

End-of-Life Care for Emergency Medical Services Providers

Developed by:

The EMS Advisory Council Ad Hoc Committee
for End-of-Life Care

Supported by:

The Florida Partnership for End-of-Life Care

End-of-Life Care Ad Hoc Committee

- Ms. Christine Argo
- Mr. Bobby Hall
- Mr. Robert Marschall
- Dr. Rick Slevinski
- Dr. Linda Swisher
- Ms. Frieda Travis
- Ms. Britt Bullard
- Mr. Paul Madden
- Mr. Geoffrey Miller
- Ms. Jessica Swanson
- Dr. Robert Tober
- Mr. Ricky Webb

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Course Objectives

- Discuss the unique pathophysiology of the end-of-life patient.
- Discuss life changes of the end-of-life patient.
- Define and discuss the stages of grief and reactions to death and dying as defined by Kubler-Ross.
- Discuss cultural competency issues related to death and dying.
- Discuss the reaction(s) to death by the pre-hospital healthcare provider.

Course Objectives, continued

- Discuss the history of end-of-life orders and documentation in the State of Florida.
- Review and discuss a valid DNRO form 1896 and patient identification device.
- Discuss the specific differences and legal implications between a “living will” and a DNRO.
- Define the role of the designated healthcare surrogate, court-appointed guardian, proxy and durable power of attorney.

Course Objectives, continued

- Discuss supportive and comfort care management plans for the patient with a DNRO.
- Identify cultural reactions related to death and dying.
- Demonstrate effective communication strategies for interacting with the end-of-life patient and family.
- Define and discuss specific Florida Statutes and Rules pertaining to end-of-life care, including Chapter 401.45, Florida Statutes, Chapter 765, Florida Statutes and Chapter 64E-2.031, Florida Administrative Code.

Fundamental Truths

“Everybody dies.”

Fundamental Truths

“Everyone has the right to make decisions about their end-of-life care.”

Fundamental Truths

“You will encounter death and dying in your profession.”

Fundamental Truths

*“Everyone reacts
to death.”*

Facts and Statistics

- Florida:
 - 4th in population
 - Diverse race/ethnicity, urban/rural populations, religions and cultures
 - Highest percentage of elderly population
 - Deaths:
 - 49.1% in hospitals
 - 45% in private homes, nursing homes or hospice settings
 - 4.9% in other settings

Facts and Statistics, continued

- Heart and lung disease – 4th highest death rate in country.
- HIV/AIDS – 4th leading cause of death among nonwhites, and 2nd leading cause of death in persons 25-34 years of age.
- All hospice patients and approx. 50% of nursing home residents have advance directives, versus 18% of Florida's overall population.

Identifying the Myths

- Grief and mourning are the same experience.
- There is a predictable, orderly, stage-like progression to the experience of mourning
- It is best to move away from grief instead of toward it.
- Following the death of someone significant to you, the goal is to “*get over*” your grief.
- Tears expressing grief are only a sign of weakness.

Death – Attitudes and Perceptions

- What are your experiences with death?
- When were you aware of it?
- What was your first experience with it?
- Has your family discuss it?
- What influenced your attitude towards it?
- Does religion play a role?

Death – Attitudes and Perceptions, continued

- What do you believe happens after death?
- Are mourning and grief rituals important to survivors?
- How do you feel when you see a dead body?
- How do you feel when you think about death?
- What is the proper response to keeping a seriously ill person alive?

Personal Feelings on Death

- Have you thought about your own death?
- What is unpleasant about it? What is troubling?
- If you had a terminal illness how would you want to be treated?
- What illness is most distressing to you?

Personal Feelings on Death, continued

- Would you like to know the exact date of your death?
- If you had limited time to live, what would you do?
- Have you made your own funeral arrangements?
- Have you thought about a will? A living will?
- How have these questions made you feel?

Stages of the Grief Process

- Kubler-Ross Theory on Stages of Grief
 - Stage One: Denial and Isolation
 - Stage Two: Anger
 - Stage Three: Bargaining
 - Stage Four: Depression
 - Stage Five: Acceptance

The Dying Patient

- Decreased food and fluid intake
- Decreased urine output
- Incontinence
- Sleeping
- Restlessness
- Disorientation
- Suspicion
- Fever
- Congestion
- Coolness
- Breathing pattern change

Normal Emotional, Spiritual, and Mental Signs

- Withdrawal
- Vision-like Experiences
- Restlessness
- Saying good-bye
- Decreased Socialization
- Unusual Communication
- Giving permission

Why do they call 9-1-1?

- May be another healthcare provider that needs someone else there.
- Family may be confused.
- Family may need help managing the death.
- Family/ caregiver may need medical support.

REGARDLESS OF WHY, PROVIDE ALL ASSISTANCE WITH SAME ATTENTION AND LEVEL OF CARING.

Cultural Competency

- Have respect for the patient's view of the dying process, customs, and values.
- Guidelines to help build a solid foundation:
 - Understand your beliefs about death and dying.
 - Identify your strengths and limitations in dealing with someone from a different culture.
 - Ask questions that open lines of communication.
 - Recognize what the family and patient feel are important.

