Don't take life so seriously. It's not like you're going to get out alive.
MAKE YOUR Wishes KNOWN
The Realities of Advanced Medical Interventions
History and Thank You’s!

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Why are we here today?

- “Wishes” - Advance Care Planning and Advance Directives - the medical care you want when you can’t speak for yourself and who will speak for you.

- “Realities of Advanced Medical Interventions”
  What we need to know to help put our “Wishes” in perspective – “Is this really what I want?”
Where Are You on This Road?

90% of people believe that talking with their loved ones about end-of-life care is important, but only 27% have actually done so.

60% of people think that making sure their family is not burdened by tough decisions is “extremely important,” but 56% have not communicated their end-of-life wishes.

82% of the population thinks it is important to put their wishes in writing, but only 23% have actually done so.

80% say that if they were seriously ill, they would want to talk with their doctor about end-of-life care. Sadly, only 7% have had an end-of-life conversation with their doctor.
Advance Care Directives and POLST

- What are they?
- How are they different?
- What do they say?
- Who completes them?
Advance Directive

Durable Power of Attorney (DPOA) for Health Care

Health Care Directive

Documents are legally valid in Washington
HIPAA PERMITS DISCLOSURE OF POLST TO OTHER HEALTH CARE PROVIDERS AS NECESSARY

Physician Orders for Life-Sustaining Treatment (POLST)

Last Name - First Name - Middle Name or Initial

Date of Birth - Last 4 #SSN (optional)

Medical Conditions/Patient Goals:

Agency Info/Sticker

A. CARDIOPULMONARY RESUSCITATION (CPR): Person has no pulse and is not breathing.
   When not in cardiopulmonary arrest, go to part B.
   ☐ Attempt Resuscitation/CPR
   ☐ Do Not Attempt Resuscitation/DNAR (Allow Natural Death)
   Choosing DNAR will include appropriate comfort measures.

B. MEDICAL INTERVENTIONS: Person has pulse and/or is breathing.
   ☐ FULL TREATMENT - primary goal of prolonging life by all medically effective means.
     Includes care described below. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. Transfer to hospital if indicated. Includes intensive care.
   ☐ SELECTIVE TREATMENT - goal of treating medical conditions while avoiding burdensome measures.
     Includes care described below. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not intubate.
     May use less invasive airway support (e.g. CPAP, BiPAP). Transfer to hospital if indicated. Avoid intensive care if possible.
   ☐ COMFORT-FOCUSED TREATMENT - primary goal of maximizing comfort.
     Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. Patient prefers no hospital transfer: EMS consider contacting medical control to determine if transport is indicated to provide adequate comfort.
     Additional Orders: (e.g. dialysis, etc.)

C. SIGNATURES: The signatures below verify that these orders are consistent with the patient’s medical condition, known preferences and best known information. If signed by a surrogate, the patient must be decisionally incapacitated and the person signing is the legal surrogate.

Discussed with:
   ☐ Patient
   ☐ Parent of Minor
   ☐ Guardian with Health Care Authority
   ☐ Spouse/Other as authorized by HAW 770.065
   ☐ Health Care Agent (DPOAHC)

PRINT — Physician/ARNP/PA-C Name
   ☒ Physician/ARNP/PA-C Signature (mandatory)
   Phone Number
   Date (mandatory)

PRINT — Patient or Legal Surrogate Name
   ☒ Patient or Legal Surrogate Signature (mandatory)
   Phone Number
   Date (mandatory)

Person has:
   ☐ Health Care Directive (living will)
   ☐ Durable Power of Attorney for Health Care

Encourage all advance care planning documents to accompany POLST

SEND ORIGINAL FORM WITH PERSON WHENEVER TRANSFERRED OR DISCHARGED

Revised 8/2017

Photocopies and faxes of signed POLST forms are legal and valid. May make copies for records.
For more information on POLST visit www.wsma.org/polst.

WASHINGTON

See back of form for non-emergency preferences ➤
Physician Orders for Life-Sustaining Treatment (POLST)

- A set of specific medical orders that if you are seriously ill person you can complete and ask your doctor to sign.

- It is kept with you, and can be used in different health care settings.

- It is NOT an Advance Directive.

- Emergency personnel - like paramedics, EMTs, and emergency room doctors - must follow these orders.
  - Without a POLST form, emergency care staff are generally required to provide every possible treatment to keep you alive.
How An Advance Directive and POLST Form Work Together

All Adults

Complete an Advance Directive

Update Advance Directive Periodically

Diagnosed with Advanced Illness or Frailty *(at any age)*

Complete a POLST Form

Update POLST as Health Status Changes

Treatment Wishes Honored

Adapted with permission from California POLST Education Program © January 2010 Coalition for Compassionate Care of California
Decide Before this Happens!

