Are we still performing inappropriate cardiopulmonary-resuscitation attempts at the end-of-life?

Sally Armond, Paramedic, North West Ambulance Service James Wallace, ED Consultant, Warrington Hospital

Background :

“Cardiopulmonary resuscitation (CPR) is likely to be inappropriate for patients who are approaching the end-of-life.”

Since 2006, General Practitioners (GPs) have been incentivised to maintain an end-of-life-care (EoLC) register of patients considered to be in the final 12-months of life. Supportive Advance Care Planning (ACP) can then be provided, which may incorporate a ‘do-not-attempt-cardiopulmonary-resuscitation’ (DNACPR) decision.

“Anecdotally, paramedics felt a significant proportion of patients eligible for EoLC remain unidentified by their GP, often resulting in emergency interventions at the end-of-life, which may not be in the patient’s best interests..”

Aim :

To identify the number of patients transferred to the local Emergency Department (ED) with CPR ongoing who were eligible for inclusion on an EoLC register.

Methods :

Medical records of out-of-hospital cardiac arrest (OHCA) patients transferred with CPR ongoing to the ED of a district general hospital in the North West of England were reviewed over a 12-month period. Records were compared against **Gold Standards Framework Proactive Indicator Guidance** (GSF PIG), an evidence based tool for facilitating earlier identification of patients who may be approaching the end-of-life.

Almost **40%** of OHCA patients who died in the ED after CPR met criteria for **EoLC**

75.6% of OHCA patients had **Frailty**

Results :

Of 86 cases identified, 39.5% (n. 34) met GSF PIG indicators. All died in the ED. Of these, 94.1% (n. 32) had general signs of decline and 91.2% (n. 31) presented with advanced disease. Frailty was the most prevalent presentation at 76.5% (n.26).

Among the frail, 57.7% (n. 15) had significant comorbidities.

8.8% (n. 3) had formally recorded a choice for no further active treatment, yet no DNACPR had been recorded.

Conclusion :

“Results indicate that inappropriate CPR was carried out on approximately 4 out of 10 OHCA patients.”

We are currently evaluating how paramedics can assist GPs in reducing this figure by facilitating timely uptake of ACP conversations and DNACPR decisions in the community.