RAPID RESPONSE SYSTEMS AND DO NOT RESUSCITATE (DNR) ISSUES

Ken Hillman

6th Annual International Symposium on Rapid Response Systems & Medical Emergency Teams
Pittsburgh, 10th-11th May, 2010
CHANGING ROLES OF ACUTE HOSPITALS AND GENERAL PRACTITIONERS

Around 1950 - ‘Quick, call a doctor’
- ‘Quick, call an ambulance’
USA

70% of Americans want to diet at home
75% die in medical institutions
>30% spend at least 10 days in ICU
>30% bankrupt families in the process of dying

_Time September 2000_
MEDICALISATION OF THE DYING PROCESS
CONVEYOR BELT TO INTENSIVE CARE

- Ambulance
- Emergency department
- Hospital ward
- Intensive care
SOME DRIVERS

- Dying is frightening
- Lack of community support for the dying
- Societal expectations (media)
- Reluctance of medicine to discuss death
- Specialisation of medicine
- Difficult to be 100% certain
- Because we can, we do
- “They want everything done”
- Litigation
Population Pyramid Summary for Australia

Source: U.S. Census Bureau, International Data Base.
DNR RATES AT DEATH IN HOSPITALS

- Australia  90%
- USA        80%
- Switzerland 73%
- Europe     60%
- Italy      16%
MEDICAL EMERGENCY TEAMS

Rapidly identify and resuscitate seriously ill patients

• With reversible disease
• As well as the dying
DIAGNOSIS OF THE DYING DIFFICULT

• Often made by MET and Intensive Care
• “…… when further active treatment is inappropriate and futile”
MERIT STUDY – DOCUMENTED DNR ORDERS

Deaths 90%
Cardiac arrests 4%
Unplanned ICU adm 3%
MET calls 8%

Resus 2008;79:391
UNEXPECTED DEATHS

• General wards
• Not in ICUs

Major reason for development of RRSs
Most patients die in ICU as a result of withholding and withdrawal of treatment
DNR ORDERS

MET hospitals had 10 x rate of DNR orders at the time of urgent call

*Resus 2008;79:391*
22% of MET calls issued a DNR order

Resus 2001;50:39
MET SYSTEMS → DYING SYSTEMS
PALLIATIVE CARE
RAPID RESPONSE SYSTEM

- MET/ICU identifies dying patient on general wards
- Informs home team
- Urgently communicates with palliative care system
- Palliative care nurse 24/7 Palliative care physicians

- ACTIVE → SUPPORTIVE MANAGEMENT CARE