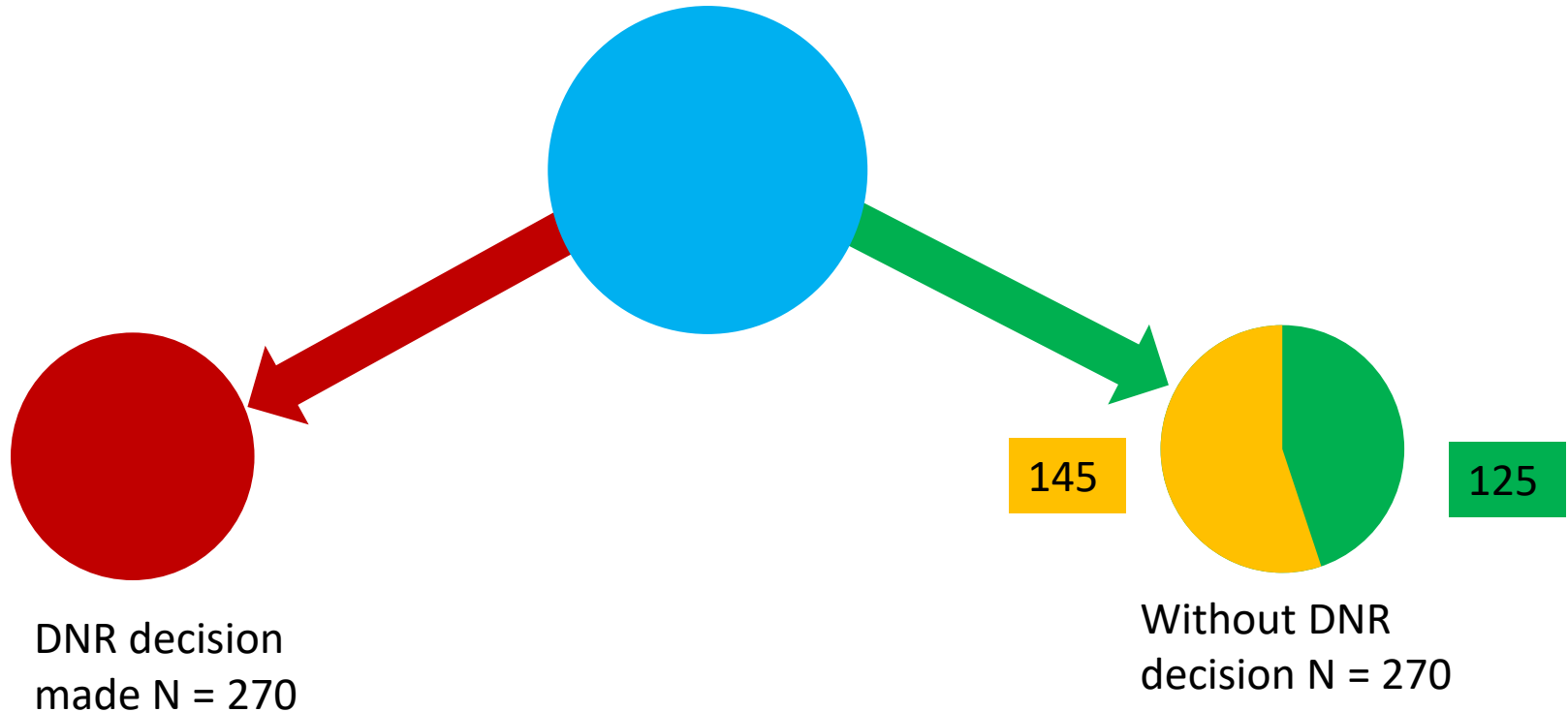
Firsts finding

Study population N=540



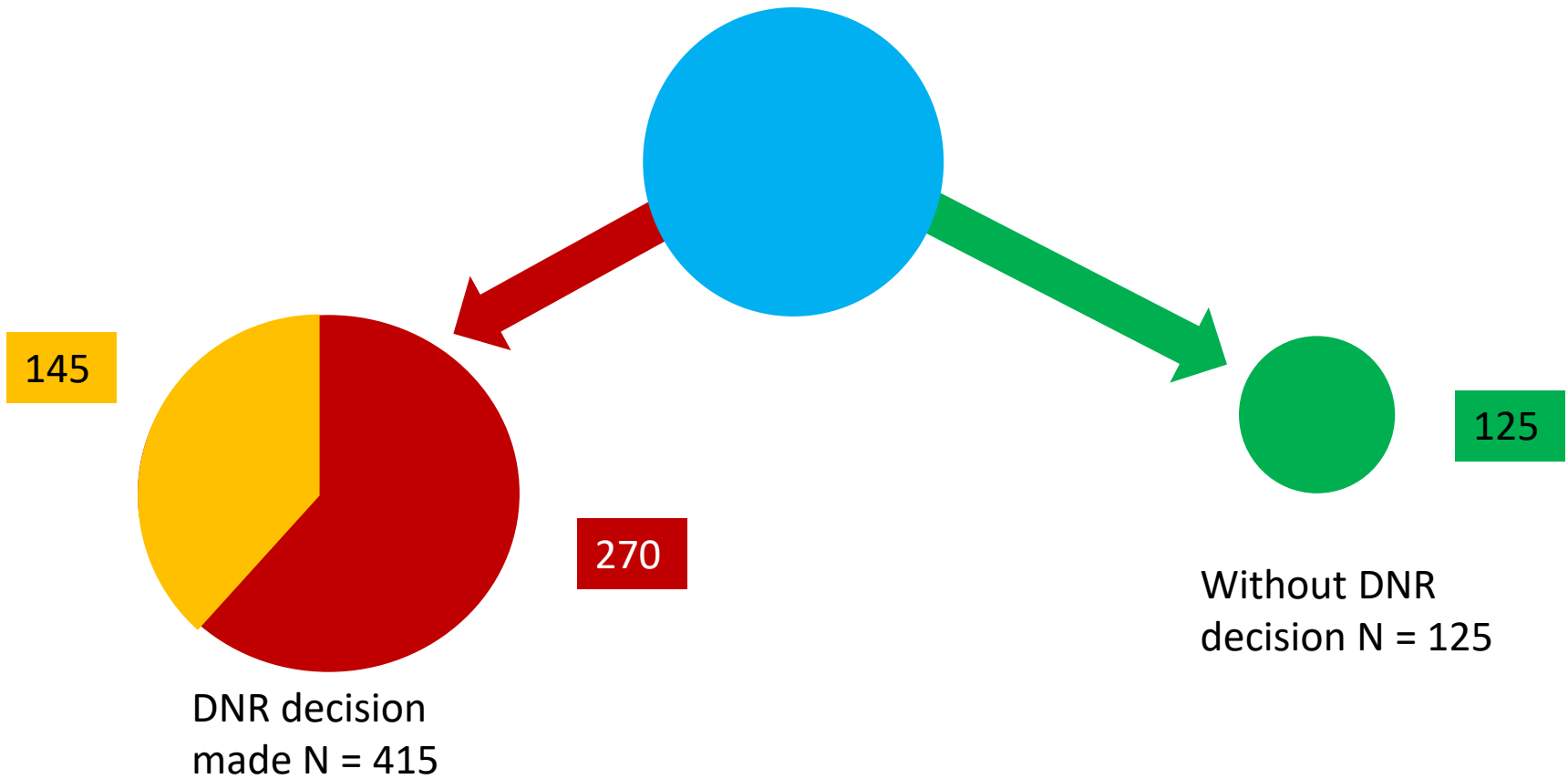
Firsts finding

Study population N=540



Firsts finding

Study population N=540



Firsts finding

Do not attempt DNR at Akershus University Hospital



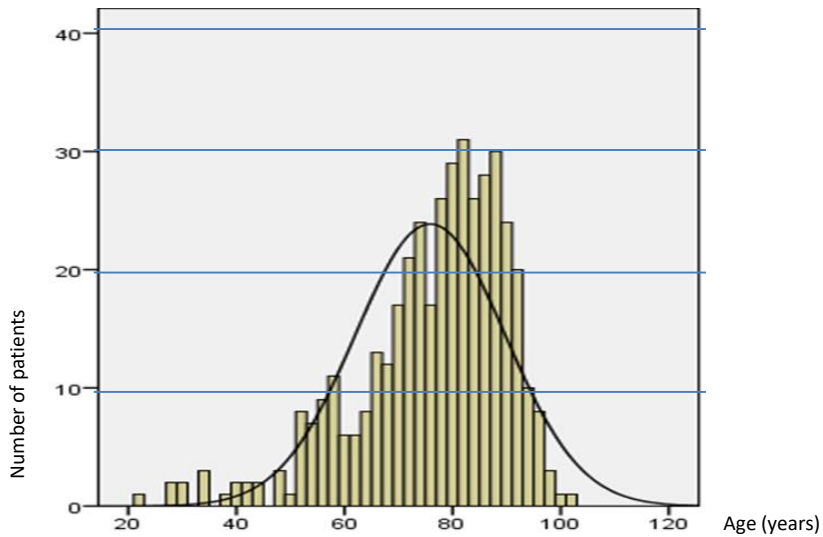
What more found we?

Gender

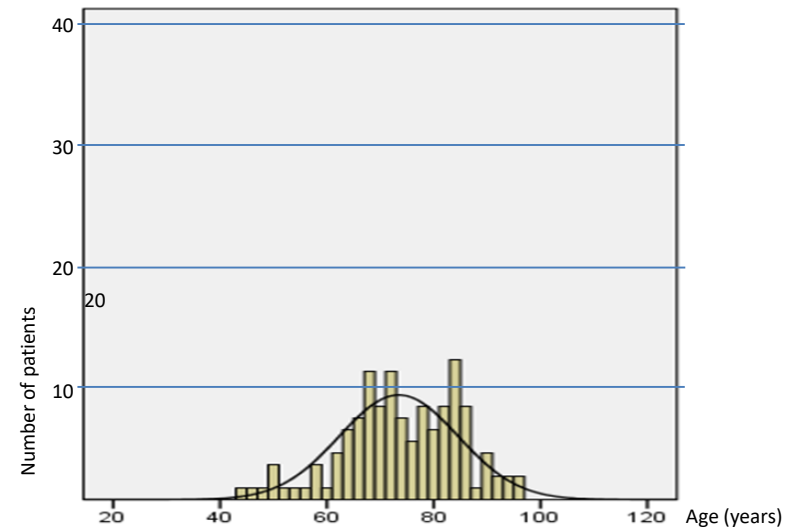
