

Case Study #1 - Difficult Discussions: Hospital Transfer for Pain and Acute Injury

Narrative case study for individual reading

Mr. Edward Loftig, age 82, has recently returned from the hospital. He just had a second stroke. Other medical problems include hypertension and congestive heart failure. Following the recent stroke, he can communicate, has some swallowing difficulty and is no longer able to ambulate. His prior POLST was **Attempt CPR**. He has no family. His doctor has documented he can make his own decisions.

You are conducting his quarterly care conference. Given his change in condition, you are reviewing his POLST. During discussion of Section A of POLST, **Mr. Loftig states he wants CPR**. He watches television and knows that the doctors and nurses will be able to save him.

Staff Person responds by discussing CPR. *“Unfortunately, television does not give a realistic picture of CPR. In real life, CPR is not very effective, especially for someone like you who has several serious medical problems and cannot move around independently like you used to. For people with multiple problems who have to live in a nursing home, less than 1% of the people survive after CPR. No one is better after CPR. Those who survive often have significantly greater disability and brain damage.”*

Staff Person reassures Mr. Loftig that the staff will continue to care for him. *“If at some time in the future, your heart stops and you are not breathing, we will allow you to die a natural death. And of course, in the meantime, we will continue to care for you and keep you feeling as good as possible.”*

Mr. Loftig chooses “**Do Not Attempt CPR**” in POLST Section A.

Staff and Mr. Loftig discuss POLST Section B. Mr. Loftig states, *“I want to stay here.”* Staff review Limited Interventions with hospital transfer versus “Transfer if comfort needs cannot be met in current location.”

Mr. Loftig chooses “**Limited Additional Interventions**” in POLST Section B, and wants box checked “**Do Not Transfer to hospital for medical interventions. Transfer only if comfort needs cannot be met in current location.**”

Staff Person then discusses POLST Section C, Artificially Administered Nutrition, and says, “*If in the future, say a few years from now, your strokes cause you to have more trouble swallowing. We always will help you swallow the best you can. We can change the food consistency to help you swallow as well as possible and we’ll help you eat.*”

When a stroke or other problems like Alzheimers or dementia get worse, people often can’t talk or communicate with their family and friends and have more trouble eating. Some people choose to have us hand feed foods with the best texture and thickness to help them swallow the best they can. Other people may choose to have artificial liquid formula given through a tube in the nose or stomach (by a surgical procedure).

It is controversial if giving artificial nutrition near the end of life is beneficial or is actually harmful. Feeding tubes can be harmful because they can cause pneumonia, skin ulceration, swelling and infections. Tube feedings DO NOT prevent pneumonia. Tube feedings have NOT been shown to prolong life with dementia or other chronic, life-limiting illnesses.

Hand feeding may provide equal or better benefits. Hand feeding is personal and provides human touch and caring. Food and fluids are always offered for comfort and enjoyment.

Mr. Loftig chooses “**No artificial nutrition by tube**” in POLST Section C.

Six weeks later, during a transfer, Mr. Loftig suffers a severe skin tear, with significant bleeding and possibly a leg fracture. He is crying out in pain. The staff call 911 for EMS transfer to the hospital for treatment and evaluation of bleeding, pain and possible fracture.

When EMS arrives, the nurse explains that Mr. Loftig is a palliative care patient, wanting treatment at the SNF and transfer to hospital only if they cannot keep him comfortable. She explains: “*He needs to go to the hospital because he is in pain and we cannot stop his bleeding. He may have fractured his left leg.*” She shows them his abnormal leg position.

EMS transfers Mr. Loftig to the acute care hospital, with his POLST. Mr. Loftig is treated and stabilized in the Emergency Department (no fracture). He returns to the SNF with appropriate pain medications. The EMS team also brings back his POLST form. Mr. Loftig is glad he is home and that he did not have to stay at the hospital.

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Group Discussion: FACILITATOR

For group discussion without AV equipment.

Instructor may print “Notes Pages” from Power Point presentation to facilitate discussion of Case Study #1, using overhead projector with Power Point slides printed on transparencies.

Supplies: POLST forms, flip chart for recording comments, felt pens.

Mr. Edward Loftig, age 82, has recently returned from the hospital. He just had a second stroke. Other medical problems include hypertension and congestive heart failure. Following the recent stroke, he can communicate, has some swallowing difficulty and is no longer able to ambulate.

His prior POLST was **Attempt CPR**. He has no family. His doctor has documented he can make his own decisions.

You are conducting his quarterly care conference. Given his change in condition, you are reviewing his POLST. During discussion of Section A of POLST, **Mr. Loftig states he wants CPR.** He watches television and knows that the doctors and nurses will be able to save him.

