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!
Social Hour

Crescent Lounge in hotel