Male die more frequent (at Akershus University Hospital) than female

- 53,3% of those with DNR decision were male
- 59,4 % of those without DNR decision were male

Age



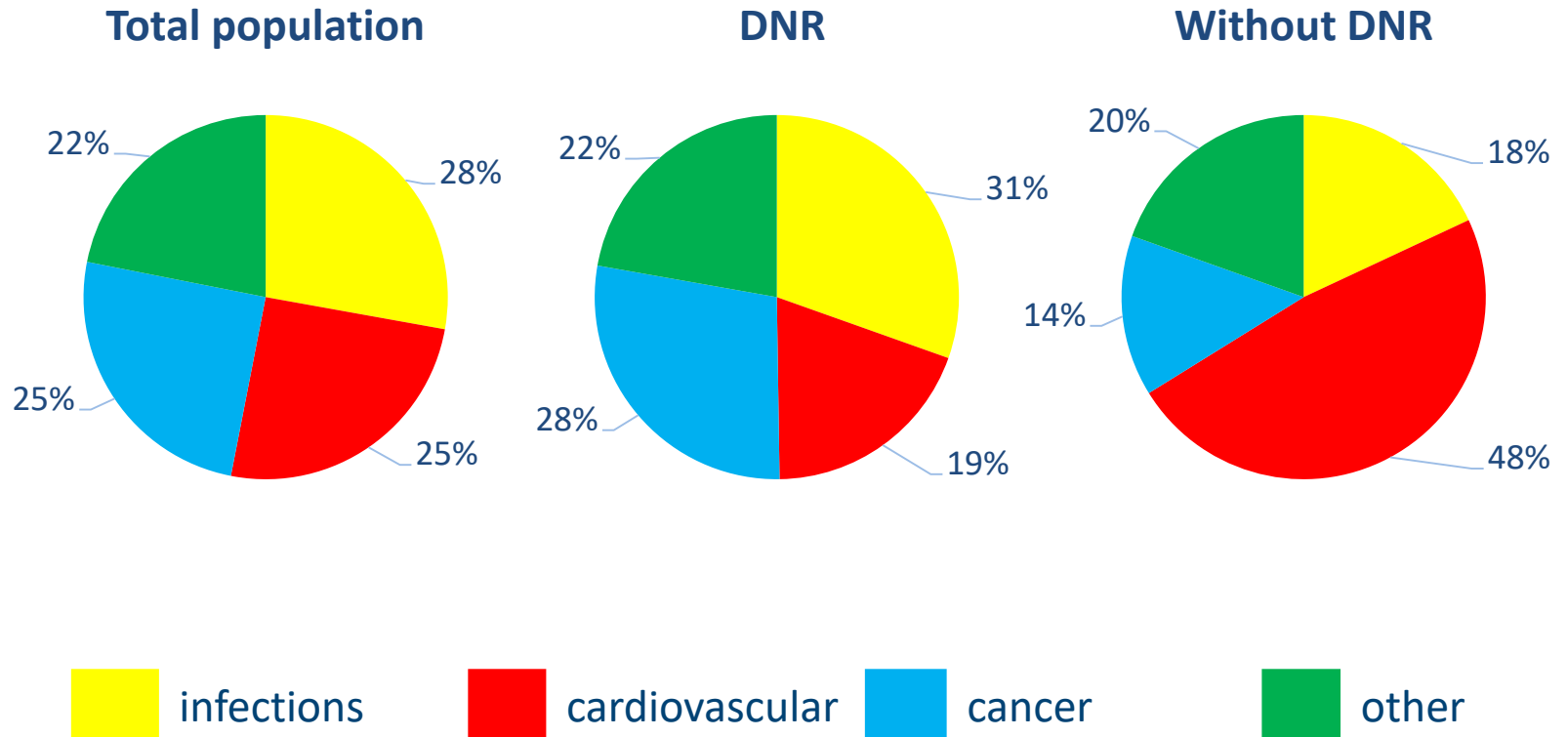
With DNR decision



Without DNR decision

What kind of diagnoses?

Cause of death



Do we perform CPR?

- **And do we do it on the
right basis ?**

CPR performed?

