EMERGENCY NURSES ASSOCIATION

Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

Resuscitative Decisions in the Emergency Care Setting

Description

In the emergency care setting, resuscitative decisions are encountered frequently. These decisions may be controversial, especially in the absence of advance directives (AD) delineating the patient's wishes. Ethical issues regarding cardiopulmonary resuscitation (CPR), life-sustaining treatment, futility, self-determination, and AD may complicate a time-sensitive clinical situation. Legal issues arise with respect to state and country variances in laws regarding AD, out-of-hospital do not resuscitate orders (DNR), living wills, power of attorney, minors, and expressed wishes. Family dynamics regarding communication, decision making, and family presence can be challenging, especially when there is disagreement among family members or with the patient's wishes as stated in an AD. (Family is defined here as a "social unit comprised of people related by ancestry, legal determination, or significant others as identified by the patient" [Emergency Nurses Association, 2017, p. 64]).

Clinical barriers to providing care in accordance with the patient's wishes include the absence of an AD, a recent change in health status which may have caused the patient to reconsider their wishes, or an AD that is too vague to provide meaningful information. In addition, it may be difficult for emergency care providers to access an AD, especially if they are not able to access the patient's electronic health record (Grudzen et al., 2016; McQuown et al., 2017). Even when ADs are available in patients' records, emergency care providers may fail to note their existence (Osman et al. 2020; Vranas et al., 2020).

Resuscitative decisions are often encountered after clinical deterioration or during end-of-life care (Perkins et al., 2016). Such timing can make these decisions challenging for patients, their families, and the healthcare team. U.S. federal laws require healthcare facilities to comply with the Patient Self Determination Act (PSDA) regarding ADs, which includes patients who come into the emergency department with an established AD (Patient Self Determination Act of 1990, 1990).

The issue of resuscitative decisions is magnified by a growing population that is increasingly older as well as by continual advances in healthcare that allow for extension of life, even in the face of catastrophic illness or injury. According to the U.S. Census Bureau, between 2012 and 2060 the U.S. population is projected to grow 34%, from 314 million to 420 million (Colby & Ortman, 2014). More than 20% of residents will be 65 years or older by 2030, a significant increase from 13% in 2010 and only 9.8% in 1970 (Colby & Ortman, 2014). Emergency nurses, including advanced practice registered nurses (APRNs), are in a key position to inform, educate, and advocate for patients and their families regarding advance care planning. Emergency nurses are essential resuscitation team members who not only participate in clinical care but also support family members, whether they are present in the resuscitation room or not. It is important that emergency nurses participate in the shared decision-making process, which enables patients, family members, surrogates, and clinicians to make collaborative healthcare

decisions while considering the patient's values and preferences (Institute of Medicine, 2015; Mentzelopoulos et al., 2021; National Quality Forum, 2006).

ENA Position

It is the position of the Emergency Nurses Association (ENA) that:

1. Emergency nurses respect the patient's autonomy, dignity, and right to self-determination in resuscitative decisions.

2. Emergency nurses collaborate with other healthcare professionals and advocate for compliance with the patient's stated wishes regarding resuscitation decisions and interventions.

3. Emergency nurses advocate for advance care planning, educate patients and their families on planning options, and verify documentation of advance directives, including code status, in the healthcare record.

4. Emergency nurses support a patient- and family-centered care (PFCC) approach to healthcare decisions.

5. Emergency nurses support family presence during resuscitation if the family desires to be present.

6. Emergency nurses participate in the development, implementation, and evaluation of resuscitative decision policies and protocols.

7. Emergency nurses are knowledgeable about specific laws and regulations regarding ADs in the locations where they practice.

Background

The Patient's Bill of Rights was created by the American Hospital Association in 1970, and it detailed the rights a patient could expect, including informed consent, quality care, privacy, and the right to an AD for healthcare (Fritz et al., 2017). In what is now known as The Patient Care Partnership, the American Hospital Association continues to advocate for patient involvement in care, including the creation of AD and designation of a health care power of attorney (American Hospital Association, 2003).

