Amanda

Amanda is 52 years old and has a diagnosis of cancer of the breast with metastases to the bone and to the lung. Her condition has deteriorated over the past week; she is experiencing severe shortness of breath. Her PPS is 40%. She is divorced and currently living with her daughter, Julie, and her family as she is unable to manage on her own. You are the visiting nurse and it’s your role to develop a Plan of Treatment for CPR.

How would you initiate this conversation with Amanda?
What information would you give her about CPR as it relates to her current condition?
What about the physician?

Anticipated Response:

- Before initiating this conversation contact the MRP and ask if he/she is offering CPR as a treatment option – if not physician, still have the conversation
- This may require “just in time” learning on the part of the physician; you may need to explain the requirements for the completion of the Plan of Treatment form
- Setting – make sure the time & place is appropriate; she is living with her family; are there small children around that might be disruptive?
- Information sharing – does Amanda want her daughter to be present? Anyone else?
- Recognize that this is a process and over time you will develop a therapeutic relationship with Amanda; the discussion may follow your physical assessment of Amanda, recognizing that on the ESAS her score for SOB is 6/10
- Share the information as outlined in Box H of the algorithm to ensure informed consent
- With statements such as, “Amanda what do you think is happening with your illness?” Or “In light of all that we’ve talked about concerning your illness, I’m wondering if you’ve had a chance to read that brochure about CPR that we gave you?” “I would like to talk with you about your goals of care and this includes CPR” “I’d like to take some time to talk with you about this in help you with making informed decisions; its important for us to have clear direction around this so that things are easier if a crisis should occur.”

This project was created in partnership with the South West Hospice Palliative Care Network and supported by the South West Local Health Integration Network.
April 2011
Bob

Bob is a 70-year-old man with renal failure, coronary artery disease and osteoporosis. He has been receiving renal dialysis at the local hospital for the past year. He is very dependant on his wife Peggy for support and encouragement. In fact he often defers health care decision making to her because he says, “I don’t want to hear much information so I just let Peggy hear the details and I trust her, we’ve been married for 48 years you know”. It’s your role to develop a Plan of Treatment for CPR.

What would you do initially?
How would you start the conversation?
What information would you give him about CPR?

Anticipated Response:

- Before initiating this conversation contact the MRP and ask if he/she is offering CPR as a treatment option
- This may require “just in time education” on the part of the physician; you may need to explain the requirements for completion of the Plan of Treatment form
- Setting – make sure the time & place is appropriate; eliminate possible disruptions; inform
- Confirm with Bob how he would prefer the information to be shared, don’t assume it is Peggy as it has been before. Confirm that he does not want the information directly himself and appoints his wife to receive the information and inform you of his decision. It is Bob’s choice to elect Peggy to have the discussion with the nurse.
- When having the discussion provide all of the required information for informed consent (box H in algorithm) and if Bob is not present, ask Peggy to provide the information to Bob when they talk together about the decision. The health care provider will need to have Bob confirm the decision Peggy shares with you.
- Patients undergoing dialysis frequently have other co-morbid conditions that may also indicate a poor outcome from CPR when Bob and his physician are weighing the options
Plan of Treatment for CPR Initiative: Conversation Starters - SAMPLE Case Studies

Lena

Lena is an 83-year-old woman who suffered a stroke 3 years ago; the outcome of which was right-sided paralysis. Her medical history also includes advanced vascular dementia. Her only child, Ben, is her legal Substitute Decision Maker and he and his wife have been caring for her since she had her stroke. Lena did not complete an Advance Care Plan to indicate any wishes around future health. You have been asked to initiate the discussion for developing a Plan of Treatment for CPR.

What would you do initially?
How would you start the conversation?
What information would you give about CPR?

Anticipated Response:

- Contact the attending physician to determine in his/her assessment of Lena, would CPR be offered as a treatment
- Determine Lena’s decision making capacity; people with dementia may still participate; one study showed that those with mild to moderate dementia had acceptable decision making capacity based on the domains of understanding, appreciation, reasoning and choice.
- Lena is described as having advanced vascular dementia and would most likely not be involved in the decision making process and it would be her SDM, Ben, who would provide informed consent related to current condition
- When initiating the discussion you might ask Ben what he thinks is happening to his mother; did his mother ever express any wishes around end-of-life care or CPR; what he knows about the procedure of CPR
- Provide the details of CPR as per the consent and plan of treatment requirements (i.e. Box H in the algorithm)
- In your discussion around the benefits/risks and possible side effects provide gentle truth telling about Lena’s current condition
Facilitator’s Note: if time permits, the following information can be relayed to the learner(s)

In an environment where communications and situations are emotion-laden, it is possible for misinterpretations or even misinformation to occur. Family members may respond to what they are told, what they are not told, or in the manner in which they are told. The nurse and other health care providers may experience their own reactions to the communication exchange. Depending on the specific concern expressed by the person and/or family, the nurse can respond by:

- Sharing his/her emotions: “I’m feeling really frustrated right now. You may be frustrated too. Let’s discuss what’s happening here” Or “Let’s start over.” I can see you are angry, Can you tell me what is causing that feeling?” “I understand that you are angry, I would be angry too.”
- Apologizing and saying, “I’m sorry, I did not meant that the way it sounded.”
- Backing up and explaining medical jargon