	DNR	Without DNR
CPR performed	4	76
CPR <u>not</u> performed	398	49

Background for do not attempt CPR decision?

Background for DNR decision

- Futility 94 %

What do we say?
What do we write?
Is there something we don't mention?

Overview concerning patient and next of kin involvement

Patient involvement?

- Most often ‘incapacitated’
- Rarely informed
- Often inadequate journal records



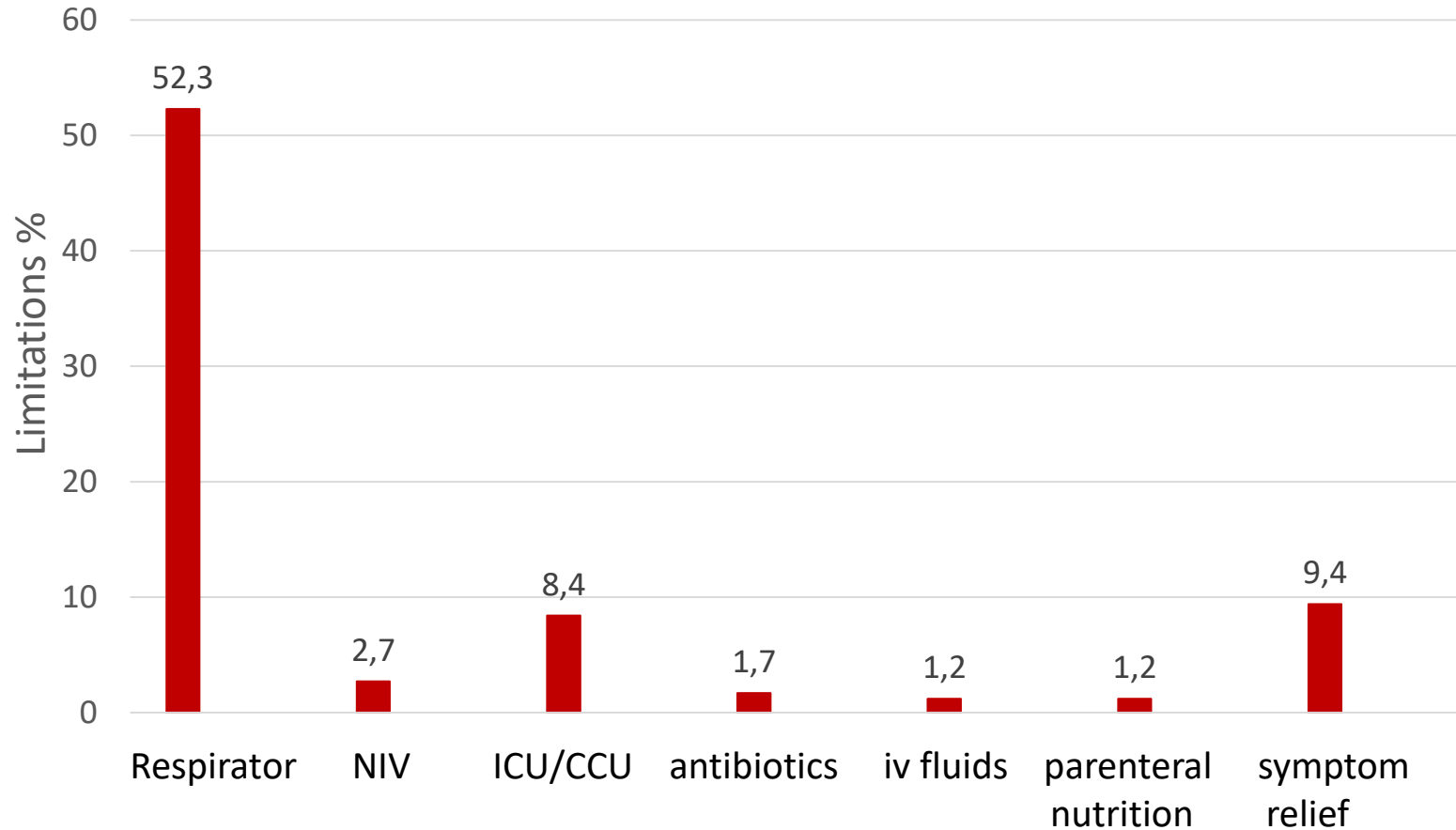
Involvement of next of kin?

- Most often not documented



Other limitations of treatment made?

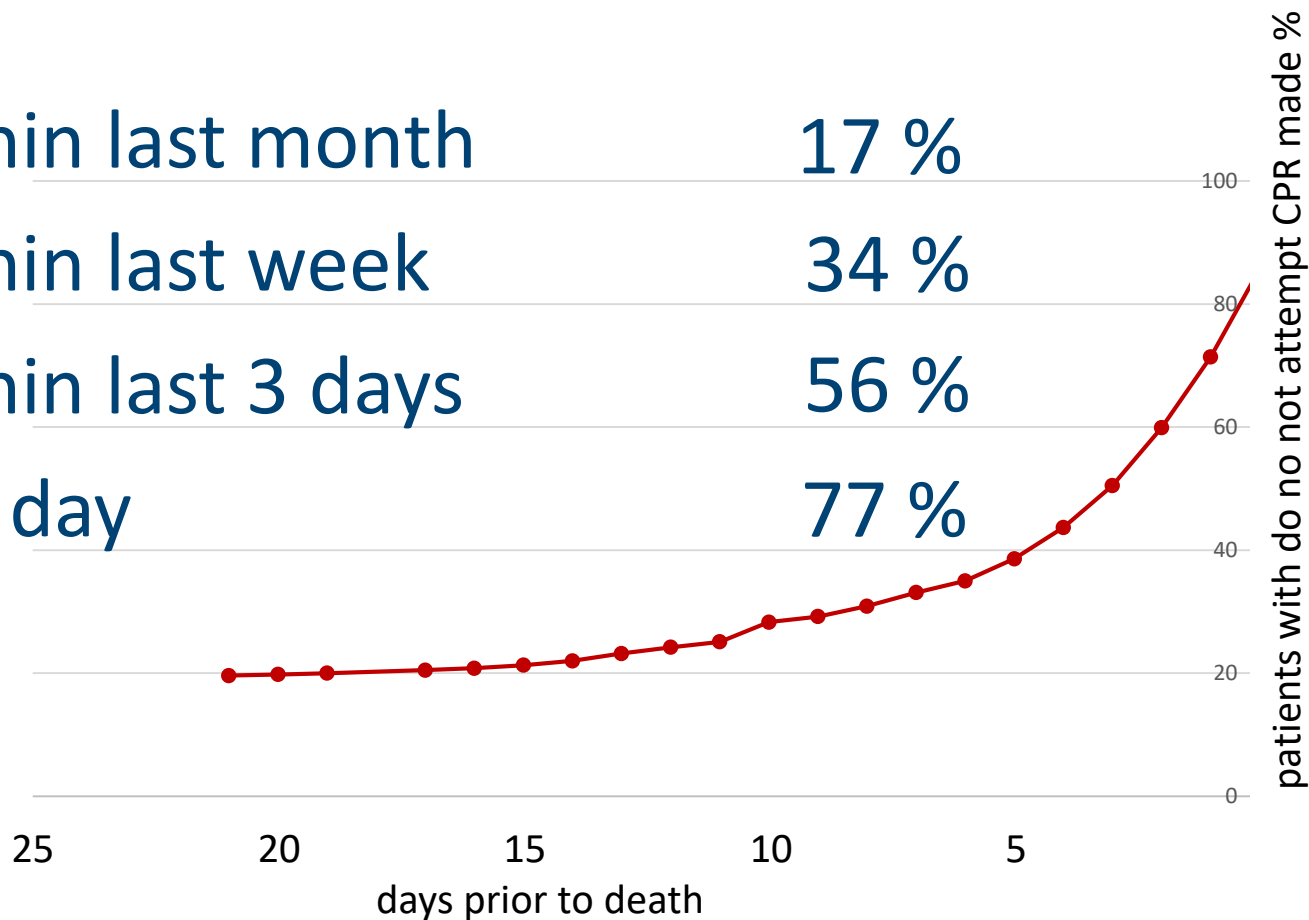
Other limitations of treatment made?



