End of Life Care in the ICU

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Introduction

29, 000 people die in Ireland each year

67% would prefer to die at home

43% die in acute hospital

20% of hospital deaths occur in the ICU

28% of our ICU admissions died 2015

For every 1 person who dies, 10 people are directly bereaved.

Spiral Symbol

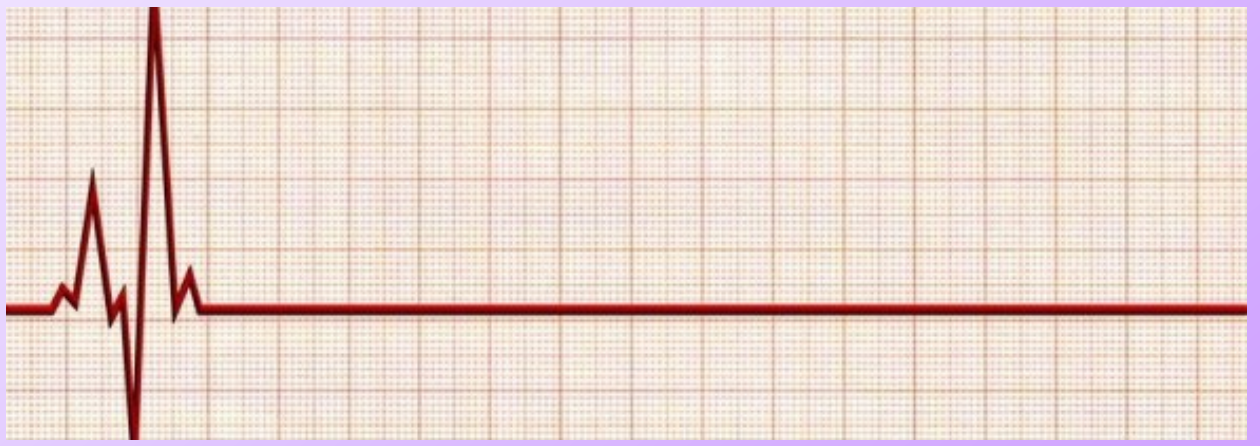
Inspired by ancient Irish history and is not associated with any one religion or denomination.

- Represents the interconnected cycle of life – birth, life and death.
- The white outer circle represents continuity, infinity and completion.
- Purple was chosen as the background colour as it is associated with nobility, solemnity and spirituality.

