CPR: Is it Beneficial to the Elderly with CHF?

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BACKGROUND/SIGNIFICANCE

In nursing, patient-centered care is of the utmost importance for quality care. When cardiopulmonary resuscitation (CPR) and/or intubation are performed, overall wellbeing and quality of life (QoL) can be impacted. Haydon, von der Riet and Maguire (2017) explained that post-resuscitation side effects (including anxiety, fatigue, depression, and PTSD) can further worsen a patient's QoL. QoL can be worsened with more pain and suffering experienced after resuscitation. Without appropriate information and knowledge, patients are unable to make informed decisions. The need for do not resuscitate (DNR) and do not intubate (DNI) orders in heart failure (HF) patients is one of controversy. Some practitioners believe that DNR orders should be made for end-stage heart failure (HF) so that the natural process of dying is not prolonged (Brannstrom & Jaarsma, 2015). Performing CPR on these patients may result in poor QoL (Brannstrom & Jaarsma, 2015). As Brannstrom and Jaarsma (2015) described, practitioners also believe that DNR orders are congruent with palliative care and the ethical principles of beneficence and non-maleficence. However, surveyed elderly patients reported longevity of life was more important than quality, preferring CPR be performed (Brannstrom & Jaarsma, 2015). The following PICO question was developed to guide this review of the literature:

In the geriatric population with end stage heart failure, what is the effect of receiving resuscitation and/or intubation on their OoL compared to QoL prior to receiving lifesaving resuscitation and/or intubation?

METHODS

This review evaluates whether the side effects of CPR and/or intubation are worse than the conditions of the elderly person with chronic HF prior to receiving resuscitation/intubation. Research terms included congested heart failure, CPR, intubation, elderly population, prognosis, and quality of life using the CINAHL and EBSCO databases provided by the Cumberland University Vise Library, as well as Google Scholar. In refining the search results, the articles were required to be peer reviewed journals, less than five years old, written in English, and full text available. In result, six peer reviewed articles were found with to be considered appropriate for answering the proposed PICO question.

Kolcaba's Comfort Theory guides the nurse to develop a relationship with the patient in order to decide if receiving CPR or becoming a DNR/DNI is best based on quality of life measures. With concepts in mind, nurses formulate a comfort care plan, with the goal of enhancing comfort over a measurement of baseline comfort. When comfort of patients and/or families is enhanced, they can engage more fully in health seeking behaviors (HSB), which are mutually agreed upon goals. HSBs can be internal, external, or a peaceful death. When patients and families do better, the institution does better (Kolcaba, 2018).

RESULTS

Brannstrom's and Jaarsma (2015) showed controversy in involving patients and/or relatives in the decision making of CPR among practitioners. The authors expressed a need for clarification with patients on poor prognosis and resuscitation. This allowed patients to understand the need for DNR orders or to continue wanting CPR. Practitioners reported the need for CPR should be based on medical assessment and prognosis rather than just life prolonging. Elderly patients with HF reported preference of quantity over quality.

Haydon, von der Riet and Maguire (2017) conducted a mixed methods study of 2738 patients following CPR. The overall findings concluded that overall QoL was "acceptable" following CPR, but there was no true measurement of QoL. The success rate of CPR was low, but when successful it does prolong life. Side effects noted following CPR but were not substantially debilitating enough to rule out CPR in HF patients.

Brennan (2018) examined patient and family burden owing to poor patient prognosis and reduced quality of life. The practice of self-care has been associated with decreased morbidity and mortality and improved quality of life. It was found that incorporating self-care skills into daily life, patients require time, practice, and support from family and friends. Early follow up from a specialist heart failure team was associated with reduced mortality and fewer hospitalizations.

Birks et al. (2019) conducted a systematic review that determined involvement is highly challenging for older people during care transitions and older people presented a particularly vulnerable group having complex health care needs, frequent hospital stays and high rates of readmissions. These findings supported the need for providing appropriate information and education regarding end of life decisions.

Kojima et al. (2018) analyzed patients who were admitted to the acute care teaching hospital with a primary diagnosis of heart failure. According to his findings, patients with a DNR order had a higher in-hospital mortality (among heart failure patients). Performance measures in hospitalized heart failure patients have been developed to improve care; by routinely following these measures, daily care was found to contribute to a decrease in mortality in heart failure patients (Kojima, et al., 2018).

PRACTICE IMPLICATIONS

Patients with CHF should be informed of the risk of decreased QOL in the event they should need to be resuscitated.

There are patients with HF who do not participate in advance care planning (ACP) (Killackey, et al., 2019). ACP is a process where people express personal values/goals and appoint a particular person to stand as a substitute decision-maker to guide future medical treatment or end-of-life care. Nurses can advocate for initiating the process.

Nurses should develop a relationship with the patient and advocate for their decisions regarding care in the event of needing resuscitation before the need arises.

CONCLUSIONS

Patients who have DNR/DNI orders were shown to have a risk of worsening prognosis due to worsening quality of life with the normal disease process (Kojima et al., 2018). This review of literature found that the QoL was lessened in patients with CHF who received CPR. Patient-center care is important for end of life decisions. Nurses can use Kolcaba's Comfort Theory to enhance comfort so that patients can be more actively engaged in the decision-making process of DNR/DNI directives. Without appropriate information and knowledge, patients are unable to make informed decisions. Ongoing research is needed to better understand the OoL after CPR and/or intubation .

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