When to make do not to attempt CPR decisions?

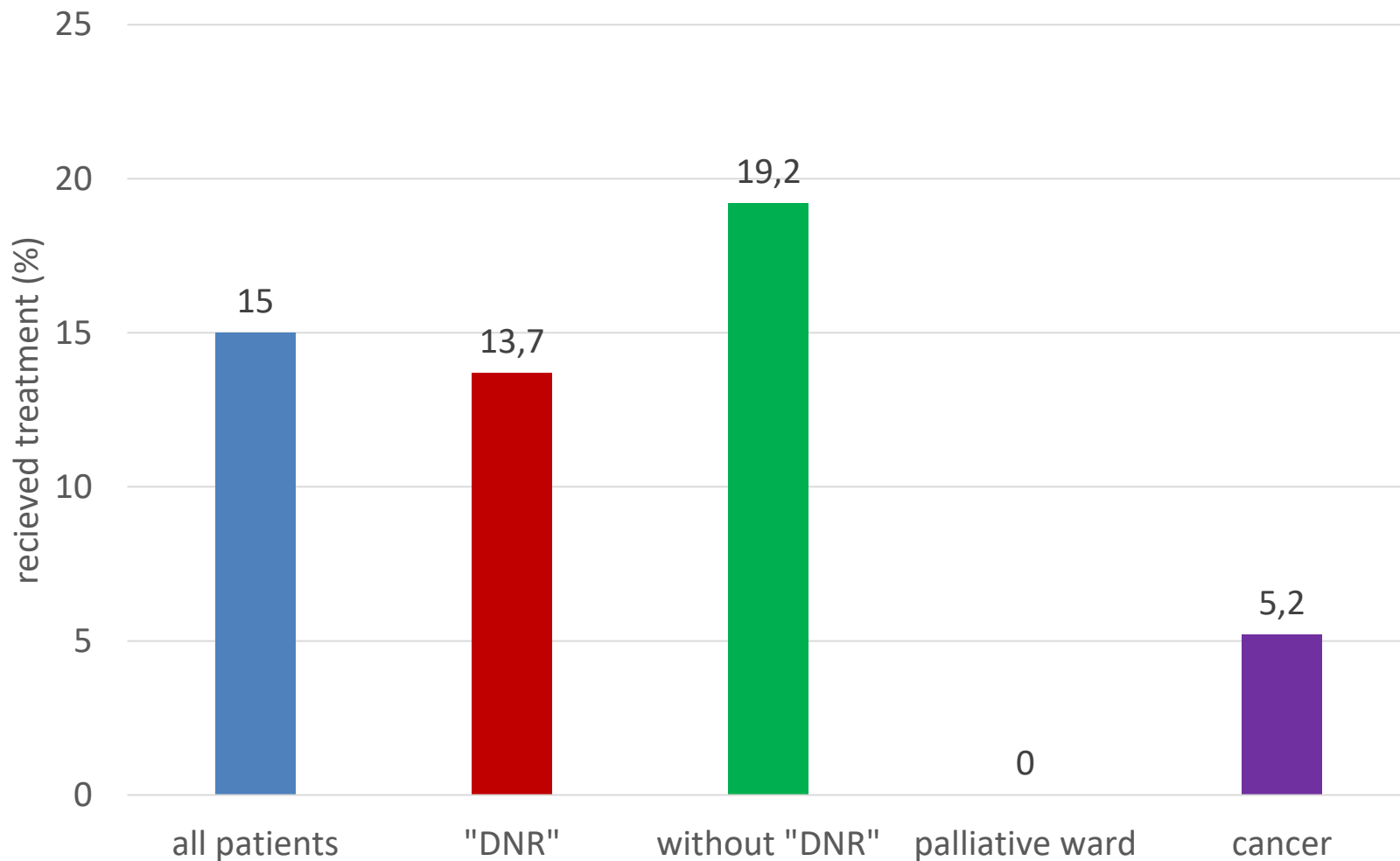
When was do not attempt CPR decision made?

- Within last month 17 %
- Within last week 34 %
- Within last 3 days 56 %
- Last day 77 %

