

Dane County EMS Newsletter

October, 2024



A Brief Review of Do Not Resuscitate (DNR) Orders, Palliative Care, and Hospice Care

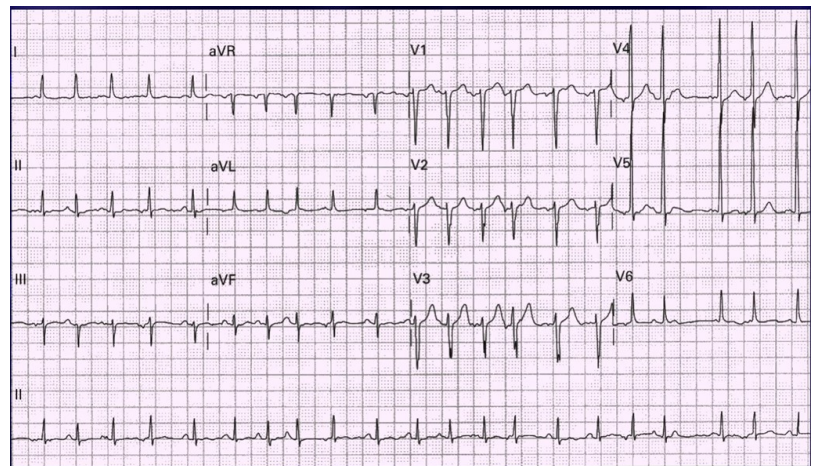
Case Study: You are called to an 85yr male who is confused, son is worried that he has a fever and needs to go the hospital. You find an ill-appearing gentleman who is A&Ox2 (normally A&Ox4) and is hot to the touch; his vitals are: HR 123, BP 80/40, RR 30, SpO2 90% on RA, Temp: 101F. Son notifies you that patient is on hospice for liver cancer, but he didn't know what else to do as he looked uncomfortable. How would you proceed in a case like this?

DNR/Palliative/Hospice: There are some unique care considerations when approaching a patient with DNR orders or is on palliative or hospice care. While we want to be respectful of their wishes, we also want to ensure we provide care/interventions if indicated.

Do Not Resuscitate (DNR): A DNR order specifies that the patient does not wish to be resuscitated in the event of cardiac arrest. It does not affect the care provided to the patient outside of this specific situation. Anyone can have a DNR order, even if they have no diagnosed medical conditions. A valid WI state issued DNR bracelet or appropriately filed out paperwork is required for this order to be recognized. If you are on scene of a cardiac arrest and the DNR status is in question, initiate resuscitation and contact OLMC ASAP to discuss.

October Viz Quiz

You are called to a 60yr male who is having shortness of breath. You find him in moderate respiratory distress with diffuse wheezes. Vitals: HR 139; BP: 115/72; RR: 35; SpO2: 89% on RA. ECG results are to the right.



What is the rhythm and treatment?

- A. Multifocal Atrial Tachycardia; Cardioversion
- B. Afib w/RVR; Cardioversion
- C. Afib w/RVR; duonebs, NIPPV
- D. Multifocal Atrial Tachycardia; duonebs, NIPPV
- E. Sinus Tachycardia; Duonebs, NIPPV

Submit your answer at <https://www.surveymonkey.com/r/B3PYCSF>

September Viz Quiz Answer

Answer: B. An Arterial Occlusion

- Remember to assess the appearance, temperature, strength, sensation, and pulses when patients complain of limb pain. This leg would be cold to the touch, have absent distal pulses and significantly delayed capillary refill
- Remember the 6 P's (paresthesias, pain, pallor, pulselessness, paralysis, and poikilothermia) - classic in compartment syndrome, but are truly signs of insufficient/absent blood flow to a limb.
- These patients need to have emergent evaluation with vascular surgery for possible revascularization; limb salvage becomes very difficult after approximately 6 hours.



https://umem.org/educational_pearls/?category=28

Congratulations to Bryce from Sun Prairie for winning the September Viz Quiz!