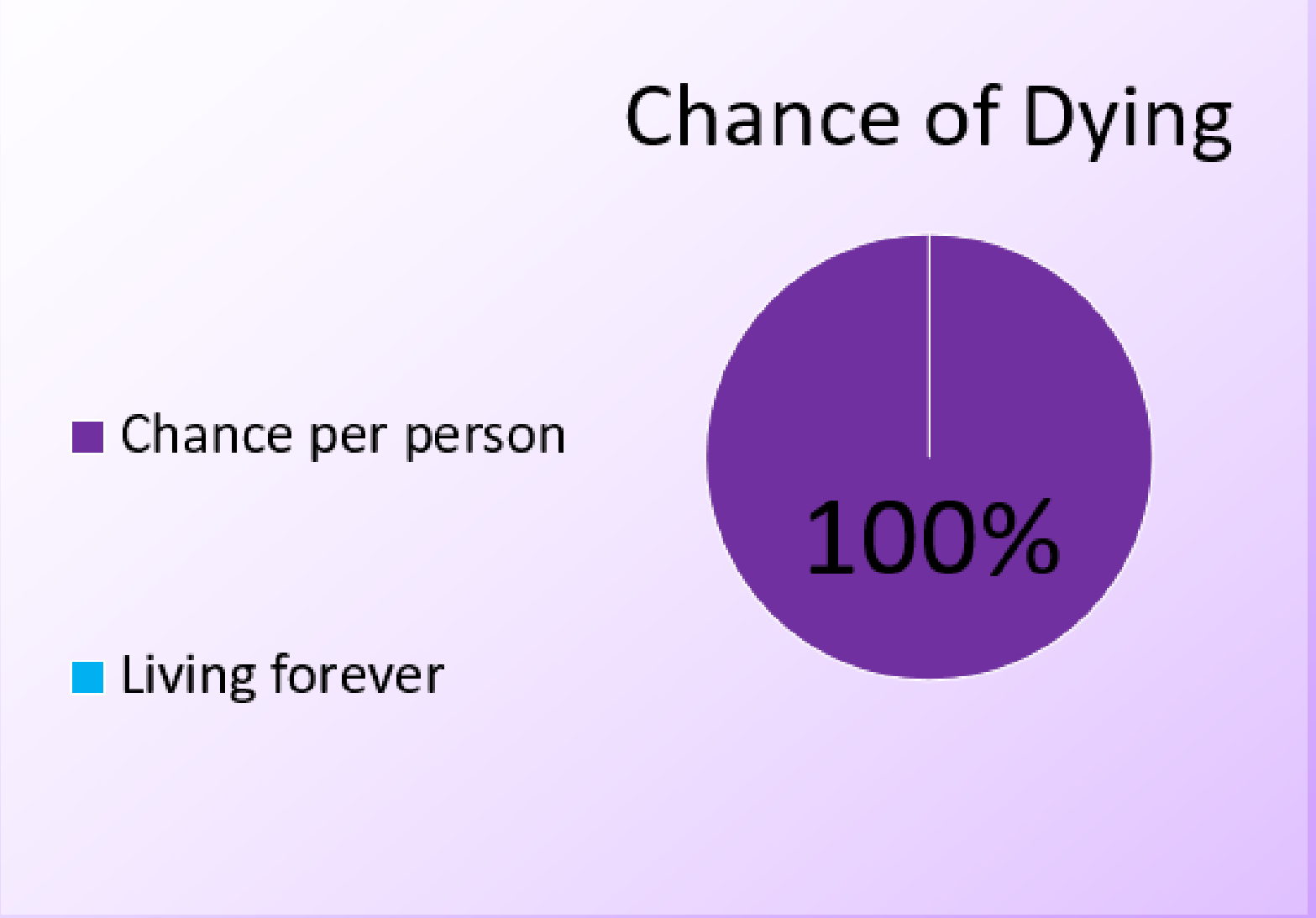
Definition of Death

An individual who has sustained either

- Irreversible cessation of circulatory and respiratory functions, or
- Irreversible cessation of all functions of the entire brain, including the brain stem.



Risk of death



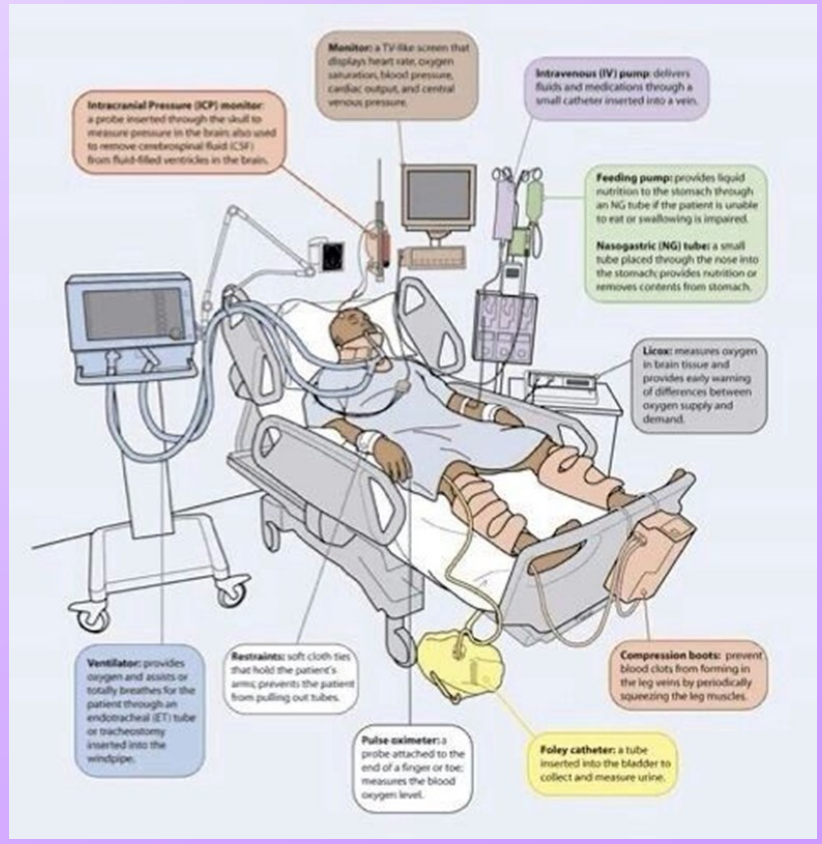
“Because of the support he received, my husband died well.

