Agonal Breathing: A Discussion of Partial Code Status

University of Colorado Anschutz Medical Campus

Eric Sink MD, Barrie Schmitt MD

University of Colorado Anschutz Internal Medicine Training Program

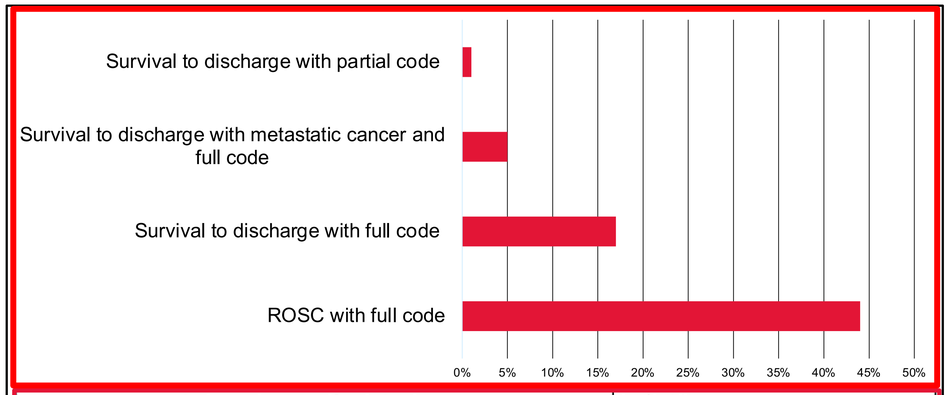
AUTONOMY **BENEFICIENCE** **NON-MALEFICENCE** **JUSTICE**

Learning Objectives

- Learn about the risks/benefits of partial code statuses
- Review core tenets of medical ethics and how they apply to code status
- Realize the need for shared decision making in discussion of code status

Case Presentation

- A 70 year old female with a history of metastatic renal cell carcinoma, chronic pain, opioid use disorder, and MDD was admitted to MICU following PEA arrest 2/2 intentional opioid overdose
- The patient was intubated and resuscitated in the field and then brought to ICU for therapeutic post arrest cooling
- She was successfully extubated on hospital day 5. Her mental status was deemed to be at baseline per her proxy
- Hospital course was complicated by large burden of acute PE, recurrent aspiration, and worsening AHRF.
- While still in the MICU, the patient elected to be DNR/DNI after discussions with primary team and palliative care.
- Following transfer to the floor service, the patient reversed course and restated her wishes to be *DNI with no transfer to MICU but with allowances for CPR and defibrillation.*
- 1 day later, the patient experienced a recurrent arrest secondary to worsening hypoxia.
- ROSC was achieved after two rounds of CPR and 1 mg epinephrine.
- However, given the patient's DNI status, the patient remained in a perilous state without a protected airway.
- Ultimately, the patient lost pulses just minutes later and expired after one additional round of CPR.
- All providers present were mortified of the lack of dignity of these events



Colorado Medical Orders for Scope of Treatment (MOST)

- **FIRST follow these orders, THEN contact Physician, Advanced Practice Nurse (APN), or Physician Assistant (PA) for further orders if indicated.**
- These Medical Orders are based on the person's medical condition & wishes.
- If Section A or B is not completed, full treatment for that section is implied.
- May only be completed by, or on behalf of, a person 18 years of age or older.
- **Everyone shall be treated with dignity and respect.**

Legal Last Name		
Legal First Name/Middle Name		
Date of Birth		Sex
Hair Color	Eye Color	Race/Ethnicity

In preparing these orders, please inquire whether patient has executed a living will or other advance directive. If yes and available, review for consistency with these orders and update as needed. *(See additional instructions on page 2.)*

A Check one box only

CARDIOPULMONARY RESUSCITATION (CPR) ***Person has no pulse and is not breathing.***

☐ **Yes CPR:** Attempt Resuscitation ☐ **No CPR:** Do Not Attempt Resuscitation

NOTE: *Selecting 'Yes CPR' requires choosing "Full Treatment" in Section B.*
When not in cardiopulmonary arrest, follow orders in Section B.

Conclusions

- Partial code statuses often produce increased patient suffering with little benefit
- Partial code statuses rarely result in patient survival to discharge from the hospital.
- Providers should make efforts to steer patients away from choosing a partial code status—use the MOST form.

Disclosures

- We have no disclosures

Discussion

•*Partial code* refers to providing less than full resuscitative effort

•A *slow code* refers to providing cardiac resuscitation in order to assuage the feelings of patients or family members that they have *done everything until the end*

•Such situations force providers to balance need to honor patient's autonomy with desire *to first do no harm*

•Performing less than full resuscitative effort reduces chances of recovery while increasing harms to patient (1-5)

- 0% of patients who experienced arrest with partial status survived to discharge (4)

•Situations like this result from a deficit of communication between patient and provider

- What are the patient's goals?
- Why do they want to pursue a partial status?

•The Colorado MOST form doesn't allow for partial code (6)

•It is providers' responsibility to provide patient with an accurate representation of what full or partial resuscitation entails

References

- **1**. Rousseau P. Partial codes—when "less" may not be "more" [published online June 13, 2016]. *JAMA Intern Med*. doi:10.1001/jamainternmed.2016.2522.
- **2**. Peberdy MA, Kaye W, Ornato JP, et al. Cardiopulmonary resuscitation of adults in the hospital: a report of 14720 cardiac arrests from the National Registry of Cardiopulmonary Resuscitation. *Resuscitation*. 2003;58(3):297-308.
- **3**. KjørstadOJ,HaugenDF.Cardiopulmonary resuscitation in palliative care cancer patients. *Tidsskr Nor Laegeforen*. 2013;133(4):417-421.
- **4**. DumotJA,BurvalDJ,SprungJ,etal.Outcomeof adult cardiopulmonary resuscitations at a tertiary referral center including results of "limited" resuscitations. *Arch Intern Med*. 2001;161(14): 1751-1758
- 5. Zapata JA, Widera E. Partial Codes-A Symptom of a Larger Problem. JAMA Intern Med. 2016 Aug 1;176(8):1058-9. doi: 10.1001/jamainternmed.2016.2540. PMID: 27295527.
- http://www.coloradoadvancedirectives.com/wp-content/uploads/2014/07/1-MOST-Form-FINAL-2015.pdf