

# The Code Status Decision T-R-E-E :

## TALK:

"I want to talk to you about your wishes for care near the end of your life... this is not something we have to make a decision about right now, but I'd like to talk about it again over the next few days / appointments. Have you ever thought about resuscitation or life support or discussed it with anyone before?"

→ *introduce the topic*

## REASSURE:

"I want to reassure you. I'm not bringing this up because I think it will happen tonight/soon. I talk about this with all my patients.

OR "The reason I want to talk about this right now is that I think you are quite sick, and I'm not sure what the next few days/hours will bring..." → *inform pt of why you are bringing it up*

No matter what your decision is, we would still treat you with pain medicines, oxygen and nursing care. (+/- Abx, surgery etc) The medical team and I will not abandon you. → *reassure*

## EXPECTATIONS (Yours + Pt's):

Define terms: "CPR means trying to restart the heart by compressing the chest up and down, giving an electric shock to the heart using paddles that go on the chest, or putting a breathing tube into the throat and attaching the person to a life support breathing machine. There is a risk of permanent disability in people who survive CPR, and a risk of being in a permanent coma after CPR, even if it is successful at re-starting the heart".

Give expected outcomes: "If a patient is found in cardiac arrest on a hospital ward, the chances of CPR working and that person eventually going home from the hospital is very low: On TV, 7 out of 10 survive. In real life it's more like 1 out of 10, or less."

## OR

"Because of your medical problems, if your heart were to stop, our experience is that no matter what we do, we would not be able to re-start it, so we would not go ahead with resuscitation if that were to happen.

Goals: What things are most important in your life? What are your goals right now?

- *describe risks and benefits of CPR*
- *give expected outcome for this patient*
- *elicit patient's goals + expectations*

## EVERY TIME:

"I always ask this of every one of my patients, and I usually discuss it every few years (every admission etc) or if their health changes significantly... Is it ok with you if we talk about this again in a few months (days, years etc) once you've had a chance to talk about it with your family."

- *NORMALIZE the discussion*
- *discussing code status is a process, not a one-time event*
- *update the discussion as patient status changes*