The federal PSDA was enacted in 1990 and mandates that individuals can accept or opt out of medical treatment in an AD or by appointing someone as their legal surrogate (Teno et al., 1993). The PSDA requires hospitals, skilled nursing facilities, home health agencies, hospice programs, and health

maintenance organizations to comply with the following requirements (Teno et al., 1993; Patient Self Determination Act of 1990, 1990):

- Inform patients about their medical care options
- Periodically inquire about the existence of AD
- Not discriminate against a person with an AD
- Ensure an AD is legally valid
- Promote educational programs regarding AD

Clinicians are encouraged to counsel patients regarding AD (Health and Human Services [HHS], 2020). Advance care planning is reimbursed by Medicare either as a part of a Medicare Wellness Visit or as a separate medically necessary service (HHS, 2020). Outside of the United States, European countries also acknowledge the importance of patient's wishes, ADs, and proxy decision makers in end-of-life care (Resuscitation Council UK, 2021; Veshi & Neitzke, 2016; Mentzelopoulos et al., 2021).

An AD is a binding document that delineates an individual's decision about their medical treatment (National Institute on Aging, 2018). Living wills and durable power of attorney for health care, also known as medical power of attorney, are examples of AD. A living will addresses treatment for a person who is terminally ill and unable to make decisions on their own behalf, whereas a durable power of attorney is a legal document that appoints a designated person (surrogate or proxy) to make medical decisions when a person is incapacitated, whether temporarily or permanently (American Cancer Society, 2019; Hunsaker & Mann, 2013, Shah et al., 2013).

In some states, Physician Orders for Life-Sustaining Treatment (POLST) documents are used to specify the healthcare treatment wishes of a seriously ill or frail patient, including resuscitative measures and transport to a hospital (National POLST, 2021). A POLST is portable document that is valid outside of a healthcare setting and is therefore especially helpful to pre-hospital personnel (National POLST, 2021).

There are four levels of treatment to be considered during resuscitative care events: no resuscitation be attempted, only provide specified treatments as selected, comfort measures be provided, and all necessary and appropriate interventions be offered. The most widely recognized terminology and abbreviations include Do Not Resuscitate (DNR) or Do Not Attempt Resuscitation (DNAR) (Teno, et al., 1993), or Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) (Hunsaker & Mann, 2013), Do Not Intubate (DNI) (National Institute on Aging, 2018), Comfort Measures Only (CMO), and Full Code (FC). More recently, some have suggested the addition of an alternative called shock-only resuscitation (SOR). With this new status, patients would not receive CPR but could receive defibrillation for shockable cardiac rhythms (Mandawat et al., 2018).

DNR, DNAR, and DNACPR are terms used to direct clinicians to withhold resuscitative measures. In the event a patient goes into cardiopulmonary arrest, without a written DNR order in the medical record, resuscitation efforts will be initiated if it is medically appropriate. Once the existence of a valid DNR is established, resuscitative efforts will be stopped (ACEP, 2021). A patient may also choose to have a DNI order to prevent intubation or mechanical ventilation (National Institute on Aging, 2018). CMO is a term used to permit the natural dying process while affording maximum comfort which includes addressing the psychological and spiritual needs of both patient and family (Blinderman & Billings, 2015). Full Code is a term used to indicate that healthcare providers are to attempt all resuscitative interventions including, but not limited to, CPR, advanced cardiac life support (ACLS), and airway management, including intubation, mechanical ventilation, and heroic measures. Although each state has its own version of an AD, there is dialogue about a national AD that would be transferable among states (Sabatino, 2016).

In most situations, resuscitation attempts are indicated for all patients in cardiac arrest who do not have a valid DNR order. However, in some situations, guidelines may stipulate additional criteria for decision making as to when resuscitation should not be attempted or should be withdrawn if started. Examples of such criteria include clear danger to the healthcare providers, obvious fatal injury or signs of irreversible death, strong evidence that resuscitation would be against the patient's wishes or is futile, and asystole of greater than 20 minutes duration despite resuscitative measures when no reversible cause has been identified (ACEP, 2021; Mentzelopoulos et al., 2021). External events such as a pandemic or mass casualty situation may result in a demand for healthcare resources that is greater than the supply and require crisis standards of care which influence decision making in resuscitative situations (ACEP, 2021; Hsu, et al., 2020; Mentzelopoulos et al., 2021).