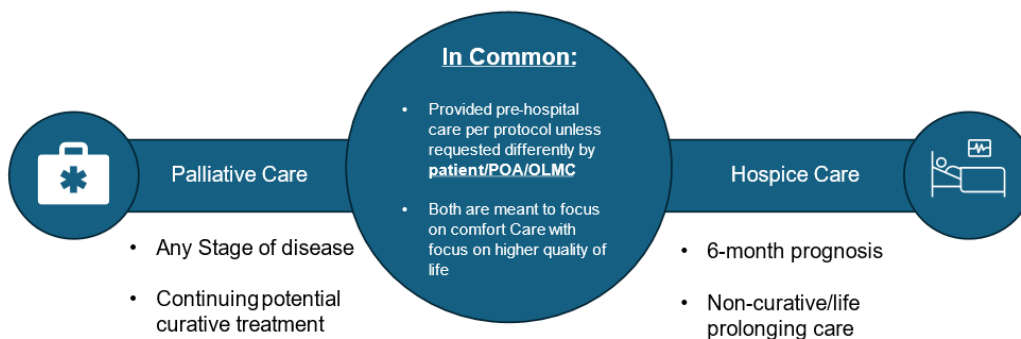
Case continued...

Palliative Care: Palliative care focuses on relieving symptoms and stress related to serious illnesses. It does not aim to cure the illness but rather improve the patient's quality of life. It can be initiated at any stage of the illness. *Palliative care ≠ Hospice care.* Palliative care should not significantly affect your approach to patient care and/or interventions.

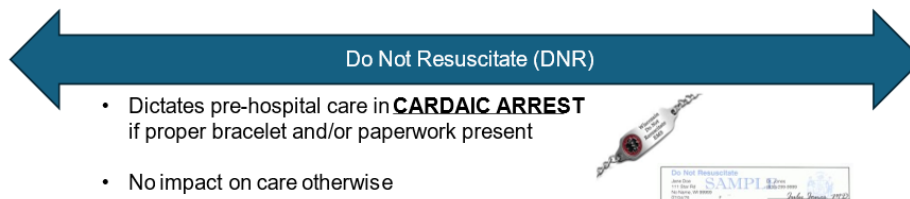
Hospice Care: Hospice care is a program that emphasizes patient and family comfort in end-of-life care. Patients in hospice typically have a life expectancy of six months or less. Hospice is a form of palliative care that focuses on comfort, not on prolonging life or hastening death. Many times, patients/families call EMS because they are scared and not sure what to do as a person decompensates. You may find a hospice team member on scene when you arrive; they can be a great source of information and perspective on the clinical scenario, but they should not interfere with your assessment. Also, like a DNR, patients and/or their loved ones can revoke/change their mind on their hospice status at any time and decide to pursue life sustaining/prolonging measures.

Common Hospice Misconceptions

- *Hospice patients have accepted they are dying:* Patients and families may still be coming to terms with the diagnosis or prognosis, especially when initially enrolled. In fact, not all hospice patients will have a DNR order/status.
- *Transport to the hospital disenrolls the patient from hospice:* This is not always the case; sometimes hospice approves such transports without affecting the patient's hospice status.
- *Hospice limits interventions:* Patients in hospice can still receive interventions based on their symptoms and wishes. It is important to consult with the hospice team, but they cannot provide orders for EMS interventions. Ultimately respect the patient's and family's decisions. If there is any question as to the family's/patient's wishes on the care wanted, you should treat per protocol (i.e. resuscitate if hypotensive, ECG if having chest pain, etc.)



**Adapted from: [palliative_care_meaning_vs_hospice-VirginaBerlin](#)



Our case: This 85yr febrile, tachycardic, hypotensive man sounds quite septic. If there is any doubt on what care should be rendered, always defer back to your protocols - this patient needs IVF and a hospital in that case. However, it is not unreasonable to ask if that aligns with the patient's wishes given he is on hospice. You can call the hospice agency (or have the son call) to get a better sense of the next best steps. Maybe this patient is newly on hospice and the family isn't quite prepared for the patient to actively decompensate, or maybe they have been toying with discontinuing hospice and proceeding with life sustaining measures/treatments. In the meantime, some non-invasive measures can include providing supplemental oxygen for comfort and considering a low dose of IN analgesia if the patient is uncomfortable. You can always reach out to OLMC for further guidance and orders if needed.