“It’s always too soon until it’s too late”
What Medical Interventions do I need to Consider?
Advanced Medical Interventions

- **CPR - Cardiac arrest vs Heart attack.**
- Intubation and Mechanical ventilation.
- Vasopressors drugs to support BP for shock.
- Circulatory assist devices - severe heart failure.
- Artificial nutrition - tube feeding.
- Palliative Care and Comfort Care.
Completing a POLST - Section A

**Physician Orders** for Life-Sustaining Treatment (POLST)

**Last Name - First Name - Middle Name or Initial**

**Date of Birth**

**Last 4 #SSN (optional)**

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**Medical Conditions/Patient Goals:**

**Agency Info/Sticker**

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**Cardiopulmonary Resuscitation (CPR):**

- **Person has no pulse and is not breathing.**
  - When not in cardiopulmonary arrest, go to part B.

- **Do Not Attempt Resuscitation/DNAR (Allow Natural Death)**
  - Choosing DNAR will include appropriate comfort measures.
Cardiac arrest is an "ELECTRICAL" problem.

A heart attack is a "CIRCULATION" problem.

Arrhythmia

Blocked Artery
Heart Attacks occur when the heart muscle itself does not receive enough blood flow – You have Chest Pain and remain awake!

Common Cause: Blocked coronary arteries.

Treatment: Open the artery, support with medications.
Cardiac Arrest

Cardiac Arrest occurs when the heart stops beating effectively - You stop breathing and lose consciousness.

Causes: Coronary artery disease, heart failure and enlarged heart, electrolyte imbalance, electrical shock, overdose.

Treatment: CPR! AED SHOCK! (defibrillate).
How Common is Cardiac Arrest?

A Large Number of Cardiac Arrests occur each Year

- Out-Of-Hospital Cardiac Arrest incidence in the USA (adults): about **347,000** each year.
- In-Hospital Cardiac Arrest incidence in the USA (adults): about **209,000** each year.
- Total Cardiac Arrest incidence in the USA (adults): over **550,000** each year!
- The population of the USA is only about 4% of the World’s population.
How Common are Cardiac Arrests as a Cause of Death?
Suicides: 4%
Motor Vehicle Accidents: 5%
HIV: 3%
Diabetes: 9%
Colorectal Cancer: 7%
Breast Cancer: 5%
Alzheimers: 9%
Sudden Cardiac Arrest: 50%
Other Facts about Cardiac Arrests!

- 80% of out of hospital cardiac arrests occur in the home.
- 20% of out of hospital cardiac arrest occur in public places.
- 10% decrease in survival for every minute that passes without CPR.
- 8 mins response time of emergency ambulance.
How is CPR Performed?
CPR - Cardiac Compression

a) Compression

b) Decompression
Lucas Device for CPR
Automatic External Defibrillator (AED)
Survival Rates of Cardiac Arrest Patients

% Survival

Avg. All Patients | CPR Only | AED Shock
Chance of Survival from Cardiac Arrest

Minutes to Defibrillation

- 1 minute: 90%
- 2 minutes: 80%
- 3 minutes: 70%
- 4 minutes: 60%
- 5 minutes: 50%
- 6 minutes: 40%
- 7 minutes: 30%
- 8 minutes: 20%
- 9 minutes: 10%
Neurologic Recovery - Cardiac Arrest
Effect of Age

Percent of People with Good Neurologic Function or Minimal Deficits Upon Discharge
Complications of CPR

- Fracture of ribs and sternum.
- Gastric distention.
- Aspiration of vomitus into lungs.
- Pneumothorax (collapsed lung).
- Damage to spinal cord at cervical region due to extension of neck.
- Hemopericardium and intra-abdominal hemorrhage.
CPR Survival Lessons

• Where you are counts - ICU, hospital, home, shopping, in car...

• Who is there - With a bystander who initiates CPR and quickly summons help (911). Alone?

• How close are first responders with AED?

• What other medical conditions do you have?

• How old you are.
CPR Survival Lessons!

Where you are counts – ICU, hospital, public place, home, in car...

Who is there – With a bystander who initiates CPR and quickly summons help (911).

Alone?

How close are first responders with AED?

What other medical conditions do you have?

How old you are.
**Completing a POLST - Section B**

**MEDICAL INTERVENTIONS:** Person has pulse and/or is breathing.

- **FULL TREATMENT** - primary goal of prolonging life by all medically effective means. Includes care described below. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. **Transfer** to hospital if indicated. Includes intensive care.