In addition to decisions regarding the initiation of resuscitation efforts, the issue of ceasing interventions arises whenever such interventions are ineffective. Terminating resuscitative events may be a difficult decision for care providers and family members, especially in the case of young or previously healthy patients, and can lead to protracted intervention (Mentzelopoulos et al., 2021). Unconscious bias based on socioeconomic and demographic factors may adversely impact these decisions, leading to either protracted or prematurely terminated codes (Ranola et al., 2015). In addition, emergency care providers frequently have little information about the patient's pre-resuscitation state of health and thus do not know if they may be prolonging suffering even as they consume precious health care resources such as extracorporeal membrane oxygenation (ECMO).

Structured, advanced care planning initiated early in the patient admission process or immediately following clinical deterioration may lead to greater patient involvement, self-determination, and decision-making (Perkins et al., 2016). PFCC is an approach to healthcare that recognizes the role of the family in providing health care; encourages collaboration between the patient, family, surrogate, and health care professionals; and honors individual and family strengths, cultures, and traditions (The Joint Commission, 2010). In 1993, ENA General Assembly passed a resolution supporting family presence during resuscitation. This resulted in the development of a position statement and educational resources (ENA, 1993; ENA, 1995). Subsequently, ENA developed an evidence-based clinical practice guideline for family

presence as an option during resuscitation to help meet the family's psychosocial needs in a time of crisis. In addition, the evidence supports having a designated healthcare individual stay with the family as well as creating institutional policies and education to support family presence (Vanhoy et al., 2017). Other authoritative bodies such as the American College of Emergency Physicians (ACEP), the American Heart Association, and the European Resuscitation Council also support family presence during resuscitation (ACEP, 2020; Kleinman et al., 2015; Mentzelopoulos et al., 2021).

Resources

American Cancer Society. (2019). *Types of advance directives*. https://www.cancer.org/treatment/finding-and-paying-for-treatment/understanding-financial-and-legal-matters/advance-directives/types-of-advance-health-care-directives.html

American College of Emergency Physicians. (2012). *Family presence fact sheet*. https://www.acep.org/globalassets/uploads/uploaded-files/acep/news-media/newsmediaresources/media-fact-sheets/family-presence-fact-sheet-2012.pdf?_t_id=T-HaCS5K0tAi4J_xcGP-9A==&_t_q=Family%20presence%20fact%20sheet.&_t_tags=andquerymatch,language:en|language:7D2DA0A9FC754533B091FA6886A51C0D,siteid:3f8e28e9-ff05-45b3-977a-68a85dcc834a|siteid:84BFAF5C52A349A0BC61A9FFB6983A66&_t_ip=&_t_hit.id=ACP_Website_Application_Models_Media_DocumentMedia/_21b07e8f-db71-42d4-ab67-a2baff546fae&_t_hit.pos=0

American College of Emergency Physicians. (2020). *Ethical issues at the end of life*. https://www.acep.org/patient-care/policy-statements/ethical-issues-at-the-end-of-life/

American College of Emergency Physicians. (2021). *Ethical issues of resuscitation*. https://www.acep.org/patient-care/policy-statements/ethical-issues-of-resuscitation/

Emergency Nurses Association. (2017). *Emergency nursing scope and standards of practice* (2nd ed.).

Committee on Approaching Death: Addressing Key End-of-Life Issues, Institute of Medicine. (2015). *Dying in America: Improving quality and honoring individual preferences near the end of life.* The National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK285681/pdf/Bookshelf_NBK285681.pdf

Hsu, A., Weber, W., Heins, A., Josephson, E., Kornberg, R., & Diaz, R. (2020). A proposal for selective resuscitation of adult cardiac arrest patients in a pandemic. *Journal of the American College of Emergency Physicians Open*, *1*(4), 408–415. https://doi.org/10.1002/emp2.12096