Because he died well, I live well”

Bereaved family member, Forum on End of Life 2013

Type of death in ICU

- After an initial successful resuscitation
- End stage chronic disease
- New diagnosis of life limiting condition
- Sudden
- Traumatic
- Brain stem death

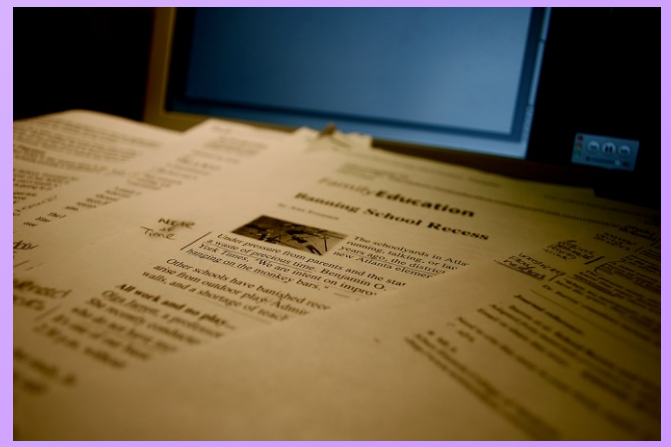


Objective

To discuss relevant literature which addresses the experience of family members when

- Preparing for a death in the ICU
- During the dying process in a clinically advanced environment
- Bereavement after a death in the ICU

and relating this to our practice.



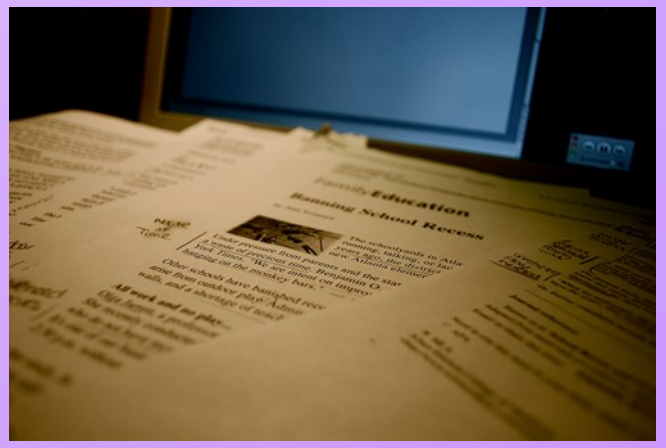
Search Strategy

Using CINAHL Plus Database, following terms were entered:

“death”, “dying”, “palliative care”, “end of life care”, “relatives”, “families”, “experiences”, “critical care”, “intensive care”, “withdrawing treatment” and *“withholding treatment”.*

Results were limited to last 8 years

& in the English language.



REVIEW PAPER

An integrative review of how families are prepared for, and supported during withdrawal of life-sustaining treatment in intensive care

Factors Associated With Family Satisfaction With End-of-Life Care in the ICU

A Systematic Review

ORIGINAL ARTICLE

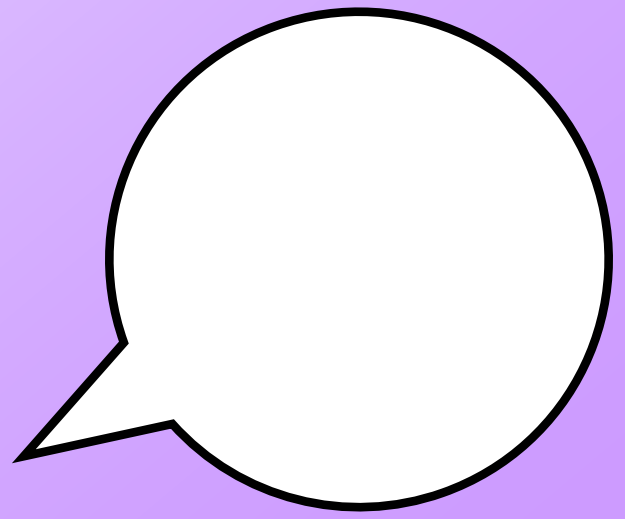
End-of-life care in intensive care unit: Family experiences

