

Station 4

Candidate instructions:

Toma is a 48yo man who collapsed at work. Bystanders performed intermittent CPR prior to ambulance arrival.

On ambulance arrival he was found to be in PEA and had CPR commenced by the ambulance and was intubated at the scene. After the third lot of adrenaline and 1.5L of IV normal saline he had ROSC for 3-4mins with a thready pulse.

Chest X-Ray was performed and access achieved before he lost output once more and was found to be in PEA again. CPR was recommenced and reversible causes explored. Good CPR appeared to be achieved throughout the resuscitation.

Chest X-Ray revealed the ETT was in an adequate position. At six minutes the rhythm appeared to be VF and DCCV was attempted at 300J. This reverted after the third cycle and second DCCV back to PEA.

VBG showed:

pH 7.153

PCO2 59.1

PO2 66

HCO3 19.9

Lactate 10.7

Anion gap 8.3.

You have little history about his level of functioning and he has no past medical history in the chart. You however have found nothing reversible and CPR has been prolonged without sustained return of output for a further 20 minutes now.

The family have arrived and are waiting in the family room to see you.

Your tasks:

- Discuss Toma's prognosis and recommended management from here to his family.

Domains assessed:

- Medical expertise (40%)
- Communication (40%)
- Health advocacy (20%)

Be the son!!!

ROLE PLAYER

Note: you may have one or two family members in the room.

You are the wife/adult daughter or son of Toma who has come in having collapsed at work. He has been previously very well and works hard to provide for the family. He is well liked by friends and family. He likes watching sport on the weekends and having barbeques with mates.

You are aware he collapsed at work and this is astounding to you. You are not sure what would have happened and are very worried that it may be serious.

If the doctor asks you about his health you should say that it has always been good. If they ask about his functioning it is good too. He has no Advanced Life Directive and you and he have never discussed what he would and wouldn't want at the end of his life. He has no EPOA and was competent to make his own decisions.

When the doctor says that they are doing CPR and nothing is working you should be upset. You should ask if he is going to die. If they say yes, you should argue telling them that there must be more that can be done. He is so young and has never been sick before. You should be quite forceful trying to tell them they must keep going. You should cling to anything they tell you (e.g. that they got circulation back) and try and say that this must be a sign that he is going to survive this. You should beg them to keep going just a little longer.

Once all your arguments are refuted and it is explained that it is futile and causing him discomfort to continue then you should be resigned and should ask if you can come in whilst the resuscitation is ongoing to say goodbye. If this is refused you should be hysterical and demand to see another doctor to get a second opinion or ask for the Medical Super and do anything to make sure they agree.

You should calm down when they agree you can go and see him.

Note that if more than one of you are in the room you can take turns arguing at each point.

EXPECTED ANSWER STRUCTURE

Setup and Preparation

- Think of where the conversation should occur e.g. private area (+/- support), tissues, quiet.
- Think of when the discussion should occur and who should be there e.g. ASAP with all present if that is what the family agrees should happen.
- Medical expertise will be demonstrated by outlining his response to resus to date, co-morbidities, level of functioning, AHD and prior expressed wishes (including patient's capacity), families' wishes and EPOA, other stakeholders opinion (e.g. cardiology). Finding a way to naturally weave this into the discussion will be necessary. It is important to ensure control of this conversation and preparation time is necessary for this discussion.
- Should establish a medically recommended course of action or a series of questions to decide on a course of action.
- Consider cultural and legal aspects (including EPOA for Toma).
- Consider use of non-verbals:
 - Do not use jargon, keep tone low, empathetic expression.
 - Use eye contact, same level open posture contact.

Inside the Room

Introduction

- Introduce yourself.
- Find out who is in the room and what relationship they have with Toma. Ensure they are the right people to be making decisions "is there any other member of the family who should be here for this discussion?".

Body

- Ask what they already know and give a brief synopsis of the interventions that have already been done in an effort to resuscitate Toma (some medical expertise here).
- Warning shot "I have some bad news".
- Be clear and concise and give a brief summary of what has happened and then tell them the clear message: "Toma has come in having collapsed unconscious at work. His heart stopped pumping, CPR has been going on for a long time and while early on we were hopeful that he may respond it has now been a long time since we have had any response, Nothing is working".
- Express empathy "I am sorry this has happened".
- Allow time to digest and then make a firm recommendation when appropriate: "I have discussed the situation with my colleagues and they agree that there is nothing more to be done. I think we should stop and let him die peacefully".
- Answer any questions the family may have if you can:
 - Offer detail or just broad outline of what has happened (another opportunity for medical expertise).

- Be clear that whilst he is young and may not have had any other problems the amount of time he has been needing CPR for is not good.
- "He has now had a prolonged period of time without good levels of oxygen to his heart and lung and at the beginning quite a few minutes with none at all, even if we did get his heart pumping again it is likely his brain would not function well and he may never properly wake up".
- Tell them there is nothing else you can identify to improve this situation and that you have done all the things to try and get him back and have looked for all the things that may have caused his heart to stop by checking blood tests to see if the salts and sugars were normal, examining him for problems with his heart and lungs that may reverse the process, doing good quality CPR and helping him breathe and nothing is working.
- Emphasise what we will do i.e. make him comfortable etc.
- Negotiated Plan:
 - Process from here: "We will stop CPR and let him die peacefully. You can be with him as long as you want and any other family members can come also".
 - "Someone else will come and give you more information about what happens after this when you are ready".
 - Alternatives:
 - Can choose to come in to see him whilst resuscitation continues, then can choose to stay while it stops or leave and come back, must have someone with them explaining things if they come in and must prepare staff for that if that is to occur.
 - Consider legal implications (e.g. coroner's involvement, substitute decision makers that may or may not be there).

Closure

- Close the conversation by saying you will check with the team if they are ok for the family to come in and make sure you explain when you or another staff will be back to get them.
- Make sure you ensure they know communication lines are open.