

**DISCUSSING CODE
STATUS: MADE
RIDICULOUSLY SIMPLE**

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HOSPICE AND PALLIATIVE MEDICINE FELLOW

OBJECTIVES

- Describe one communication schema to discuss code status in seriously ill patients
- Identify one scoring system to predict survival to discharge with good outcome after in-hospital cardiac arrest.

WHY DISCUSS CODE STATUS WITH OUR PATIENTS?

ARNOLD, ROBERT
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****Allergies**** 87Y (2/13/1933) M 15M17M506.01 (BMDI) Inpt. 03/10/20 (0.4)
FIN: 005 110 654 0032 **CPR Assess Needed**

****MRSA****

Menu
Provider Home/Quick Orders
Orders
PowerNote 2G + Add
Clinical Notes
All Documents
Outside Records
Impression and Plan
Lab
Micro
MicroViewer
Reports

Provider Home/Quick Orders
100%
Inpatient Summary Hospital Orders Admission Workflow PDMP Gateway

My Team V2 (Edit Profile)

Attending: YOUR NAME, MD Unit Phone: 412-623-2243
Edit Teams on this Encounter

No default teams were identified for this patient. Please use "Edit Team Selection" above to assign teams.

Provider Notes - Last 72 hrs (2)

Date	Title	View
03/10 13:38	Hematology/Oncology H&P (PDI)	View
03/10 12:09	GI Gastroenterology Consult (PDI)	View

My Team v.2.0.27 Help Guide | Provide Feedback

ICU ABCDEF Bundle

- ▶ A = Assess and Manage Pain
- ▶ B = Both Sedation Interruption and Breathing Trials
- ▶ C = Choice of Analgesia and Sedation
- ▶ D = Delirium
- ▶ E = Early Mobility and Exercise
- ▶ F = Family Engagement

WHY DISCUSS CODE STATUS WITH OUR SERIOUSLY-ILL PATIENTS?

- Ensure that the care they receive in the hospital is in line with their preferences

HOW IS THIS CONVERSATION OFTEN HELD?

- “If your heart stops, do you want us to do everything?”
- “Do you want CPR? Are you sure? I mean, it might not work. It may break your ribs.”

ASSESSING CODE STATUS IN SERIOUSLY ILL PATIENTS

- C – Check comprehension
- P – Permission to proceed
- R – Restrict conversation to CPR

- Elicit preferences and goals, rather than feelings about about certain procedures

C – CHECK COMPREHENSION

- You think the patient is seriously ill
 - Do they know that they're seriously ill?
- If the patient doesn't understand their illness
 - Can't go further
 - A serious news conversation is needed
 - Make sure all clinicians are on the same page regarding prognosis

P – PERMISSION TO PROCEED

“ One of things I talk to all my patients about is planning for if they get sicker. This lets me make sure that our medical care is focused on their values. Would it be okay if we spend a few minutes talking about what if you get a lot sicker? ”

What if they say no?

Name the emotion

Normalize the situation

Ask for a surrogate

R- RESTRICT THE CONVERSATION TO CPR

“If something should happen and you died here in the hospital, regardless of what doctors do, there is only a 10% chance of living to go home and a 90% chance of dying or becoming dependent on machines. Some people wouldn't go through all of that. Other people would say 'I'd be willing to go through it even for a low chance of getting out of the hospital.'”

- What kind of person (or family) are you?

R – RECOMMENDATION

- Make a recommendation based on:
 - the values you hear during the conversation
 - likelihood of benefit from CPR
- Patients often want your recommendation!

GO-FAR CALCULATOR

Good Outcome Following Attempted Resuscitation (GO-FAR)

Check each condition present on admission to the hospital to calculate total score and probability of survival.

Patient Age:

- | | | |
|---|---|---|
| <input type="checkbox"/> Moderate or Severe cognitive/neurologic disability ⓘ | <input checked="" type="checkbox"/> Admission from a skilled nursing facility | <input type="checkbox"/> Metastatic or hematologic cancer ⓘ |
| <input type="checkbox"/> Major trauma ⓘ | <input checked="" type="checkbox"/> Pneumonia ⓘ | <input type="checkbox"/> Septicemia ⓘ |
| <input type="checkbox"/> Hypotension or hypoperfusion ⓘ | <input type="checkbox"/> Acute stroke ⓘ | <input type="checkbox"/> Respiratory insufficiency ⓘ |
| <input type="checkbox"/> Hepatic insufficiency ⓘ | <input type="checkbox"/> Renal insufficiency or dialysis ⓘ | <input type="checkbox"/> Medical noncardiac diagnosis |

GO-FAR Score:

-3

Probability of survival to discharge with good neurologic status following CPR for in-hospital arrest:

9.4%

PEARLS

- Attend to emotion
- Be curious

THANK YOU!

- Bob Arnold, MD
- Tara Cook, MD
- Rene Claxton, MD
- HPM Fellows