Prognostic categories and timing of negative prognostic communication from critical care physicians to family members at end-of-life in an intensive care unit

Preparing for Death

Begins with communication of a poor prognosis

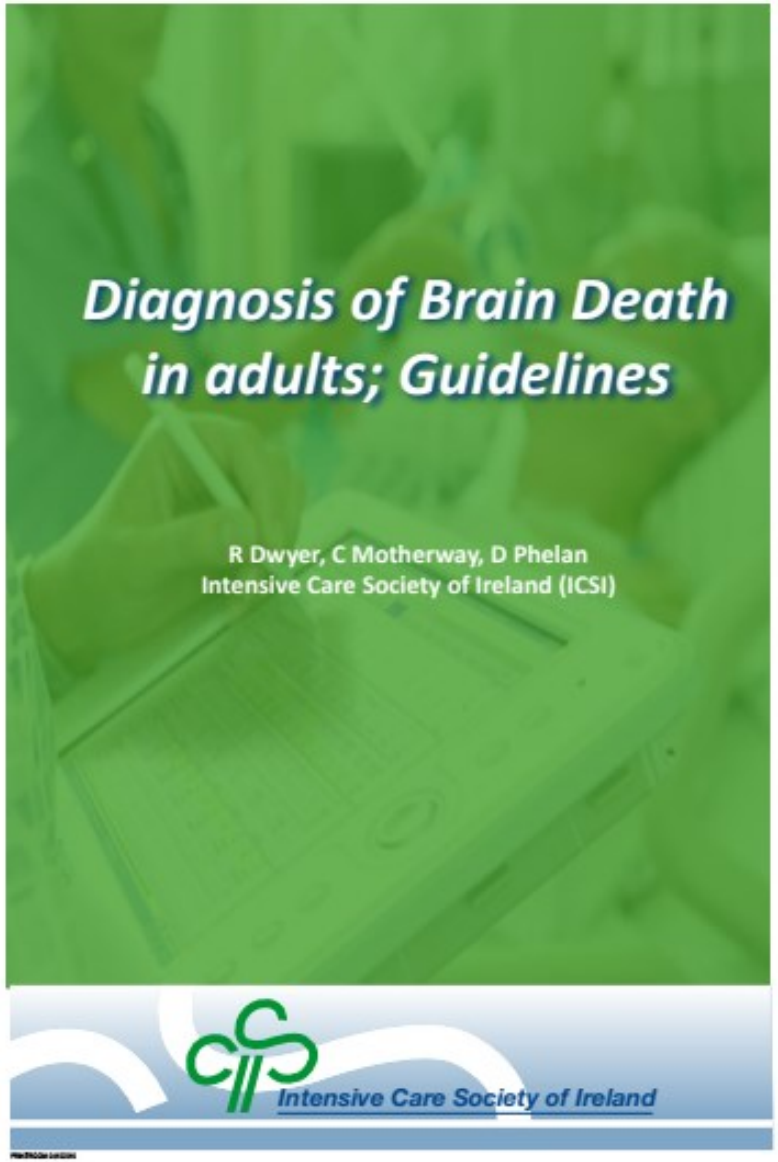
- This can be delayed as clinicians allow time for the patient to respond to treatment and interpret results. Although concern can be expressed.
- Identify key family members
- Arrange for quiet environment
- Clear, concise, honest, empathetic
- Allow time for questions
- Be available to follow up again
- Identify an expected time-line



Brain Death

- Death due to the irreversible cessation of brainstem function.

- When assessing for clinical diagnosis of brain death in a comatose patient, the following principles are essential:
  - establishing the cause of coma,
  - ascertaining irreversibility,
  - excluding major confounders and accurately testing all possible brainstem reflexes



Withholding vs Withdrawing

Plans can be made to **withhold** or **withdraw** treatment

- Withholding signifies that no further interventions will be added as they would not change the patient outcome

  eg. addition of renal replacement therapy.

- Withdrawal indicates the removal of current treatments would be discontinued

  eg. Inotropic or ventilator support

One family recalled agreeing to a DNR order, but then recognised that this was also interpreted as an agreement to withdraw the current level of treatment.