- **SELECTIVE TREATMENT** - goal of treating medical conditions while avoiding burdensome measures. Includes care described below. Use medical treatment, IV fluids and cardiac monitor as indicated. Do not intubate. May use less invasive airway support (e.g. CPAP, BiPAP). **Transfer** to hospital if indicated. Avoid intensive care if possible.

- **COMFORT-FOCUSED TREATMENT** - primary goal of maximizing comfort. Relieve pain and suffering with medication by any route as needed. Use oxygen, oral suction and manual treatment of airway obstruction as needed for comfort. **Patient prefers no hospital transfer:** EMS consider contacting medical control to determine if transport is indicated to provide adequate comfort.

**Additional Orders:** (e.g. dialysis, etc.)
What Full Treatment Can Look Like!
Advanced Medical Interventions

- CPR - Cardiac arrest vs heart attack.
- **Intubation and Mechanical ventilation.**
- Vasopressors drugs to support BP for shock.
- Circulatory assist devices - severe heart failure.
- Artificial nutrition - tube feeding.
- Palliative Care and Comfort Care.
Endotracheal Intubation

Intubation tube keeps airway open
Mechanical Ventilation Schematic

- **Nasogastric tube** goes through the patient's nose and into the stomach.
- **Endotracheal tube** goes through the patient's mouth and into the trachea.
- **Mechanical ventilator** blows air, or air with increased oxygen, through tubes into the patient's airways.
- **Filter**
- **Humidifier**, which warms and moistens the air.
- **Exhaled air** flowing away from the patient.
- **Air** flowing to the patient.
Reality of Mechanical Ventilation
Risks of Mechanical Ventilation

- Delirium (confused thinking, disordered speech and hallucinations). Usually require restraints.
- Inability to communicate.
- Lung damage, vocal cord or tracheal damage.
- Failure to wean from ventilator often requires tracheotomy.
- Long term ventilation and a tracheostomy could require placement in Long Term Acute Care Nursing Facility.
  - Closest nursing home that accepts people with tracheostomies is in Seattle
Advanced Medical Interventions

- CPR - Cardiac arrest vs heart attack.
- Intubation and Mechanical ventilation.
- **Vasopressors drugs to support low BP.**
- Circulatory assist devices - severe heart failure.
- Artificial nutrition - tube feeding.
- Palliative Care and Comfort Care.
Vasopressor Drugs

• Used to treat shock/critically low BP.
• Requires central line.
• Act like adrenaline to increase BP, cardiac output, heart rate.
• Increase blood flow to “vital” organs - many organs are left with inadequate blood flow.
• “Collateral” damage - skin, kidneys, intestine, strain on the heart causing heart attack or arrhythmias.
Ischemic Hands due to Pressors
Gangrene of Digits
Advanced Medical Interventions

- CPR - Cardiac arrest vs heart attack.
- Intubation and Mechanical ventilation.
- Vasopressors drugs to support BP for shock.
- Circulatory assist therapy - severe heart failure.
- Artificial nutrition - tube feeding.
- Palliative Care and Comfort Care.
Circulatory Support for Cardiogenic Shock and Severe Heart Failure

- **Medications**: Short term only; marginally effective.
- **Intra-aortic Balloon**: Temporary; 2-10 days.
- **Ventricular Assist Devices**: Short or long term; high risk.
Intra-aortic Balloon Pump
Left Ventricular Assist Device
Realities of an LVAD
Complications of Circulatory Assist Devices

- Prolonged ICU stay.
- Vascular injury.
- Infection.
- Bleeding from required anticoagulation.
- Pump thrombosis, clots and emboli.
- Kidney failure.
- Device malfunction.
Advanced Medical Interventions

- CPR - Cardiac arrest vs heart attack.
- Intubation and Mechanical ventilation.
- Vasopressors drugs to support BP for shock.
- Circulatory assist devices - severe heart failure.
- **Dialysis - kidney replacement treatment.**
- Artificial nutrition - tube feeding.
- Palliative Care and Comfort Care.
Kidney Replacement Therapy - Dialysis

- Needed when kidneys fail - usually caused by shock, severe heart failure, intravenous dye or medications.
- Kidney failure - fluid builds up and body becomes toxic from waste products or electrolyte derangements.
Central Venous Catheter for Dialysis
Outpatient Hemodialysis
Dialysis in Critical Illness
Complications of Acute Dialysis

• Failure to recover - End Stage Renal Disease requiring chronic dialysis.
• Infection of dialysis catheter.
• Vascular access malfunction and inability to dialyze.
• Hemorrhage from blood thinner.
• Hypotension/Shock.
Completing a POLST - Section D

### Non-Emergency Medical Treatment Preferences

**Antibiotics:**
- [ ] Use antibiotics for prolongation of life.
- [ ] Do not use antibiotics except when needed for symptom management.

