

# Panel: Ethical Issues in STEMI & Emergency Cardiac Care

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# Panelists

- Emily Caldwell, RN, BSN, CCRC: Lillehei Clinical Research Unit, University of Minnesota
- Scott Mikesell, DO: St. Luke's Hospital
- Marc Conterato, MD, FACEP: North Memorial Medical Center

Moderator: Jim Peacock, Minnesota Department of Health

# Scenario #1

- 73 yo female patient with STEMI, ready to be treated with PCI, on the Cath lab table
- Prime candidate for experimental protocol approved by human subjects committee
- Needs consent from patient
- Patient doesn't respond about risks, but readily consents when hearing about potential good outcome
- Should the family be looped in?

**Challenges in clear communication of risk & benefits**

# Scenario #2a

- DNR/DNI patient experiences STEMI and DNR status not communicated to EMS responders
- Patient highly unstable and experiences cardiac arrest during transport
- EMS team resuscitates this patient during transport to PCI center
- DNR status communicated to hospital, but patient looks to be a good candidate for PCI

**How to approach candidacy for PCI?**

# Scenario #2b

- Patient with STEMI by EKG who is DNR/DNI, but without a terminal prognosis
- Patient in cardiogenic shock
- Further cardiac intervention might or might not correct
- Patient and/or family are undecided if this intervention would be an extraordinary measure that is not required

**How would you have that conversation with the patient and/or family?**

# Scenario #3a

- You are contacted by an EMS crew in the field who has worked a 43 yo male in a witnessed cardiac arrest for 30 minutes
- Patient will open eyes or move extremities with active CPR, but stops when CPR stops
- Remains in persistent VF/VT after multiple defibrillations and medications

**What do you do next?**

# Scenario #3a (cont...)

- A) Terminate CPR if no response after 30 minutes, even though the patient remains in VF (a salvageable rhythm)?
- B) Continue working the patient until the invasive cardiologist/cath lab team arrive and pressure them to take the patient to the cath lab.
- C) Consider initiation of ECMO (or transfer/redirection of EMS to an ECMO center)?
- D) What age, comorbidities, risk factors do you weigh in this determination?
- E) Would you consider launching a helicopter to bring this patient to definitive care?

# Scenario #3b

- This same patient is brought to your ED in refractory VF/VT (multiple rounds of defibrillations/meds)
- Remains on an automated CPR device
- Patient shows adequate oxygenation per SP02 and good ETCO2 readings with continued automated CPR

**What do you do next?**



# Scenario #3b (cont...)

- A) Terminate CPR if no response after 30 minutes, even though the patient remains in VF (a salvageable rhythm)?
- B) Continue working the patient until the invasive cardiologist/cath lab team arrive and pressure them to take the patient to the cath lab.
- C) Consider initiation of ECMO (or transfer/redirection of EMS to an ECMO center)?
- D) What age, comorbidities, risk factors do you weigh in this determination?

## Scenario # 4

Tell us about your  
experiences and  
questions

Thank you to  
our panelists!

A photograph of three King penguins on a beach. The penguin on the left is facing right with its beak open. The middle penguin is facing left with its beak open. The penguin on the right is facing left. The background is a bright, slightly hazy sky. Two overlapping circles are overlaid on the right side of the image: a larger dark blue circle and a smaller light green circle.

# Social Hour

Crescent  
Lounge in  
hotel