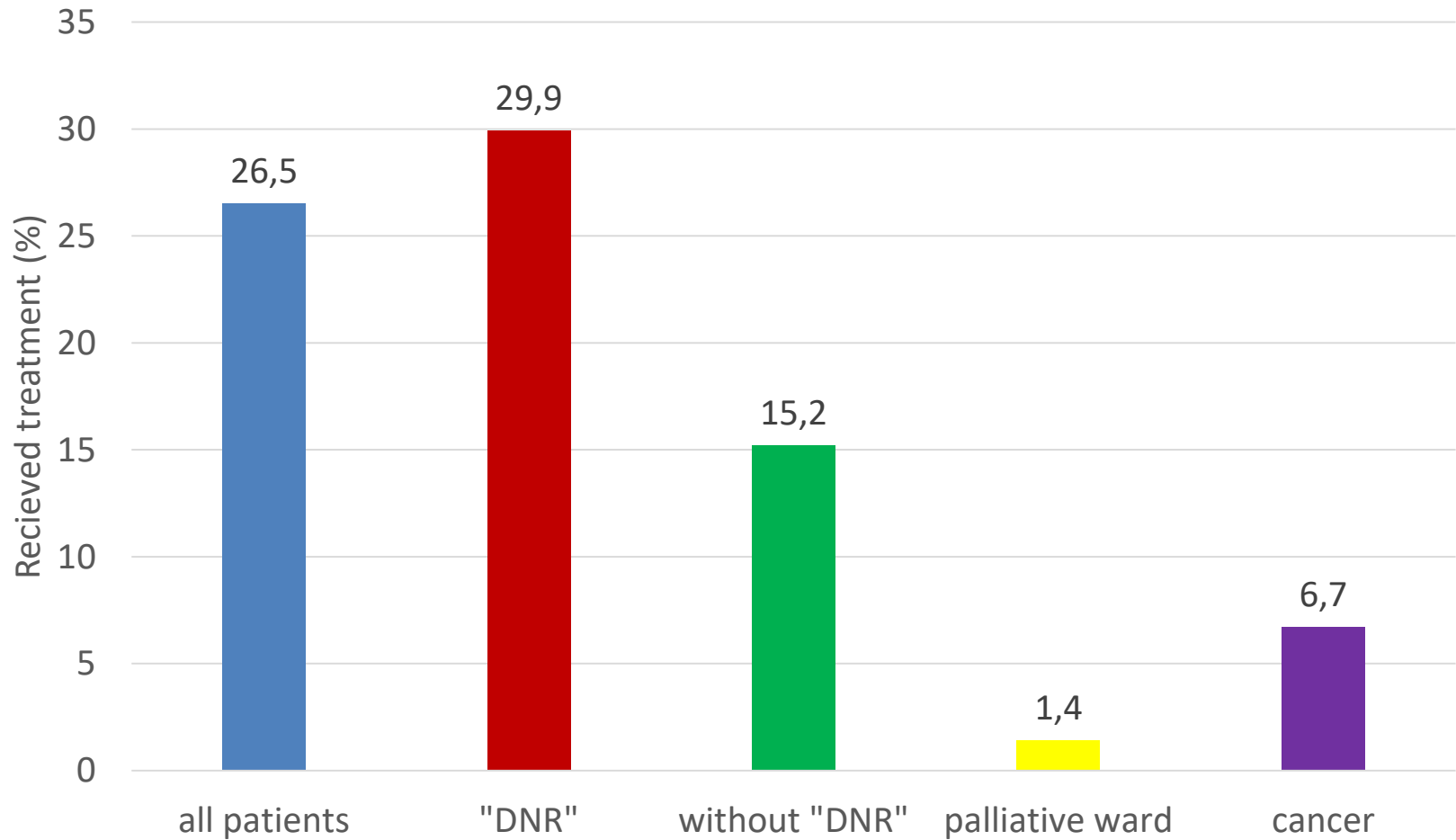


Recieved treatment the last week before death

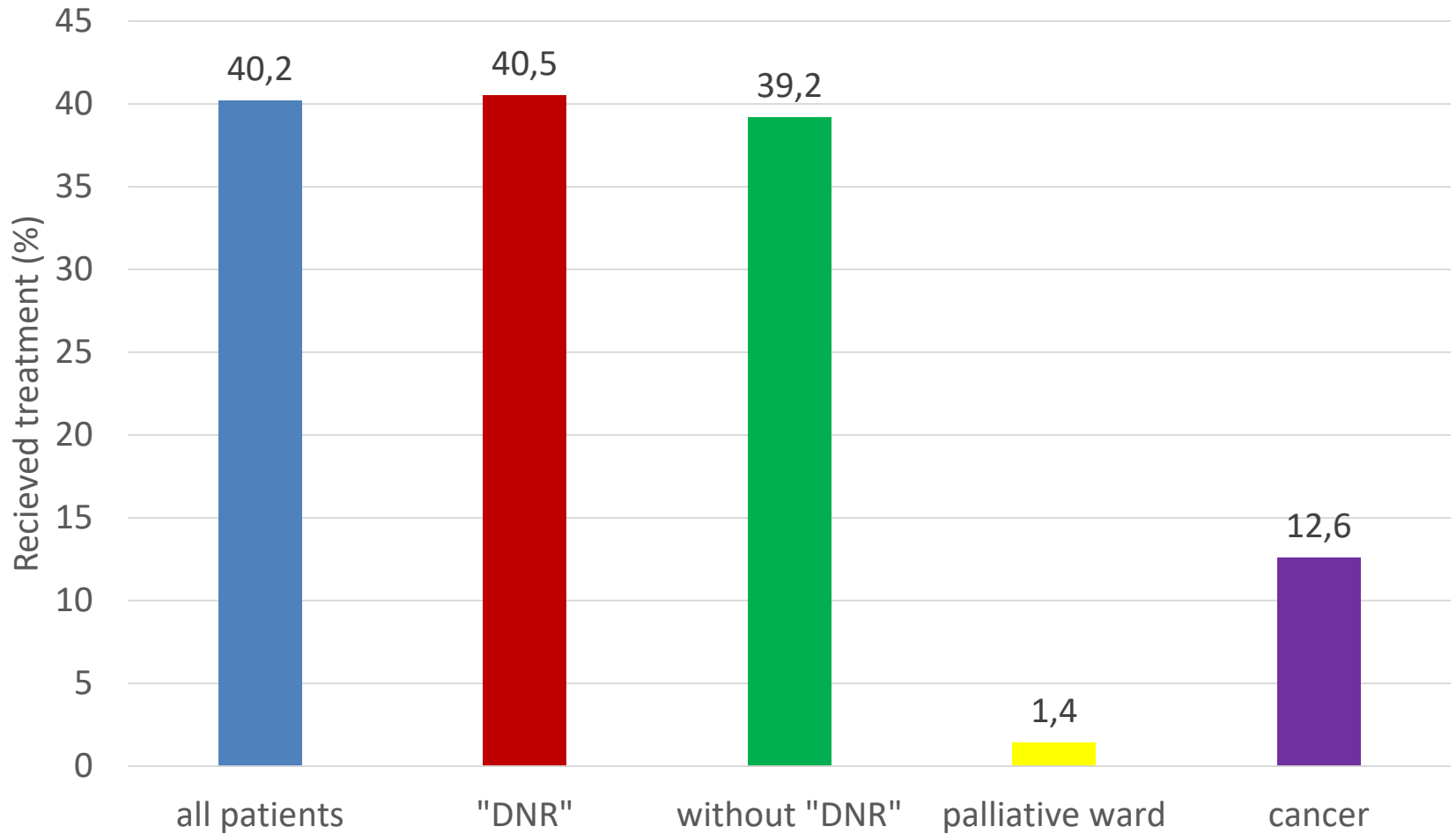
Respirator?



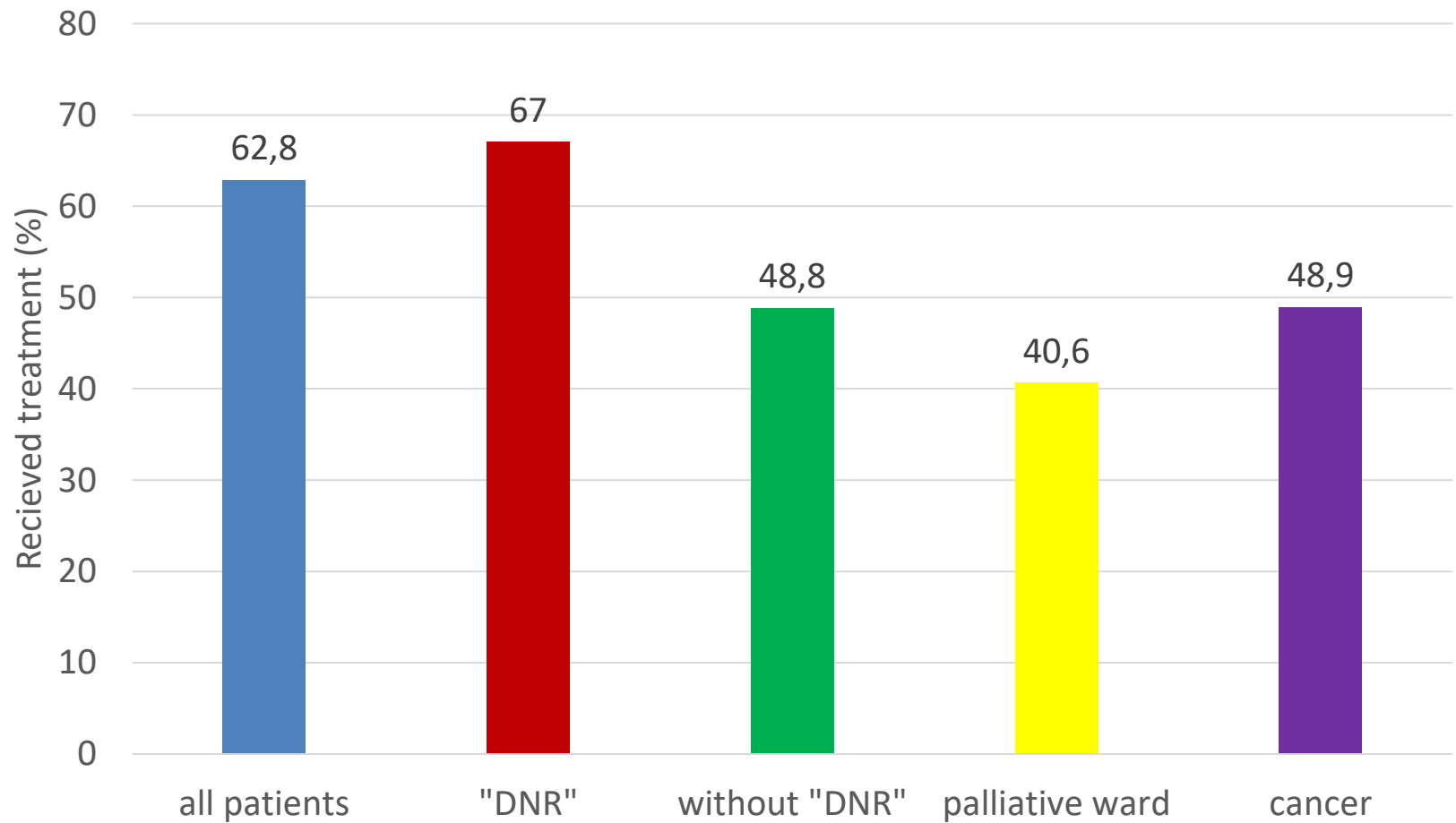
Non –invasive respiration?