**Medically Assisted Nutrition:**
- [ ] Trial period of medically assisted nutrition by tube.
  - (Goal: ____________________________)
- [ ] No medically assisted nutrition by tube.
- [ ] Long-term medically assisted nutrition by tube.

**Additional Orders:** (e.g. dialysis, blood products, implanted cardiac devices, etc. Attach additional orders if necessary.)

<table>
<thead>
<tr>
<th>Physician/ARNP/PA-C Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Patient or Legal Surrogate Signature</td>
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Advanced Medical Interventions

- CPR - Cardiac arrest vs heart attack.
- Intubation and Mechanical ventilation.
- Vasopressors drugs to support BP for shock.
- Circulatory assist devices - severe heart failure.
- **Artificial nutrition - tube feeding.**
- Palliative Care and Comfort Care.
Types of Artificial Feeding
COMPLICATIONS OF ENTERAL NUTRITION

**Tube related**
- Malposition
- Displacement
- Blockage
- Break/leakage
- Local complications (erosion of skin or mucosa)
- Aspiration

**Gastrointestinal**
- Diarrhea
- Bloating, nausea, vomiting
- Abdominal cramps
- Constipation

**Metabolic / Biochemical**
- Electrolyte disorders
- Vitamin, mineral, trace elements deficiencies
- Drug interactions
Improper Placement of NG Feeding Tube
Completing a POLST - Section B

**MEDICAL INTERVENTIONS:** Person has pulse and/or is breathing.

- **FULL TREATMENT** - primary goal of prolonging life by all medically effective means. Includes care described below. Use intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. **Transfer to hospital if indicated. Includes intensive care.**

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*Additional Orders: (e.g. dialysis, etc.)*
Advanced Medical Interventions

- CPR - Cardiac arrest vs heart attack.
- Intubation and Mechanical ventilation.
- Vasopressors drugs to support BP for shock.
- Circulatory assist devices - severe heart failure.
- Artificial nutrition - tube feeding.

- Palliative Care and Hospice Care.
What is Palliative Care?

Palliative care is specialized medical care for people with serious illness.

Care is focused on relieving suffering for people of any age or any stage of a serious illness, whether curable, chronic or life-threatening.

The goal is to improve quality of life for both the patient and family.
Curative Care and Palliative Care
Course of a Disease

- Curative Care
- Palliative Care
- Hospice
- Death and Bereavement Care

% focus

Time
Benefits of Palliative Care

Nonrandomized studies have shown the following benefits without decreased survival

• Reduced pain & other distress
• Improved health-related QOL
• High patient & family satisfaction with care
• Increased likelihood of location of death being outside of hospital
• Reduction in hospital & ICU length of stay

Meier et al 2006
Palliative Care vs. Hospice Care

**PALLIATIVE CARE**
- Aggressive pain, symptom and quality of life management
- Patient has a serious, chronic or life limiting illness.
- Care philosophy centers on a team approach that includes the patient, family and primary care provider.
- Patient may be seeking curative treatments and may return to the hospital

**HOSPICE CARE**
- Aggressive pain, symptom and quality of life management
- Patient has a terminal or untreatable illness with fewer than 6 months to live in the normal course of the disease.
- Care philosophy centers on a team approach that includes the patient, family and primary care provider.
- Patient is not seeking curative measure or return to the hospital for curative treatment
Things to Remember from Today

1. Everyone over the age of 18 should have an Advance Directive!

2. Those who have a serious illness - heart failure, respiratory failure, kidney failure, malignancy or severe neurologic disease - should also have a POLST.

3. Have the discussion with your family and doctor - this is a **shared** responsibility.

4. Know the realities of the care you want.

5. **Now is the time to start!**
To Do List!

• First, have the conversation with yourself.
• Discuss your decisions with your loved ones.
• Choose who will speak for you when you can’t communicate for yourself.
• Attend Advance Care Workshop to help complete your Advance Directive!
• File your completed Advance Directive and POLST, if you have one, with your spokesperson and your health care providers.
Upcoming Advance Directive Workshop

- Presented by Hilary Walker, PeaceHealth Advance Care Planning Coordinator - guides you through completion of your Advance Directive.

- Here at Health Education Center, March 5 at 6:00 and March 13, at 10:00 AM.
WE'RE ALL IN THIS TOGETHER

Selected cartoons from DR. BEAGLE AND MR. HYDE, Vol. 2
Thank you!
Upcoming Advance Directive Workshop

• Presented by Dr Bill Ciao, Certified Advance Care Planning Facilitator – guides you through completion of your Advance Directive.

• Here at Viking Union, Rm 462, March 12, at 3:30 PM.