

5 Minute Consult: Code Status

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PalliEM
5 Minute Consult

Resuscitation – What is known? (Significant limitations in available data)

Closed cardiac massage described in 1960 and quoted 70% survival rate¹

- In-hospital cardiac arrest
 - o Approximately 17% survival to hospital discharge²
 - Half of these are able to be discharged home
 - 25% decline in overall functional performance
 - o Survival rates decline with age and comorbidities (e.g. cancer, ESRD)
- Out-of-hospital cardiac arrest
 - o Overall survival about 8%³
 - o Unadjusted VT/VF survival as high as 30%
 - o Improved trends in neurologic outcome
- **Caution against using specific numbers when having a code status conversation, as survival outcome for a given patient is not a percentage – it is binary (i.e. survival or no survival)**

I need to urgently discuss code status with a patient. How do I do that?

- Name of the game: understand patient's values and make a recommendation for code status based on disease state and stated health goals
 - Code status conversations often fit nicely into broader goals of care discussions (see separate resources on goals of care), but sometimes an isolated conversation is warranted
 - **This is a procedure; optimize your room setup**
 - o Sit with patient and family, seek a quiet area, silence phone, etc.
- 1. Establish surrogate decision-maker(s).**
 - *If you were ever unable to speak to us, who should we talk to about your health?*
 - 2. Ask whether patient has care preferences if seriously ill.**
 - *Do you have preferences about the care you would want if you were to become sicker?*
 - *Do you have strong opinions about mechanical life support, such as ventilators?*
 - 3. Ask patient for understanding of current condition and provide appropriate update.**
 - *What have you heard is going on with your health? May I provide more information?*
 - 4. Ask patient about their goals for their health/quality of life.**
 - *If time were short, what would be most important to you? What is quality of life for you?*
 - *What are your worries?*
 - 5. Ask permission and make a recommendation based on likely CPR outcome in context of medical condition and patient's stated health goals.**
 - *Would it be okay if I provide a recommendation based on what we have discussed?*
 - *Given your serious illness, I am worried that things like CPR or being on a breathing machine will not help you live longer or improve your quality of life. For that reason, I recommend we allow for a natural death, should your heart or breathing stop. This is recorded with a "do not resuscitate*/"do not intubate" order. This would not change any other care you receive. What are your thoughts on that?*
 - 6. Document according to institutional norms.**

**Do not attempt resuscitation" preferred by some

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References:

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3. Chan PS, McNally B, Tang F, Kellermann A. Recent trends in survival from out-of-hospital cardiac arrest in the United States. Circulation. 2014 Nov 18;130(21):1876-82.
4. Portions adapted from the Ariadne Labs Serious Illness Conversation Guide and Jacobsen JC, Tran KM, Jackson VA, Rubin EB. Case 19-2020: A 74-year-old man with acute respiratory failure and unclear goals of care. New England Journal of Medicine. 2020 Jun 18;382(25):2450-7.