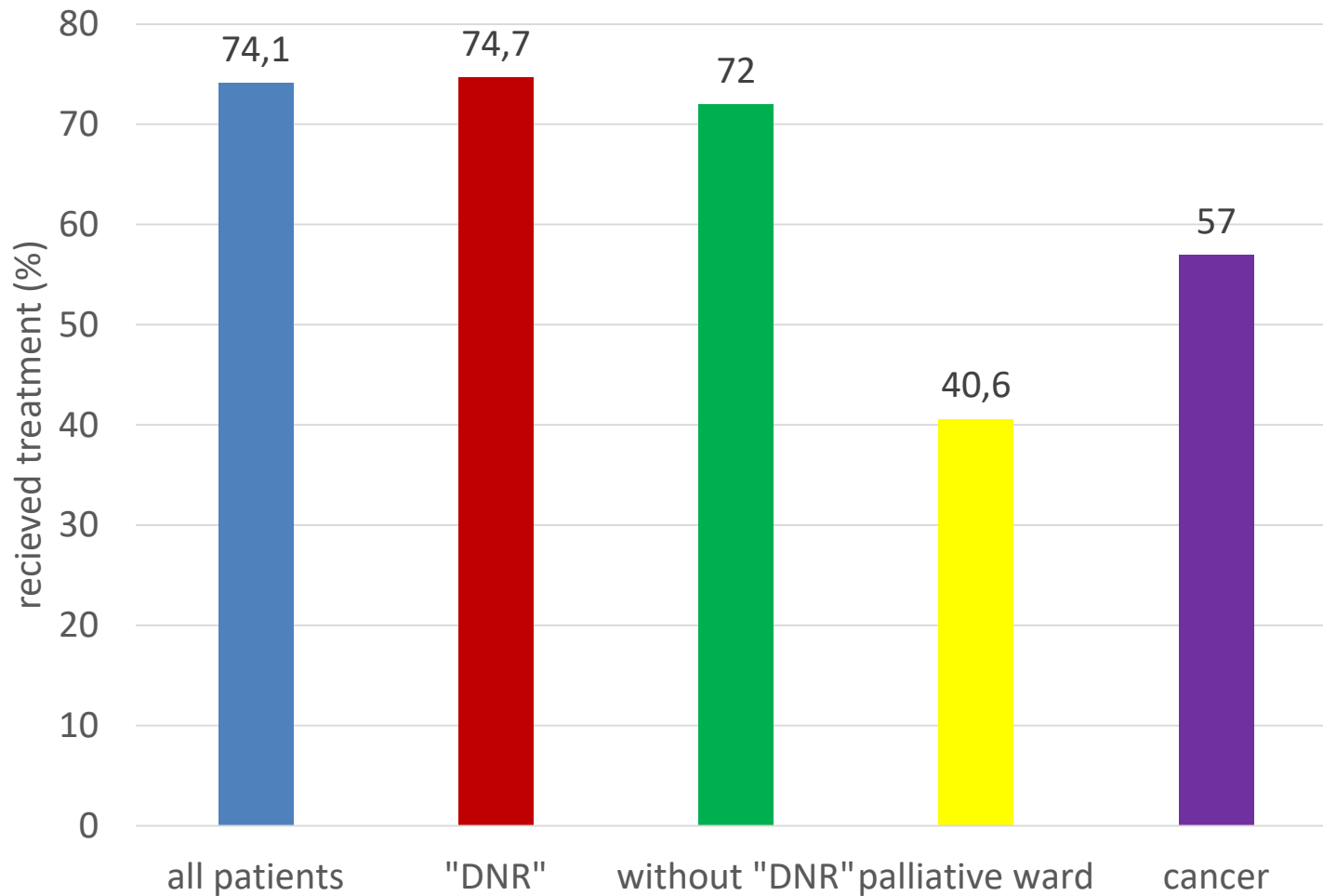
ICU/CCU?



