

ICU

Issues & Answers

What Are My Choices Regarding Life Support?

When you need to make decisions about specific forms of life support, gather the facts you need to make informed decisions.

Society of
Critical Care Medicine

The Intensive Care Professionals

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Understanding life support measures

Life support replaces or supports a failing bodily function. In treatable or curable conditions, life support is used temporarily until the body can resume normal functioning. But, in situations where a cure is not possible, life support may prolong suffering. This brochure is meant to explain various life support terminology and measures the intensivist-led team may need to address while your loved one is in the intensive care unit.

A treatment may be beneficial if it relieves suffering, restores functioning, or enhances the quality of life. The same treatment can be considered detrimental if it causes pain or prolongs the dying process without offering benefit. That treatment may diminish a person's quality of life.

The decision to forego life support is a personal one. It is important to talk to your physician regarding the risk and benefit of each therapy. All life support measures are optional treatments.

Commonly used life support terminology

Do-not-resuscitate order (DNR)

A DNR order is an order written by your physician instructing health

care providers not to attempt cardiopulmonary resuscitation (CPR) in case of cardiac (heart stops beating) or respiratory (breathing stops) arrest. A person with a valid DNR order will not be given CPR under these circumstances.

Do-not-resuscitate/Full care

Remember: Do-not-resuscitate does not mean do not treat. Patients have the right to receive any and all treatments. When cure is not possible, your physician may decide that the use of CPR may not be medically appropriate. It is a choice to say no to CPR, but yes to all other medically appropriate treatments.

Palliative care: Comfort care/ Hospice care

Palliative care is a comprehensive approach to treating the symptoms of illness when cure is not possible. Comfort care focuses on the physical, psychological, and spiritual needs of the patient. The goal is to achieve the best quality of life available by relieving suffering, controlling pain, and achieving maximum independence. Respect for the patient's culture, beliefs, and values is an essential component.

Pain and discomfort associated with terminal illness can always be treated.

Commonly used life support measures

Cardiopulmonary resuscitation (CPR/ACLS)

CPR/ACLS are a group of treatments used when someone's heart and/or breathing stops. CPR is used in an attempt to restart the heart and breathing. It may consist of artificial breathing, and it can include pressing on the chest to mimic the heart's function to restart circulation. Electric shocks (defibrillation) and drugs can also be used to stimulate the heart.

What is defibrillation?

Defibrillation is the sending of a powerful electric shock through the heart. It is used when the heart stops beating effectively on its own.

Does defibrillation always restart the heart?

If the heart has lost all of its electrical activity or is so damaged that it no longer has enough muscle to pump blood through the body, defibrillation may not be successful in restarting the heart.

If you do not wish to receive CPR, your physician must write a do-not-resuscitate (DNR) order on the chart. This order can be revoked at any time for any reason.

Vasopressors

Vasopressors are a group of powerful drugs that cause blood vessels to get smaller and tighter, thereby raising blood pressure. This therapy is only given in the intensive care unit.

Artificial nutrition and hydration (tube feeding)

Tube feeding is the administration of a chemically balanced mix of nutrients and fluids through a feeding tube. Most commonly, a feeding tube is inserted into the stomach via the nasal passage (nasogastric or “NG” tube) or through the wall of the abdomen (gastrostomy tube or “PEG”) by means of a surgical procedure. Another type of feeding tube is inserted surgically through the abdominal wall into the small intestine (jejunostomy tube).

Intravenous feeding

Intravenous (IV) feedings are given to patients who are unable to tolerate tube feedings. Similar to tube feedings, the IV feeding provides the patient with the needed amount of protein, carbohydrate, fat, vitamins, and minerals.

Nutrition and hydration may be supplied temporarily, until the patient recovers adequate ability to eat and drink, or it can be supplied indefinitely. Although potentially valuable and life saving in many situations, artificial nutrition and hydration do not provide comfort care for

dying patients. Available scientific evidence has shown that death without artificial nutrition or hydration may cause less suffering.

Mechanical ventilation (MV)

Mechanical ventilation is used to support or replace the function of the lungs. A machine called a ventilator (or respirator) forces air into the lungs. The ventilator is attached to a tube inserted in the nose or mouth and down into the windpipe (trachea). MV may be used short term (i.e., treating pneumonia), or it may be needed indefinitely for permanent lung disease or trauma to the brain. Some patients on long term MV live a quality of life that is acceptable to them. For some patients, MV may only prolong the dying process.

Dialysis

Dialysis does the work of the kidneys, which remove waste from the blood and manage fluid levels. This procedure requires a special central venous catheter. Blood circulates from the body through the dialysis machine, where it is filtered and then returned. Dialysis can be performed in the ICU or in the dialysis unit, depending upon the condition of the patient. Some patients may live on dialysis for years. But, dialysis for the chronically ill/dying patient may only prolong the dying process.

Pacemakers

A pacemaker is a device that produces a low electrical current that stimulates the heart muscle to beat. The heart can be paced temporarily until healing occurs. A surgical procedure to insert a permanent pacer may be required. Patients with non-curable heart disease may choose not to have a pacemaker.

Resources

www.sccm.org

www.icu-usa.com

www.cityofhope.org

National self-help clearinghouse
212-642-2944

www.selfhelpweb.org

www.mayoclinic.com

Partnership for caring
America's voices for the dying
1-800-989-9455

www.partnershipforcaring.org

www.dyingwell.org

Hospice link: 1-800-331-1620

ICU Issues & Answers from SCCM

- Participating in Care: What Questions Should I ask?
- Taking Care of Yourself While a Loved One is in the ICU
- Why Do ICU Patients Look and Act This Way?
- Common Problems of Critical Illness
- Sepsis: What You Should Know
- When Your Child is Admitted to the Intensive Care Unit

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