Non-verbal Communication Across Cultures

- Social distance
- Touching
- Volume of voice
- Silence
- Gestures
- Eye contact

Facing Death at Work

- The American Heart Association's Standards of Care for BLS/ACLS for Withholding CPR:
 - Reasons to withhold:
 - Obvious death
 - Rigor Mortis
 - Decapitation
 - Tissue decomposition
 - Legal reasons-competent refusal or written directive
 - Moral judgment v. legal obligation
 - American Heart Association suggested guidelines
 - Local protocols

Patient Autonomy

- Respect for personal beliefs.
- Patient's control over his/her choices.
- Balance with healthcare provider's legal obligations/respect for personal beliefs.

Advance Directives

- Advance directive
- Living will
- Designated healthcare surrogate
- Court-appointed guardian
- Proxy

Living Will v. DNRO

- DNRO is a physician-directed order that addresses a patient's condition.
- Living will is a medical expression of future health care wishes, either written or oral.
- Chapter 765, F.S., recognizes out-of-state living wills, but not out-of-state DNROs

Do-Not-Resuscitate Order in Florida

A Do-Not-Resuscitate Order (DNRO) is an order written by a physician and signed by the patient or patient's healthcare surrogate that states, in the event of cardiac or respiratory arrest, no resuscitation efforts shall be attempted. It is part of the prescribed medical treatment.

Legal Authority

- Chapter 401, Florida Statutes
 - Clarifies the patient must be in respiratory or cardiac arrest in order to withhold or withdraw resuscitation.
 - Provides immunity from civil or criminal prosecution to EMS personnel for honoring a DNRO.

Legal Authority, continued

- Chapter 765, Florida Statutes
 - Provides authority to a surrogate, proxy, court-appointed guardian, or a durable power of attorney to authorize DNROs.
 - Allows a DNR order to be placed in medical chart by physician.

DNRO Form 1896

- Signed by the competent patient, or the patient's representative.
- Signed by a physician.
- On yellow paper, original or copy.

STATE OF FLORIDA
DO NOT RESUSCITATE ORDER
(Please use ink)

Patient's Full Legal Name _____ (Print or Type Name) _____ (Date)

PATIENT'S STATEMENT

Based upon informed consent, I, the undersigned, hereby direct that CPR be withheld or withdrawn. **(If not signed by patient, check applicable box):**
 Surrogate Proxy (both as defined in Chapter 765, F.S.)
 Court appointed guardian Durable power of attorney (pursuant to Chapter 709, F.S.)

(Applicable Signature) _____ (Print or Type Name)

PHYSICIAN'S STATEMENT

I, the undersigned, a physician licensed pursuant to Chapter 458 or 459, F.S., am the physician of the patient named above. I hereby direct the withholding or withdrawing of cardiopulmonary resuscitation (artificial ventilation, cardiac compression, endotracheal intubation and defibrillation) from the patient in the event of the patient's cardiac or respiratory arrest.

(Signature of Physician) _____ (Date) Telephone Number (Emergency) _____

(Print or Type Name) _____ (Physician's Medical License Number)

DH Form 1896, Revised April 2002

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DH Form 1896, Revised April 2002

STATE OF FLORIDA
DO NOT RESUSCITATE ORDER



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 Court appointed guardian Durable power of attorney (pursuant to Chapter 709, F.S.)

(Applicable Signature) _____ (Print or Type Name)

DNRO Form 1896

- Previous versions are honored.
- May be revoked orally or in writing at any time.
- Should be displayed in a conspicuous place.
- Must be presented to EMS personnel.

STATE OF FLORIDA
DO NOT RESUSCITATE ORDER
(Please use ink)

Patient's Full Legal Name _____
(Print or Type Name) (Date)

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(Applicable Signature) (Print or Type Name)

Patient Identification Device

- Portability
 - Can be detached, hole punched, laminated, and visibly displayed.
- Same validity as DNRO form
- Must be presented to EMS personnel

<u>PHYSICIAN'S STATEMENT</u>		 STATE OF FLORIDA DO NOT RESUSCITATE ORDER	
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DH Form 1896, Revised April 2002		_____ (Applicable Signature) (Print or Type Name)	

Frequently asked DNRO Questions

- Where can I obtain a DNRO form?
- How much does a DNRO form cost?
- Why do I need to complete a DNRO form if I have a living will?
- Can 9-1-1 still be called if the patient has a DNRO?
- Who should have a DNRO form?
- Will a previous version of the DNRO form be honored?

Frequently asked DNRO Questions

- Where should I keep the form?
- What is a patient identification device?
- Why does the DNRO form have to be on yellow paper?
- Can someone other than the signer revoke the form?
- Why does the statute state “resuscitation *may* be withheld or withdrawn” from a patient if presented with evidence of a DNRO?

Case Presentations

Case 1

A family member faxed a DNRO on white paper for a newly-arrived nursing home patient. The staff placed it in the chart and the original has not yet arrived. The patient goes into cardiac arrest, what do you do?

Discussion

Case 2

EMS responds to a school for an 11-year-old boy for whom there is a DNRO form with an attached parental consent form. The child goes into respiratory arrest while being attended to by EMS in the classroom. How do you handle the situation?

Discussion

Case 3

You arrive at the scene and find a 32-year-old mother of two young children in cardiac arrest. She has a DNRO identification badge clipped to her robe. No one is at home, but the two young children. The older of the two says he called EMS, paged his father, and he is begging you not to let his mom die. How should you handle this situation?

Discussion

Case 4

The physician's license number is missing from a DNRO form. The family says the physician refused to put the number on the form for privacy reasons. The patient was reluctant to question the doctor at the time, but is now in cardiac arrest. Can you honor this form? What actions should you take?

Discussion

Questions?