Mentzelopoulos, S.D., Couper, K., Van de Voorde, P., Druwe, P., Blom, M., Perkins, G. D., Lulic, I., Djakow, J., Raffay, V., Lilja, G., & Bossaert, L. (2021) European Resuscitation Council Guidelines 2021: Ethics of resuscitation and end of life decisions, *Resuscitation, 161*, 408–432. https://doi.org/10.1016/j.resuscitation.2021.02.017

National Institute on Aging. (2017). *Understanding health care decision at the end of life*. https://www.nia.nih.gov/health/understanding-healthcare-decisions-end-life

National Quality Forum. (2006). *A national framework and preferred practices for palliative and hospice care quality: A consensus report*. http://www.qualityforum.org/Publications/2006/12/A_National_Framework_and_Preferred_Practices_for_Palliative_and_Hospice_Care_Quality.aspx

Patient Self Determination Act of 1990, H.R. 4449, 101st Cong. (1990). https://www.congress.gov/bill/101st-congress/house-bill/4449

Ranola, P. A., Merchant, R. M., Perman, S. M., Khan, A. M., Gaieski, D., Caplan, A. L., & Kirkpatrick, J. N. (2015). How long is long enough, and have we done everything we should?—Ethics of calling codes. *Journal of Medical Ethics, 41*(8), 663–666. https://doi.org/10.1136/medethics-2013-101949

Resuscitation Council UK. (2021). *ReSPECT for healthcare professionals*. https://www.resus.org.uk/respect/resptect-healthcare-professionals

Vanhoy, M. A., Horrigan, A., Stapleton, S. J., Valdez, A. M., Bradford, J. Y., Killian, M., Reeve, N. E., Slivinski, A., & Zaleski, M. E. (2017). *Family presence during invasive procedures and resuscitation* [Clinical practice guideline]. https://www.ena.org/practice-resources/resource-library/clinical-practice-guidelines/-in-category/categories/ena/resources/practice-resources/clinical-practice-guideline/family-presence#tags

References

American College of Emergency Physicians. (2020). *Ethical issues at the end of life*. https://www.acep.org/patient-care/policy-statements/ethical-issues-at-the-end-of-life/

American College of Emergency Physicians. (2021). *Ethical issues of resuscitation*. https://www.acep.org/patient-care/policy-statements/ethical-issues-of-resuscitation/

American Hospital Association. (2003). *The patient care partnership*. https://www.aha.org/other-resources/patient-care-partnership

Blinderman, C. D. & Billings, A. (2015). Comfort care for patients dying in the hospital. *New England Journal of Medicine, 373*(26), 2549–2561. https://doi.org/10.1056/NEJMra1411746

Colby, S. L. & Ortman J. M. (2014). The baby boom cohort in the United States: 2012 to 2060. Population estimates and projections. *Current Population Reports*. U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau, 1–16.

https://www.census.gov/prod/2014pubs/p25-1141.pdf

Emergency Nurses Association. (1993). *Resolution 93:03 Family presence at the bedside during invasive procedures and/or resuscitation*. General Assembly, 1993.

Emergency Nurses Association. (1995). *Presenting the option for family presence* [Archived].

Emergency Nurses Association. (2017). *Emergency nursing scope and standards of practice* (2nd ed.).

Fritz, Z., Slowther, A-M., & Perkins, G.D. (2017). Resuscitation policy should focus on the patient, not the decision. *British Journal of Medicine*, 356, j813. https://doi.org/10.1136/bmj.j813

Grudzen, C. R., Buonocore, P., Steinberg, J., Ortiz, J. M., & Richardson, L. D. (2016). AAHPM Research Committee Writing Group. Concordance of advance care plans with inpatient directives in the electronic medical record for older patients admitted from the emergency department. *Journal of Pain and Symptom Management, 51*(4), 647–651. https://doi.org/10.1016/j.jpainsymman.2015.12.318

Health & Human Services. (2020). *Medicare learning network fact sheet: Advance care planning*. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AdvanceCarePlanning.pdf

Hunsaker, A. E. & Mann, A. (2013). An analysis of the patient self-determination act of 1990. *Journal of Human Behavior in the Social Environment, 23*(7), 841–848. https://doi.org/10.1080/10911359.2013.809287

