Beaumont® | HEALTH SYSTEM

GROSSE POINTE HOSPITAL
Chart Review Copy

[redacted]
Account Number: [redacted]
CSN: [redacted]

DOB: [redacted] (80 yrs)

PT CLASS: Inpatient
PATIENT STATUS: Discharged

DEPT: 2 SOUTH EAST GP
BED: 2SEGP/0201A

ORD DR:

AUTH DR:

Ethics Consults by Lewandowski, Jeanne G, MD at 09/17/15 1003

Author: Lewandowski, Jeanne G, MD | Service: Pediatrics | Author Type: Physician
Filed: 09/17/15 1025 | Note Time: 09/17/15 1003 | Note Type: Ethics Consults
Status: Signed | Editor: Lewandowski, Jeanne G, MD (Physician)

Ethics Case Consultation:

System Ethicist, members of GP Ethics Case Consultation team, nephrologist, surgeon, attending, nursing and SW staff present for meeting with all 4 children of patient.

Family demonstrated good understanding of clinical status and severity of patient's multiple irreversible life limiting conditions now complicated by 6 min PEA arrest after oral feeding attempts and new R lung opacification and vent dependent respiratory failure. Questions asked and answered about conditions and clinical course. Family members able to express concurrence with clinical recommendations for care without conflict. Family members emotional in expression of care for their mother.

Care options discussed included continuation of life sustaining treatments, limitations to same, and initiation of comfort measures.
Medical staff clarified that resuscitation with current degree of intensive care support no longer beneficial and will no longer be offered. Family members concur and understand this plan of care.

Ethical Concern: Non-beneficial treatment expectations of surrogate decision makers.

IMP: Conflict with decision making and plan of care resolved with careful consideration of best interest of patient by family and medical care providers.

PLAN:
1. Continue current intensive care therapies, including ventilatory support, pressors, pneumonitis and sepsis treatments and attempts to assess ability to wean from the vent.
2. Attempt to provide ultrafiltration and dialysis as possible with cardiac and blood pressure status, but do not initiate other forms of renal replacement therapy.
3. Recognize family agreement to plan of care that does not escalate current medical intensive therapies and is considering other goals of care.
3. Consider transition of goal of care to comfort by awaiting family decisions and providing information about hospice support to family members.
4. Await family decision about compassionate extubation and initiation of comfort measures only with anticipation of active dying.

5. Recognize lack of benefit of further resuscitative efforts in case of cardiac arrest in ICU and initiate an order to not attempt resuscitation with no further CPR, chemical cardiac stimulants, or electric cardioversion or defibrillation.
6. Support family and facilitate life completion tasks as possible.

Dr. Datla involved in of all the above and will initiate these plans and coordinate care with pulmonary/intensive care.

Ethical dilemma resolved with shared decision making.

Jeanne G. Lewandowski, MD
248-992-2057 page
Recording for the Ethics Case Consultation

Chart Review Routing History

Routing history could not be found for this note. This is because the note has never been routed or because it was routed prior to the date on which the required Chart Review routing print group setup was completed (2/1/2009).