Provider Presence at Terminal Extubation

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Introduction

- The majority of deaths in intensive care units involve withdrawal of aggressive interventions, including mechanical ventilation, also referred to as terminal extubation (TE).
- This procedure can result in an emotionally difficult experience for patients, families, and clinicians, with a high propensity of patient physical distress.
- The presence of a provider at the bedside can be reassuring and allow for immediate assessment and clinical intervention when physical and emotional distress develops.
- The literature reports infrequent provider presence at TE with differing perceptions of as to the importance of provider presence.
- Using survey methodology, the goal was to identify experience, attitudes, and knowledge of clinical providers related to their presence at the bedside during terminal extubation.

Methods

- To account for institutional processes and uniqueness of respondent groups, modifications were made to an existing survey.¹
- Three respondent groups were identified as playing a key role in the terminal extubation of patients in an ICU: respiratory therapists (RRT’s), critical care nurses and ICU physicians and advance practice clinicians (providers).
- The survey assesses perceptions of provider presence at TE, sufficiency of order sets and desirability of a TE protocol, as well as clinicians’ level of education and experience, attitudes surrounding patient and family discussions and concerns regarding the procedure. (Fig1)
- The survey also allowed for additional comments.
- It was distributed to 125 RRT’s, 549 critical care nurses and 269 physicians and advanced practice clinicians during an eighteen month time frame.

Results

- The return rate was 38.4% RRT’s, 31.1% nurses and 11.9% providers (Table 1).
- Few of the respondents reported formal education on the TE process, and the majority felt it important to educate all clinicians on end of life procedures and patient care during and following TE. (Table 2)
- Additionally, the need for a protocol or standardized order sets for the procedure was identified by all respondent groups.

Discussion

- Our survey demonstrated that there is a misconception by providers how often they attend terminal extubations.
- There has been insufficient education provide to all levels of clinicians on end-of-life protocols and processes.
- All levels of clinicians demonstrated some ethical discord and some degree of emotional distress, before, during, and after the extubation.
- Also it was felt that a provider should always be present during the terminal extubation procedure.

Table 1

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<th>Mean</th>
<th>Minimum</th>
<th>Maximum</th>
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<th>Kurtosis</th>
<th>Std. Deviation</th>
<th>Mode</th>
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<td>88.4</td>
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Table 2

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<th>Valid Percent</th>
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<td>Total</td>
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Conclusion

- As the next step in this quality improvement project, a team has been convened with representatives from the three respondent groups focused on the development of a standardized protocol and an education component on care at TE.
- To provide a forum for emotional support prior, during, and after the terminal extubation procedure.

Reference:


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