Institute of Medicine. (2015). *Dying in America: Improving quality and honoring individual preferences near the end of life*. The National Academies Press. https://www.ncbi.nlm.nih.gov/books/NBK285681/pdf/Bookshelf_NBK285681.pdf

Kleinman, M. E., Brennan, E. E., Goldberger, Z. D., Swor, R. A., Terry, M., Bobrow, B. J., Gazmuri, R. J., Travers, A. H., & Rea, T. (2015). Part 5: Adult basic life support and cardiopulmonary resuscitation quality: 2015 American Heart Association guidelines update for cardiopulmonary resuscitation and emergency cardiovascular care. *Circulation, 132*(18, Suppl 2), S414–S435. https://doi.org/10.1161/CIR.0000000000000259

Mandawat, A., Mandawat, A., Curfman, G., & Newby, L. K. (2018). A "shocking" new code status. *American Heart Journal, 198*, 1–3. https://doi.org/10.1016/j.ahj.2017.12.004.

McQuown, C. M., Frey, J. A., Amireh, A., & Chaudhary, A. (2017). Transfer of DNR orders to the ED from extended care facilities. *American Journal of Emergency Medicine*, 35(7), 983–985. https://doi.org/10.1016/j.ajem.2017.02.007

Mentzelopoulos, S.D., Couper, K., Van de Voorde, P., Druwe, P., Blom, M., Perkins, G. D., Lulic, I., Djakow, J., Raffay, V., Lilja, G., & Bossaert, L. (2021) European Resuscitation Council guidelines 2021: Ethics of resuscitation and end of life decisions, *Resuscitation, 161*, 408–432. https://doi.org/10.1016/j.resuscitation.2021.02.017

National Institute on Aging. (2018). *Advance care planning: Healthcare directives*.

https://www.nia.nih.gov/health/advance-care-planning-healthcare-directives

National POLST. (2021). Honoring the wishes of those with serious illness and frailty. https://polst.org/

National Quality Forum. (2006). *A national framework and preferred practices for palliative and hospice care quality: A consensus report*. https://www.qualityforum.org/Publications/2006/12/A_National_Framework_and_Preferred_Practices_for_Palliative_and_Hospice_Care_Quality.aspx

Osman, A. D., Rahman, M. A., Lam, L., Lin, C. C., Yeoh, M., Judkins, S., Pratten, N., Moran, J., & Jones, D. (2020). Cardiopulmonary resuscitation and endotracheal intubation decisions for adults with advance care directive and resuscitation plans in the emergency department. *Australasian Emergency Care, 23*(4), 247–251. https://doi.org/10.1016/j.auec.2020.05.003

Patient Self Determination Act of 1990, H.R. 4449, 101st Cong. (1990). https://www.congress.gov/bill/101st-congress/house-bill/4449

Perkins, G. D., Griffiths, F., Slowther, A-M, George, R., Fritz, Z., Satherley, P., Williams, B., Waugh, N., Cooke, M. W., Chambers, S., Mockford, C., Freeman, K., Grove, A., Field, R., Owen, S., Clarke, B., Court, R., & Hawkes, C. (2016). *Do-not-attempt-cardiopulmonary-resuscitation decisions: An evidence synthesis*. NIHR Journals Library. https://doi.org/10.3310/hsdr04110

Ranola, P. A., Merchant, R. M., Perman, S. M., Khan, A. M., Gaieski, D., Caplan, A. L., & Kirkpatrick, J. N. (2015). How long is long enough, and have we done everything we should?—Ethics of calling codes. *Journal of Medical Ethics, 41*(8), 663–666. https://doi.org/10.1136/medethics-2013-101949

Resuscitation Council UK. (2021). *ReSPECT for healthcare professionals*. https://www.resus.org.uk/respect/respect-healthcare-professionals

Sabatino, C. (2016). Can my advance directives travel across state lines? *Bifocal, 38*(1), 3–6. https://www.americanbar.org/content/dam/aba/publications/bifocal/bifocalseptember-october2016.pdf

