

D.N.R.

Dialysis and **R**esuscitation

CANSW Group Meeting

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Ethics, June 11, 2010

Objectives

- Informal discussion of the issues involved on this subject
- What does the evidence say about CPR in this population
- What is the real problem
- Case discussion

Question

- Do you think someone with a DNR order - who has an arrest in the middle of getting dialysis- be left to die- or should they be resuscitated (attempt made at least)?

“there is a lack of consensus in the nephrology community about what to do when cardiopulmonary arrest occurs during the course of a HD treatment”

(Moss et al, 2001)

Complications

- Underlying etiology
- Location of the arrest

Previous argument in favor of overriding DNR orders

- Principle of nonmaleficence
- Efficacy of resuscitation
- Proximate cause
- Clinical/Medical error

Statistics

- General Hospital CPR statics 40% have immediate survival dropping to 13% survival to discharge(STD)
- ESRD patients in that population have <10% survival to discharge
- Incidence rate of code during HD 7 in every 100,000 treatments
- Very limited info on codes during HD- but what is available suggest 50% STD

... Discussion ...

- Why is the DNR/CPR issue considered unique in the context of HD clinics and patients?

A Case

- Mary is a 63 yo HD patient
- On HD for 14 years now
- Married and 2 daughters- very supportive family
- Mary has been the center of the unit for most of the past 14 years
- She is well known and loved by staff, other patients and family members

- She has had many complications in her health and care over the past
- Always thought of as “the fighter”
- Her previous Advanced Directives indicated she wanted aggressive Rx
- She’s been noticeably weaker- saw a cardiologist who identified calcium build up in her heart valve but was not deemed operable

- On Wednesday she was visibly weaker, SOB and complaining of pain and generally unwell
- Said to one of the clinic Nurses: “this is all getting to be too much- I don’t know how much more I can take?”
- Admitted to patient care unit

- Today was brought to the HD clinic for transfusion.
- 5 minutes on dialysis and she has an MI
- Code team is called
- They work on Maria on and off for 2 hours
They get ready to stop and she gets a weak pulse- and this cycle seems to go on forever.

Thoughts and Musing?