



*This is a resident case log of a patient encounter in which  
an "Aware Medicine topic" was central.*

### Difficult Decisions on a Very Sick Patient

Mr J was a 49 year old man who was extremely sick. He had been a very healthy man right up until he was admitted to the hospital for shortness of breath and found to have pneumonia. He was eventually intubated for respiratory difficulty then developed multisystem organ failure, sepsis, and meningitis. Every day was very tenuous for Mr. J, and the entire team was concerned because his family did not seem to grasp the gravity of the situation. The family was asked again and again to address code status but they would not. His family was made up of his partner, whom he was not married to and his two children who were in their late teens. This family situation made things more difficult because there was no clear decision maker and next of kin, because the partner, since they were not married, could not technically make decisions. Eventually, the family made the decision to have a tracheostomy placed because the patient had been intubated for several weeks with no extubation date in sight. Before the surgery, he had begun to develop coagulopathy due to liver failure. After the trach, he began to bleed profusely, even after being adequately supplemented with platelets, vitamin K, and FFP. Late that night, he really began to turn for the worse and code status was again discussed with the family and they again wanted everything done. Soon after the last discussion with the family, Mr. J's oxygen saturation could not be maintained and his heart rate began to fall. A code was called. This code was especially bad due to the coagulopathy. The code was stopped after approx 30m and his death was pronounced.

#### Challenges:

- Medical complexity of the patient
- Youth of the patient
- Family structure-difficult to appoint decision maker
- Family with decreased understanding
- Code status

The beliefs differed in what should be done for the patient. The family continued to want everything done, while the entire medical team knew that interventions, especially a code would be futile.

**Personal Beliefs:** My personal beliefs definitely came into play when speaking with the family and discussing code status. I definitely felt he should be a no code. When he did code, I was the resident on and I (and the rest of the team) definitely did our best at the code.

**Outcome:** The patient died.

**Reflection:** The medical team worked really well together; doctors, nurses, residents, RT. We definitely should have tried even more to discuss code further with the family.

**Experience:** The experience made me sad that we had to put the patient through a code situation. It was also hard because I ended up being the one to tell the family that the patient had expired. I felt absolutely supported by the nurses and the attending during the code events and after when we were all able to sit down and talk about it after, which was very helpful.