Shah, R. D., Rasinski, K. A., & Alexander, G. C. (2013). The influence of surrogate decision makers on clinical decision making for critically ill adults. *Journal of Intensive Care Medicine, 30*(5), 278–285. https://doi.org/10.1177/0885066613516597

Teno, J. M., Sabatino, C., Parisier, L., Rouse, F., & Lynn, J. (1993). The impact of the Patient Self-Determination Act's requirement that states describe law concerning patients' rights. *The Journal of Law, Medicine & Ethics, 21*(1), 102–108. https://doi.org/10.1111/j.1748-720X.1993.tb01235.x

The Joint Commission. (2010*). Advancing effective communication, cultural competence, and patient- and family-centered care: A roadmap for hospitals*. https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/health-equity/aroadmapforhospitalsfinalversion727pdf.pdf?db=web&hash=AC3AC4BED1D973713C2CA6B2E5ACD01B

Vanhoy, M. A., Horrigan, A., Stapleton, S. J., Valdez, A. M., Bradford, J. Y., Killian, M., Reeve, N. E., Slivinski, A., & Zaleski, M. E. (2017). *Family presence during invasive procedures and resuscitation* [Clinical

practice guideline]. https://www.ena.org/practice-resources/resource-library/clinical-practice-guidelines/-in-category/categories/ena/resources/practice-resources/clinical-practice-guideline/family-presence#tags

Veshi, D. & Neitzke, G. (2016). Council of Europe: Guide on the decision-making process regarding medical treatment in end-of-life situations. *Medical Law International, 16*(1–2), 94–102. https://doi.org/10.1177/0968533216659785

Vranas, K. C., Lin, A. L., Zive, D., Tolle, S. W., Halpern, S. D., Slatore, C. G., Newgard, C., Lee, R. Y., Kross, E. K., & & Sullivan, D. R. (2020). The association of physician orders for life-sustaining treatment with intensity of treatment among patients presenting to the emergency department. *Annals of Emergency Medicine, 75*(2), 171–180. https://doi.org/10.1016/j.annemergmed.2019.05.008

Authors

Authored by

Jean A. Proehl, RN, MN, CEN, CPEN, TCRN, FAEN, FAAN

Reviewed by

2021 ENA Position Statement Committee Members

Brenda Braun, MSN, BSN, RN, CEN, CPEN, FAEN
Carla B. Brim MN, RN, PHCNS-BC, CEN, FAEN
Alison Day, PhD, MSN, BS, RN, FAEN
Joanne Navarroli, MSN, BS, RN, CEN
AnnMarie R. Papa, DNP, RN, CEN, NE-BC, FAEN, FAAN
Kathryn Starr Rogers, DNP, MSN, RN, CEN, CPEN, CPHQ, NEA-BC, TCRN
Elizabeth Stone, PhD, RN, CPEN, CHSE, FAEN, Chairperson
Sharon Vanairsdale, DNP, MS, RN, APRN, NP, CNS, CEN, ACNS-BC, NP-C, FAEN, FAAN
Jennifer Williams, PhD, RN, ACNS-BC

2021 ENA Board of Directors Liaison

Steven Jewell, BSN, RN, CEN, CPEN

2021 ENA Staff Liaison

Monica Escalante Kolbuk, MSN, RN, CEN

Developed: 1990

Approved by the ENA Board of Directors: September 1990.
Revised and Approved by the ENA Board of Directors: September 1992.
Revised and Approved by the ENA Board of Directors: September 1994.

EMERGENCY NURSES ASSOCIATION

Position Statement

930 E. Woodfield Road, Schaumburg, IL 60173 | 800.900.9659 | ena.org

Revised and Approved by the ENA Board of Directors: May 1996.
Revised and Approved by the ENA Board of Directors: July 1998.
Revised and Approved by the ENA Board of Directors: December 2000.
Revised and Approved by the ENA Board of Directors: July 2003.
Revised and Approved by the ENA Board of Directors: September 2010.
Revised and Approved by the ENA Board of Directors: July 2014.
Revised and Approved by the ENA Board of Directors: July 2018.
Revised and Approved by the ENA Board of Directors: July 2021.