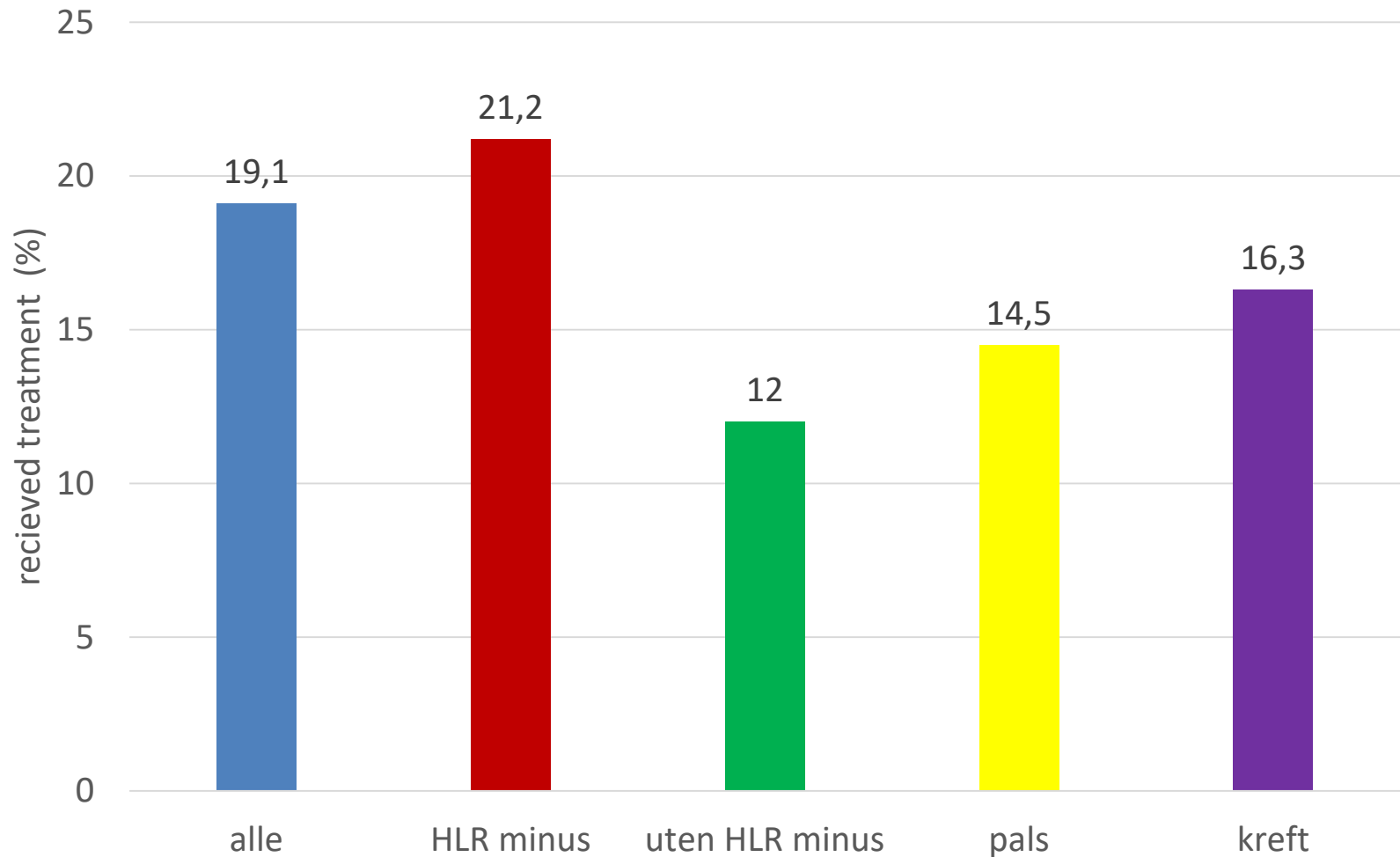
Antibiotics?



IV fluids?

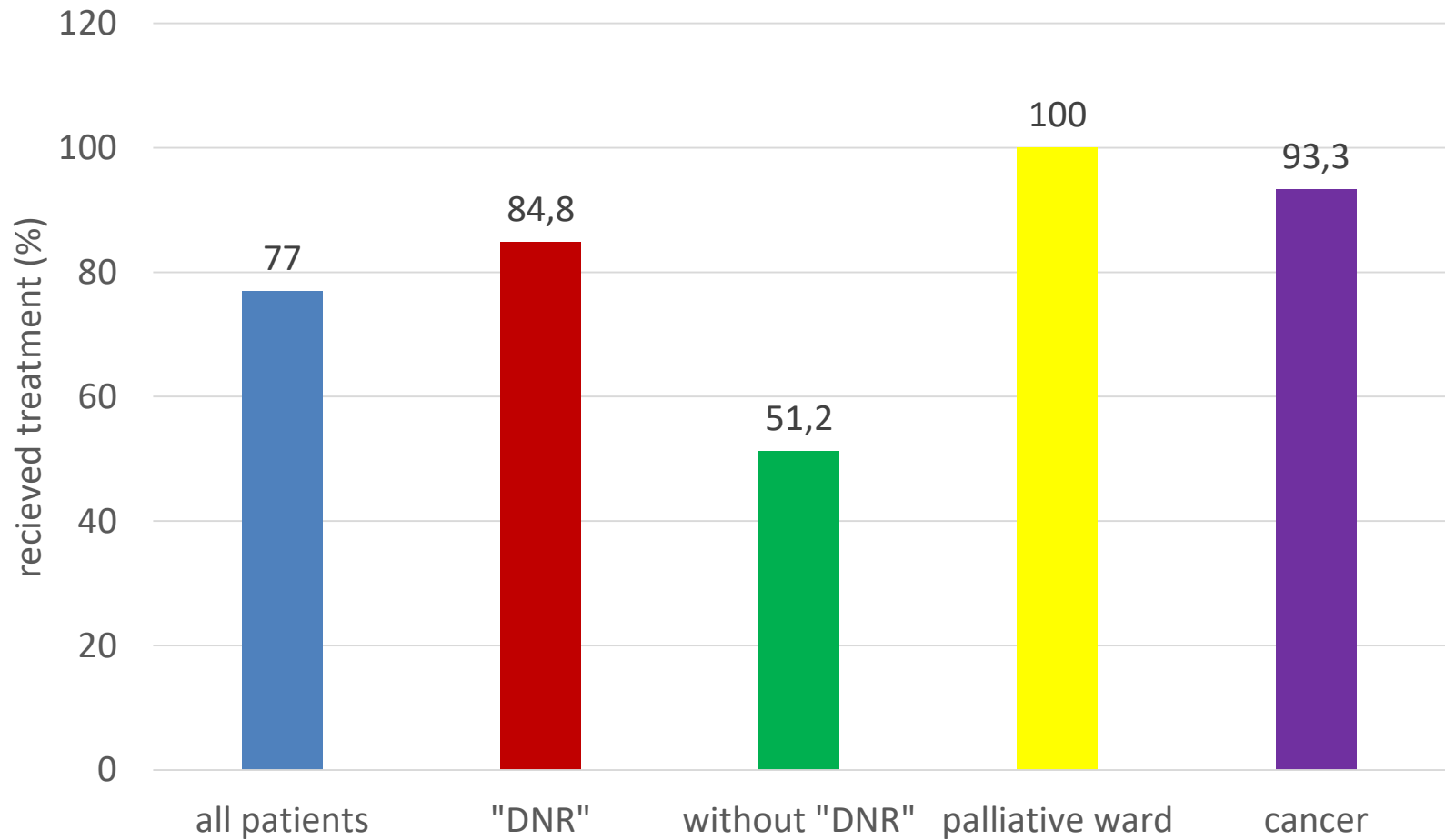


Nutrition?

