

Resuscitation orders in Emergency Medicine

No registrations found.

Ethical review	Not applicable
Status	Pending
Health condition type	-
Study type	Observational non invasive

Summary

ID

NL-OMON21834

Source

NTR

Brief title

ROEM

Health condition

DNACPR orders, DNR order, DNAR order, CPR, CPR status, descriptive, ED
Beleidsbeperking, handelbeperking, NR beleid, reanimatie, SEH

Sponsors and support

Primary sponsor: none

Source(s) of monetary or material Support: Westfriesgasthuis
Spaarne gasthuis

No companies, NGO's or other governmental organizations involved.
The researchers have nothing to declare.

Intervention

Outcome measures

Primary outcome

frequency of change in CPR status (as determined in the ED) during hospital stay

Secondary outcome

We plan to perform subgroup analyses to determine the patient characteristics that correlate with the group of patients for whom the CPR status was changed.

We determined the following patient characteristics:

- age (18-40, 40-50, 50-60, 60-70, 70-80, 80+)
- sex (F/M/other)
- amount of hospital admissions in the previous year (<3, =>3)
- comorbidities classified (using ICD-10 codes registered as part of the DBC system) as:
 1. neoplasms
 2. diabetes mellitus
 3. liver insufficiency
 4. cardiovascular disease
 5. chronic respiratory disease
 6. renal insufficiency
- ICU admissions (direct, delayed, no admission)
- compounded surrogate measure of frailty, yet to be defined
- reason for change in CPR status (medical futility/patient preference/not specified)
- family present during end-of-life conversation (yes/no/not specified)
- in case of IHCA: survivor or non-survivor

Predefined hospital and other characteristics:

- time of ED presentation (day shift 7:00-15:00, evening shift 15:00-22:00, night shift 22:00-7:00)
- which doctor registers CPR status (junior vs senior, ED vs other specialty)
- differences between hospitals

- in Westfriesgasthuis patients: comparison between frequency of CPR status registration in the ED and change in CPR status during admission before and after change of protocol (February 2017)

Study description

Background summary

In many Dutch hospitals hospital admission from the emergency department (ED) requires registration of resuscitation orders. There is an ongoing debate addressing whether it is necessary to raise the end-of-life discussion with all patients admitted from the ED and whether the ED is really the most appropriate place to discuss such sensitive matters. This debate is primarily fed by ethical arguments. However, quantitative data on current CPR status registration practice and its effectiveness is lacking. The current proposal describes a multicenter retrospective case analysis aiming to generate these objective data to feed into this debate.

Study objective

With this descriptive study we aim to acquire more insight into the current practice of obligatory resuscitation order registration in the emergency department and to address its effectiveness.

Study design

1-2018 protocol finished and acquire ethical approval

5-2018 data extracted from electronic patient files in all hospitals

7-2018 finish preparation of data set for analyses

8-2018 analysis

12-2018 first draft result report finished

Intervention

none

Contacts

Public

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Scientific

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Eligibility criteria

Inclusion criteria

All adult patients admitted from the ED from participating hospitals

Exclusion criteria

none

Study design

Design

Study type: Observational non invasive

Intervention model: Other

Control: N/A , unknown

Recruitment

NL

Recruitment status: Pending

Start date (anticipated): 01-03-2018

Enrollment: 0

Type:

Anticipated

Ethics review

Not applicable

Application type:

Not applicable

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
NTR-new	NL6624
NTR-old	NTR6954
Other	METC : M018-003

Study results