Concordance of Prehospital and Emergency Department Cardiac Arrest Resuscitation with Documented End-of-Life Choices in Oregon

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**Methods**

- Primary predictor: POLST CPR Order
- Attempt Resuscitation CPR
- Do Not Attempt Resuscitation/DNR

**Primary Outcomes:**
- CPR provided on scene
- Transfer to an emergency department
- Hospital admission
- Resuscitative Unlikely
  - Name, age, gender, location

**Background**

**Choices in Resuscitation**
- Discrepancy between patient
  - End-of-life wishes and care provided
  - 50-60% of patients who die at home
  - 10-33% of deaths occur at home
- Acting on patient choices is difficult
  - Documentation is unclear
  - Documentation is misinterpreted
  - Documentation is unavailable

**Figure 1: POLST Form**

**Figure 2: Resuscitation Provided**

**Results**

**Demographics**
- 1,577 patients in out-of-hospital cardiac arrest
- 901 (57.4%) received CPR
- 50 with previously signed POLST orders
  - 32 Attempt Resuscitation
  - 18 Do Not Attempt Resuscitation
- 21 Comfort Measures Only

**Registry Calls**
- 4 calls reached the 82 OHCA/POLST patients
  - 4 with DNR orders, all had resuscitation ceased
- 2 with Attempt Resuscitation orders
  - 1 had resuscitation ceased for futility
  - 1 had resuscitation ceased in the ED

**Limitations**

- Limited data on patients receiving no CPR
- Non-POLST DNR orders (11 documented)
- Only includes OHCA patients with EMS called
- Limited number of registry calls
- Limited documentation on reasons for ceasing resuscitation

**Figure 3: Procedures**

**Conclusions**

- Attempt CPR orders are followed with exception of futility
- No documented misinterpretations
- DNR orders are followed
- 100% concordance prior to hospital admission
- Call to registry can prevent disorienting care
- Primarily in pre-hospital resuscitation