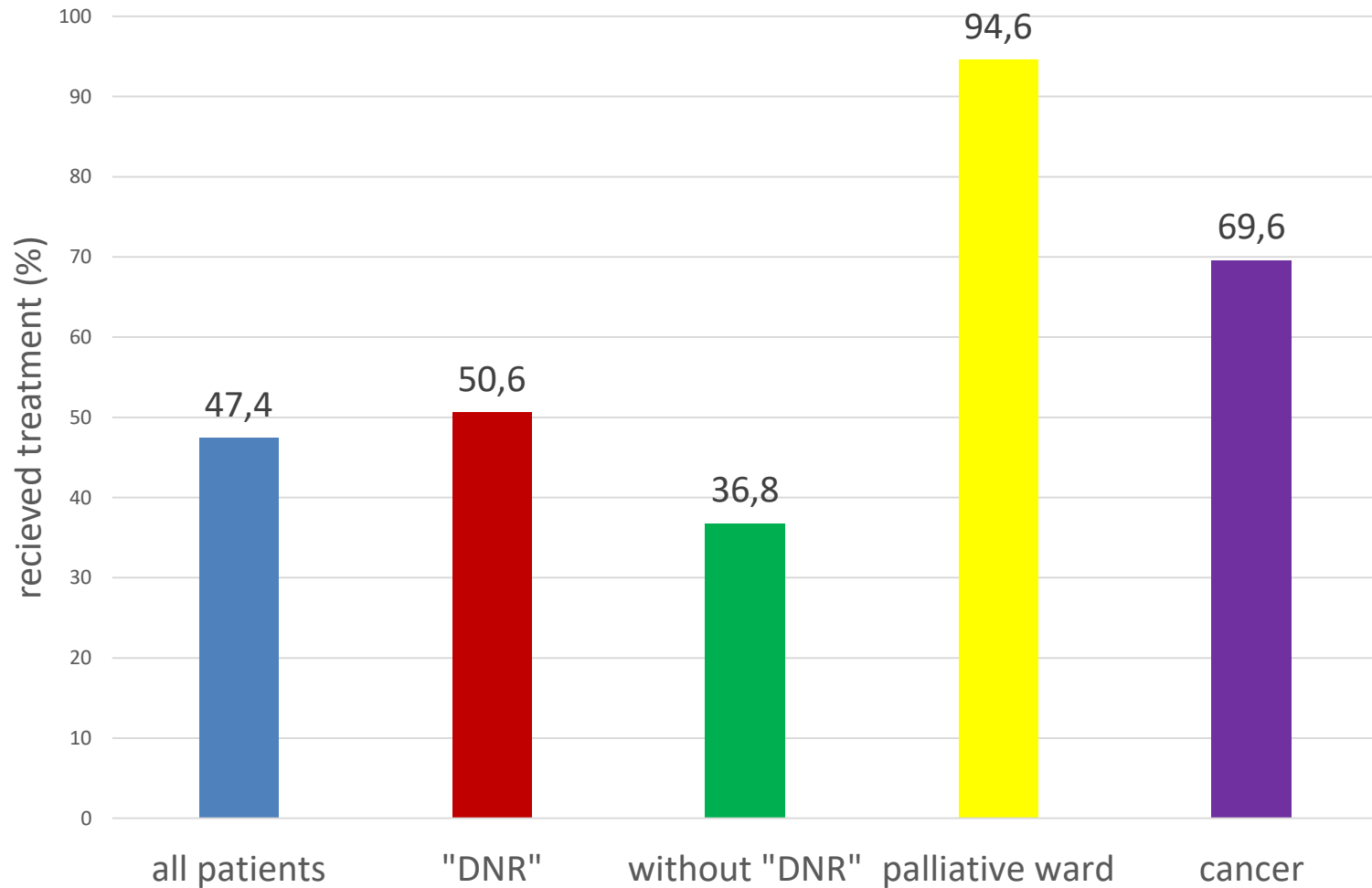


Symptom relieving treatment given the last 48 hours prior to death?

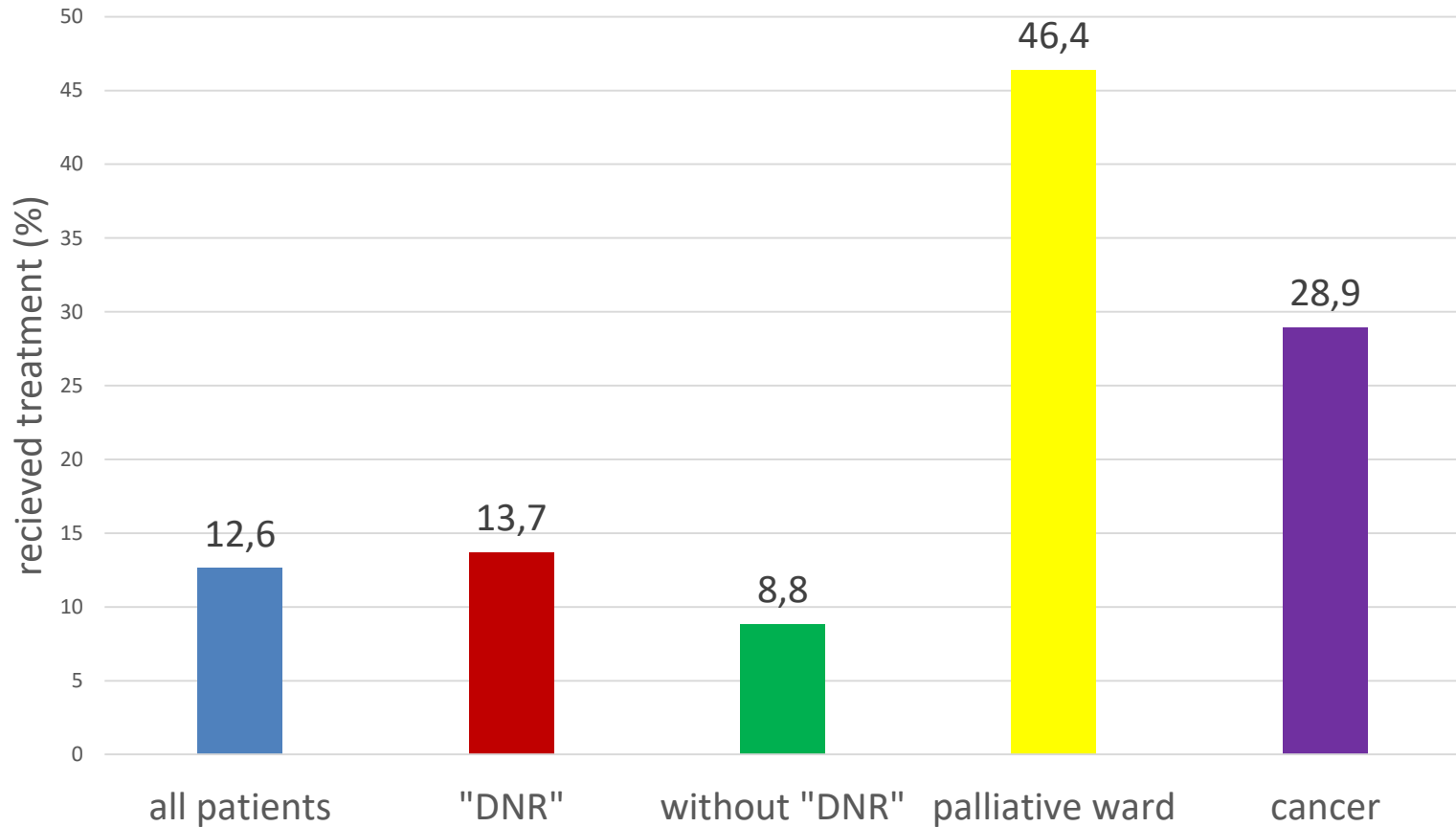
Opioids?



Benzodiazepines?



Antipsychotics?



Conclusions

Do not attempt CPR decisions are usually made

Conclusions

But.....

Do not attempt CPR decisions

- Are often made late
- Are quite often not documented at the right place in the journal
- The decision making process is inadequate, or at least inadequate documented

Do not attempt CPR decisions

- Are rarely accompanied by reflections and actions concerning other limitations of treatment





Do not attempt CPR decisions

- Are rarely accompanied by reflections and actions concerning other limitations of treatment



Overtreatment

- Differences between the palliative ward and the other wards

“Take home message”

- Awareness
- Education / training





