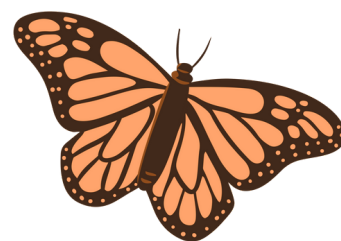


COMPASSIONATE EXTUBATION



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Improving quality of care by implementing a time-out and developing a checklist

Development of a checklist



Remember to do a TIME-OUT before the procedure

	Tick/NA
Documented agreement amongst medical team that ongoing ICU care is not in best interest of patient	
Documented counselling session with extended family	
Brain imaging	
Drug levels	
Brain death checklist	
Social worker and spiritual support for family	
Psychological support for family	
Consider natural death vs unnatural death (counsel parents if unnatural death) and academic post mortem	
On the day of extubation: <ul style="list-style-type: none"> - Ongoing counselling caregivers - Briefing with nurses and MO/intern on procedure and timing of compassionate extubation - Items to discuss with both caregivers and staff: <ul style="list-style-type: none"> • Prayer meeting with spiritual healer should family request it • Caregivers present while extubating? • Baby on caregivers lap after extubation? • Counsel caregivers and team on signs of breathing and distress and possible treatment • Counsel caregivers and staff on stages of death and what signs to expect. • Explained to caregivers and staff that baby will kept comfortable and pain free. • Who is doing the extubation? (nurse/MO/consultant) • Take off all monitoring vs leave sats monitor (put monitor silent) 	
Memory making: <ul style="list-style-type: none"> - Photo making (discuss with caregiver, photos on their own phone) - Footprint/handprint - Hair - Traditional bands 	
Documentation in patients file	
Debriefing with the team (doctors, nurses)	

Rationale

Compassionate extubation is a complicated and emotional process possibly leading to moral distress in healthcare workers and complicated bereavement in the family. Also, patient symptoms like dyspnea and pain need to be recognised and treated.



Definition

Withdrawal of life-sustaining treatment in the form of mechanical ventilation, but could also include inotropes, feeds and antibiotics, to alleviate suffering and to allow for a natural death.

Aims

- Prepare healthcare workers on the correct procedure
- Support decision making
- Offer comfort to the family
- Improve wellbeing of the staff by implementing a time-out and debriefing



Quality Improvement Project

Methods

For this QIP a consultation process was conducted involving palliative care specialists and healthcare workers from our regional hospital including doctors and nurses. A checklist was drafted and discussed in several in-hospital forums. The implementation process is undergoing continuous evaluation and improvements.

Furthermore, this QIP leads to the next QIP of developing a memory box for the family

Conclusion

By developing a checklist for compassionate extubation, this QIP aims to assist healthcare workers in following the correct procedure, providing support for the grieving process of the family, aid in recognising symptoms of the patient and support healthcare workers in decision making and look after the wellbeing of the staff.

Challenging procedure

Staff anxiety

Conflicting emotions

Concept of end-of-life

Difficult decisions