(4)

Mr. X

69 y/o Male

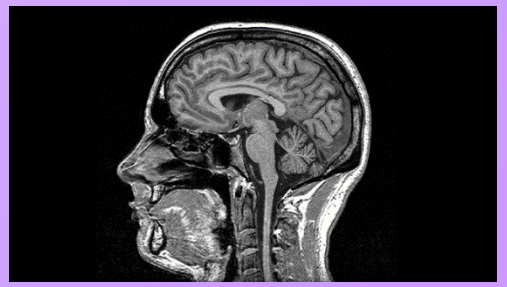
Hx: Hypertension, Epilepsy.

HPI: Fall at home 3 days previously, increase in seizures, now found at bottom of stairs unarousable. BIBA, GCS 3/15, pupils fixed & dilated.

CT Brain: Subarachnoid Haemorrhage, Subdural Haemorrhage, Uncal herniation

MRI Brain: large temporal haemorrhagic contusions, microhemorrhages indicative of DAI, large left occipital lobe infarct.

Family: One daughter and son-in-law



Mr. X – importance of communication

- 6 days for information to be processed and accepted
- Decision of treatment is medical decision, with family opinions considered – there should be no burden of decision making placed on family members
- Involve all disciplines- Intensivists/Neurosurgery/Palliative Care
- If treatment is withdrawn, care will continue
- Importance of language
- Try to meet family requests

The Dying Process

Timing – Needs an individualised approach

- Withdrawing treatments too fast does not allow families to be prepared
- Withdrawing too slow can be prolonged and cause families to be concerned of undue discomfort to the patient

Remove unnecessary equipment

Adjust alarm limits & move to “visitors” screen

Ensure patient comfort with adequate analgesia

& sedation

The Dying Process

- Visiting
  - Allow unrestricted access for family members
  - Accommodate for vigil
  - Allow for privacy with the patient

- Ensure the patient looks as normal as possible
- Continue to update family on any changes
- Advise colleagues that someone is dying

Mr. Y

35 y/o male

Polytrauma post high speed motor cycle accident

CT Brain: DAI, midbrain lesion indicative of high velocity intracranial injury.

CT Thorax: T4 vertebral fracture

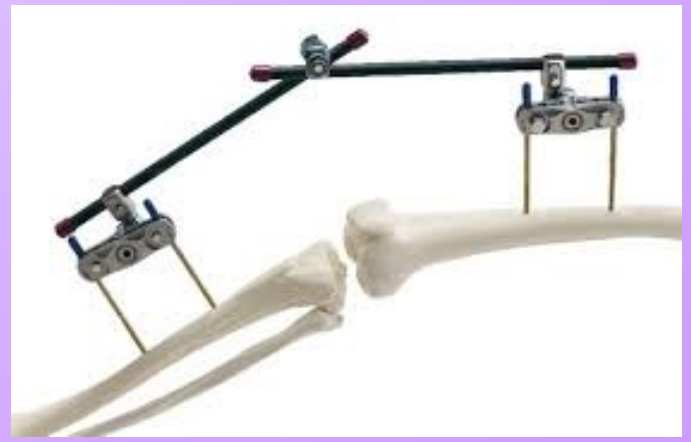
CT Abdo: Right femoral artery laceration

Open pelvic fracture, right femur fracture, right tibial/fibular fracture

Perineal degloving injury

Mr. Y

- Unrecognisable
- Harsh metallic smell
- Obvious external fixator



Increased Risk of PTSD after death in ICU

McAdam et al. (2012) measured traumatic stress in 41 families in 3 ICUS.

- 22 item validated questionnaire: The Impact of Event Scale
- Levels of anxiety and depression decreased over a 3 month period, although they remained above the cut-off

This is thought to be linked to families involvement in decision making at end of life, and having lasting feelings of guilt and worry if the right decision was made. Follow up meetings or phonecalls to discuss the death, and answer any further questions are considered to be beneficial.

After Death
Intensity of Bereavement

- Treatment and care surrounding the death, affects how families grieve.
- Bereavement from unexpected deaths affect families ability to cope and grieve.
- Sudden deaths of a spouse/partner can be devastating as there is often a simultaneous disruption to living arrangements, child care and financial security.

