

OP7 DEAD OR ALIVE: DIFFICULT DECISION BY EMERGENCY PHYSICIAN

NUR SHARINA NORRANI¹, HAFIZAH
ZAINAL ABIDIN², TUTY ALWIYAH FUAD
SALIM¹, RIDZUAN MOHD ISA¹

¹HOSPITAL AMPANG, SELANGOR, MALAYSIA

²UNIVERSITI SAINS ISLAM MALAYSIA, NILAI,
NEGERI SEMBILAN, MALAYSIA

INTRODUCTION

Coronavirus (Covid-19) is infectious disease pandemic that causing increases number of patient admission recently. It leads to high burden to healthcare system resulting in prolonged patient stays in ED. DNAR decision is accomplish due to limited time and increase number of patient especially in pandemic area. However, this decision is important to avoid inappropriate treatment and invasive procedure.

CASE DESCRIPTION

A 55 years old gentleman with multiple comorbid was admitted to ED for Covid 19 category 4 illnesses. On day 5 of admission, his clinical condition was worsening and due to futility of his condition, DNAR order was issued. After 3 days, his condition and blood investigation was improving. Another discussion was held and proceed with intubation after had patient's consent. Unfortunately he passed away on the same day without performing Cardiopulmonary Resuscitation (CPR).

DISCUSSION

The decision of DNAR is one of challenging tasks in ED as there have been ethical debates over the years. Ideally, DNAR is applicable in situations where a patient has ability to refuse CPR or when CPR is not beneficial especially in those with advanced disease. The factors that influences DNAR decision in ED

generally based on patient's age, comorbid, quality of life and successful rate of CPR. If clinicians believe that active resuscitation (AR) would be medically futile, clinician are not obligated to perform it. DNAR decision-making is quite challenging task to accomplish in ED as emergency doctors are trained to save lives. Thus, withhold resuscitation is difficult decision for them. Frequent changes in decision as rapid change in patient condition lead to another challenge for doctor to tackle. The solution for this is by establishing early resuscitation discussion with patients. Subsequently recommendation treatment then should be documented which it can be a guide for doctor in case of emergency. Therefore, advance care plan and proper documentation is required for ensuring patient's treatment.

CONCLUSION

As ED was facing difficulty in DNAR decision-making in acute setting and constricted times, new approach can be designed to avoid misunderstanding between the patients and doctors. Hence, a change in practice is needed to create person centered care in healthcare system