1. Ask the group, “*What key points about CPR would you discuss with Mr. Loftig?*” (Review or summarize the following key points)

Nurse/Social Worker/Chaplain responds by discussing CPR:

- ❑ Television does not give a realistic picture of CPR.
- ❑ CPR is not very effective, especially for people with serious medical problems and limited functional abilities (requiring care in SNF).
- ❑ For people with multiple problems who have to live in a nursing home, less than 1% of the people survive after CPR.
- ❑ No one is better after CPR. Those who survive often have significantly greater disability and brain damage.

2. Ask the group, “*Describe how we care for patient’s who choose Do Not Attempt Resuscitation.*” (Review or summarize the following key points)

Staff Person reassures Mr. Loftig that the staff will continue to care for him.

- ❑ We will continue to care for you and keep you feeling as good as possible.
- ❑ If at some time in the future, your heart stops and you are not breathing, we will allow you to die a natural death.

Mr. Loftig chooses “**Do Not Attempt CPR**” in POLST Section A.

POLST Section B:

Staff and Mr. Loftig discuss POLST Section B. Mr. Loftig states, “*I want to stay here.*” Staff review Limited Interventions with hospital transfer versus “Transfer if comfort needs cannot be met in current location.”

3. Ask the group, “***Identify what interventions our skilled nursing facility can provide if the resident chooses to receive interventions here, at the SNF, for an acute illness or worsening of chronic illness?***”

- ❑ Describe what interventions can be offered for resident with pneumonia or UTI
- ❑ Does your facility offer short term intravenous fluids?
- ❑ Can IV medications be provided?
- ❑ If no IV capability, can you give intramuscular antibiotics for a few days?
- ❑ Does your facility offer lab draws, Xray, EKG?
- ❑ Hospitalization allows for more frequent laboratory draws and cardiac monitoring (and may have faster lab and Xray results).

Mr. Loftig chooses “**Limited Additional Interventions**” in POLST Section B, and wants box checked “**Do Not Transfer to hospital for medical interventions. Transfer only if comfort needs cannot be met in current location.**”

POLST Section C:

Staff Person then discusses POLST Section C, Artificially Administered Nutrition, and says, “*If in the future, say a few years from now, your strokes cause you to have more trouble swallowing. We can change the food consistency to help you swallow as well as possible and we’ll help you eat.*”

4. Ask the group, “***What key points do you discuss regarding artificial nutrition?*** (Review or summarize the following key points)

- ❑ When a stroke or other problems like Alzheimer’s or dementia get worse, people often can’t talk or communicate with their family and friends and have more trouble eating.
- ❑ Some people choose to have us hand feed foods with the best texture and thickness to help them swallow the best they can.

- ❑ Other people may choose to have artificial liquid formula given through a tube in the nose or stomach (by a surgical procedure).
- ❑ It is controversial if giving artificial nutrition near the end of life is beneficial or is actually harmful. Feeding tubes can be harmful because they can cause pneumonia, skin ulceration, swelling and infections.
- ❑ Tube feedings DO NOT prevent pneumonia.
- ❑ Tube feedings have NOT been shown to prolong life with dementia or other chronic, life-limiting illnesses.
- ❑ Hand feeding may provide equal or better benefits. Hand feeding is personal and provides human touch and caring.
- ❑ Food and fluids are always offered for comfort and enjoyment.

Mr. Loftig chooses “**No artificial nutrition by tube**” in POLST Section C.

Hospital Transfer if comfort needs cannot be met in current location:

Six weeks later, during a transfer, Mr. Loftig suffers a severe skin tear, with significant bleeding and possibly a leg fracture. He is crying out in pain. The staff call 911 for EMS transfer to the hospital for treatment and evaluation of bleeding, pain and possible fracture.

5. Ask, “*What does the nurse tell the EMS staff?*”(Review or summarize the following key points)

When EMS arrives, the nurse explains:

- ❑ Mr. Loftig is a palliative care patient, wanting treatment at the SNF and transfer to hospital only if we cannot keep him comfortable.
- ❑ Nurse explains that she cannot stop his bleeding and that he is in pain.
- ❑ She shows them his abnormal leg position and states she is concerned he may have fractured his leg.

EMS transfers Mr. Loftig to the acute care hospital, with his POLST.

- ❑ Mr. Loftig is treated and stabilized in the Emergency Department.
- ❑ He returns to the SNF with appropriate pain medications.
- ❑ The EMS team also brings back his POLST form.

Mr. Loftig is glad he is home and that he did not have to stay at the hospital.

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Group Discussion: *PARTICIPANTS*

For use if no overhead or audiovisual equipment to project case study history

Mr. Edward Loftig, age 82, has recently returned from the hospital. He just had a second stroke. Other medical problems include hypertension and congestive heart failure. Following the recent stroke, he can communicate with simple responses, has some swallowing difficulty and is no longer able to ambulate.

His prior POLST was **Attempt CPR**. He has no family. His doctor has documented he can make his own decisions.

You are conducting his quarterly care conference. Given his change in condition, you are reviewing his POLST. During discussion of Section A of POLST, **Mr. Loftig states he wants CPR**. He watches television and knows that the doctors and nurses will be able to save him.