Intensity of Bereavement

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Research paper

The nature of death, coping response and intensity of bereavement following death in the critical care environment

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ABSTRACT

Introduction: Bereavement, defined as the situation of having recently lost a significant other, is recognised as one of life's greatest stressors and may lead to decrements in health status, psychological morbidity and excess risk of mortality.

Aim: The aim of this study was firstly to describe the relationships between the nature of death and

- 78 participants in 5 centres
- Nature of death questionnaire @ 2weeks
- Core Bereavement Items Questionnaire @ 3 & 6 months
- Bereavement intensity shown to be increased when unprepared for the death, drawn out death, violent death and if the deceased appeared to suffer more than expected.
- Coping response improved from 3 to 6 months, along with acceptance.

Care After Death

- Some families reported wishing to participate in caring for their relative after death
- Allow time for families to say goodbye
- New initiative- sending bereavement cards to families after

death in the ICU

- Book of condolence for long term patient- allowed staff

also to extend their sympathies

Care After Death

Families looking back: One year after discussion of withdrawal or withholding of life-sustaining support

The nature of death, coping response and intensity of bereavement following death in the critical care environment

Nurses' experiences of providing care to bereaved families who experience unexpected death in intensive care units: A narrative overview

Nurses' experiences of caring for the suddenly bereaved in adult acute and critical care settings, and the provision of person-centred care: A qualitative study

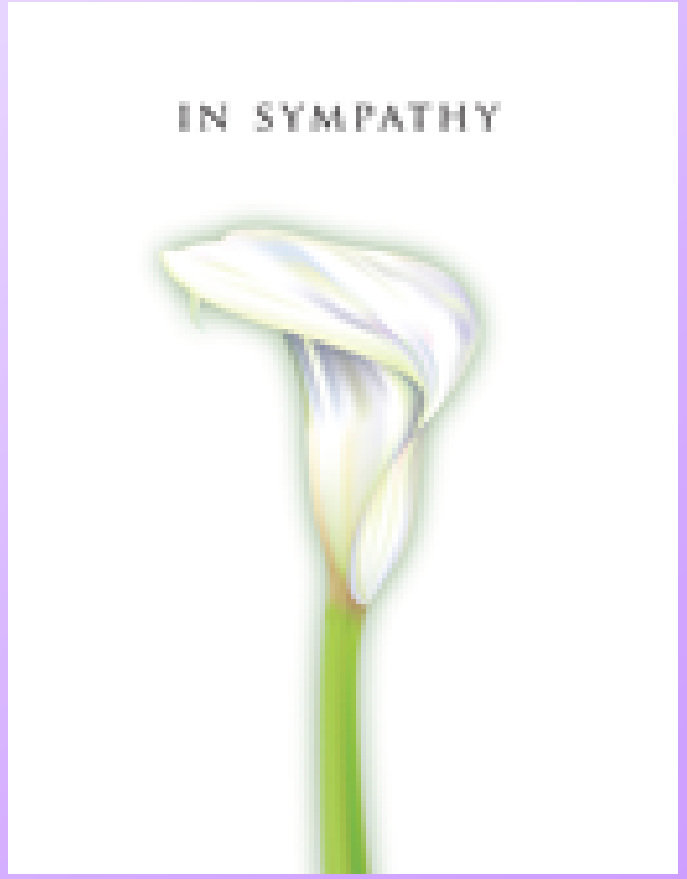
Intensive Care Unit death and factors influencing family satisfaction of Intensive Care Unit care

Red Forms

- Formal documentation of resuscitation wishes
- Treatment escalation plan
- Clear record of communication
- Valid for that hospital admission only
- Can be reviewed at any time

End of Life Care Group

- Complete “Final Journeys” Training
- Focus on EoL Care
- Keep resources up-to-date
- Support staff
- Mindful of the needs of family
- Remembrance week – focus week
- Hospital Service
- Bereavement Cards



Keep sakes

Minding yourself

- Prepare yourself
- Be aware of your limitations
- Debrief
- Take a break
- What is available in the hospital?
- Be kind you yourself (and others!)

Guidelines

End-of-life care in the ICU

Nursing care

End-of-life care
in the intensive care unit

HospiceFriendly HOSPITALS
Putting Hospice Principles into Hospital Practice.

The Irish Hospice Foundation
Striving for the best care at end of life for all

hospicefoundation.ie

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Thank you for listening

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