When to start and when to stop?
NZ ambulance personnel's experiences of resuscitation decision-making

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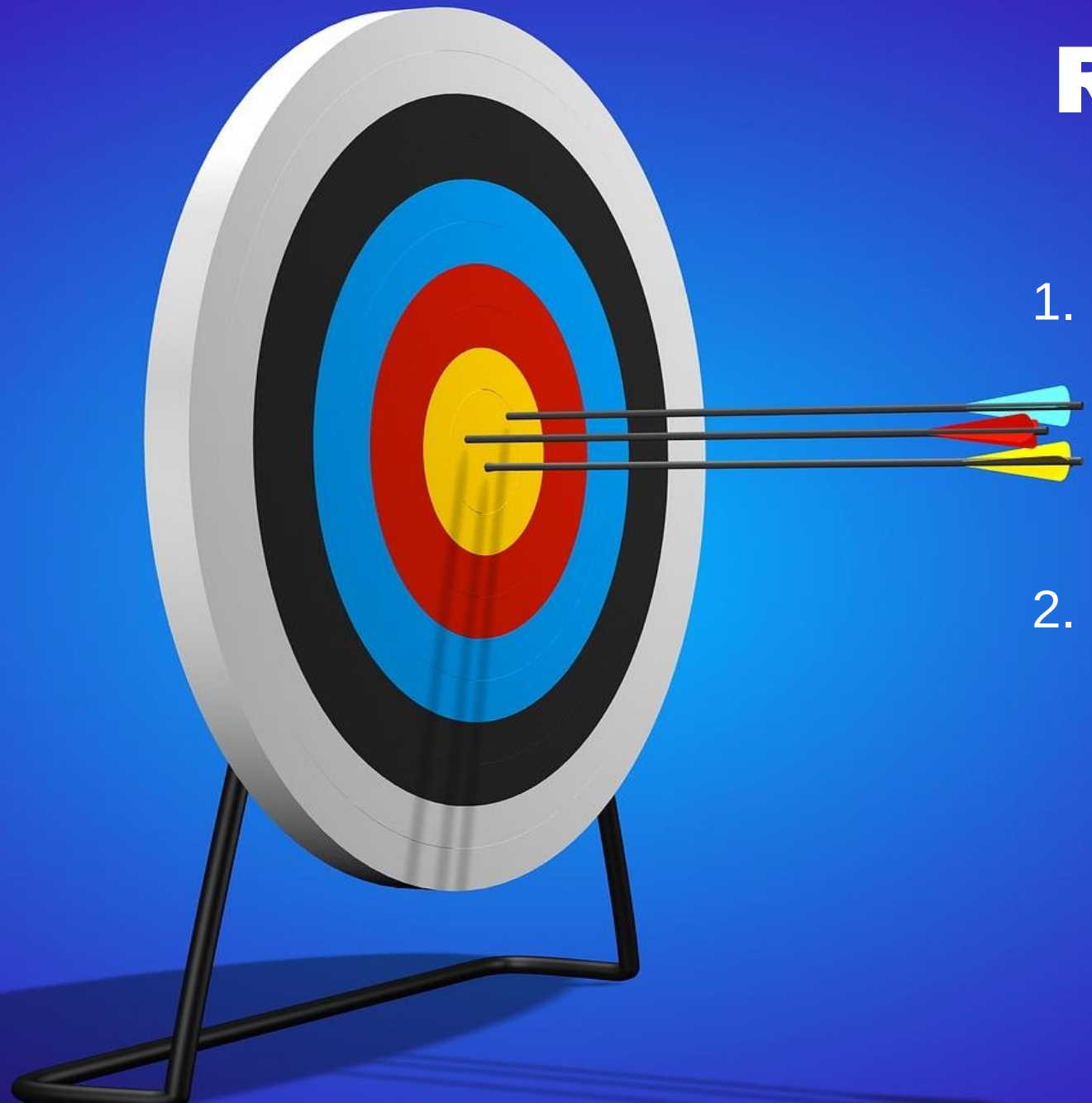
DEAD
ALIVE



Research aims

1. Explore an ambulance provider-perspective of the experience of resuscitation decision-making
2. Identify the associated clinical, cognitive, emotional and physical demands


St John
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FIRE
RESCUE
FIRE

Participants

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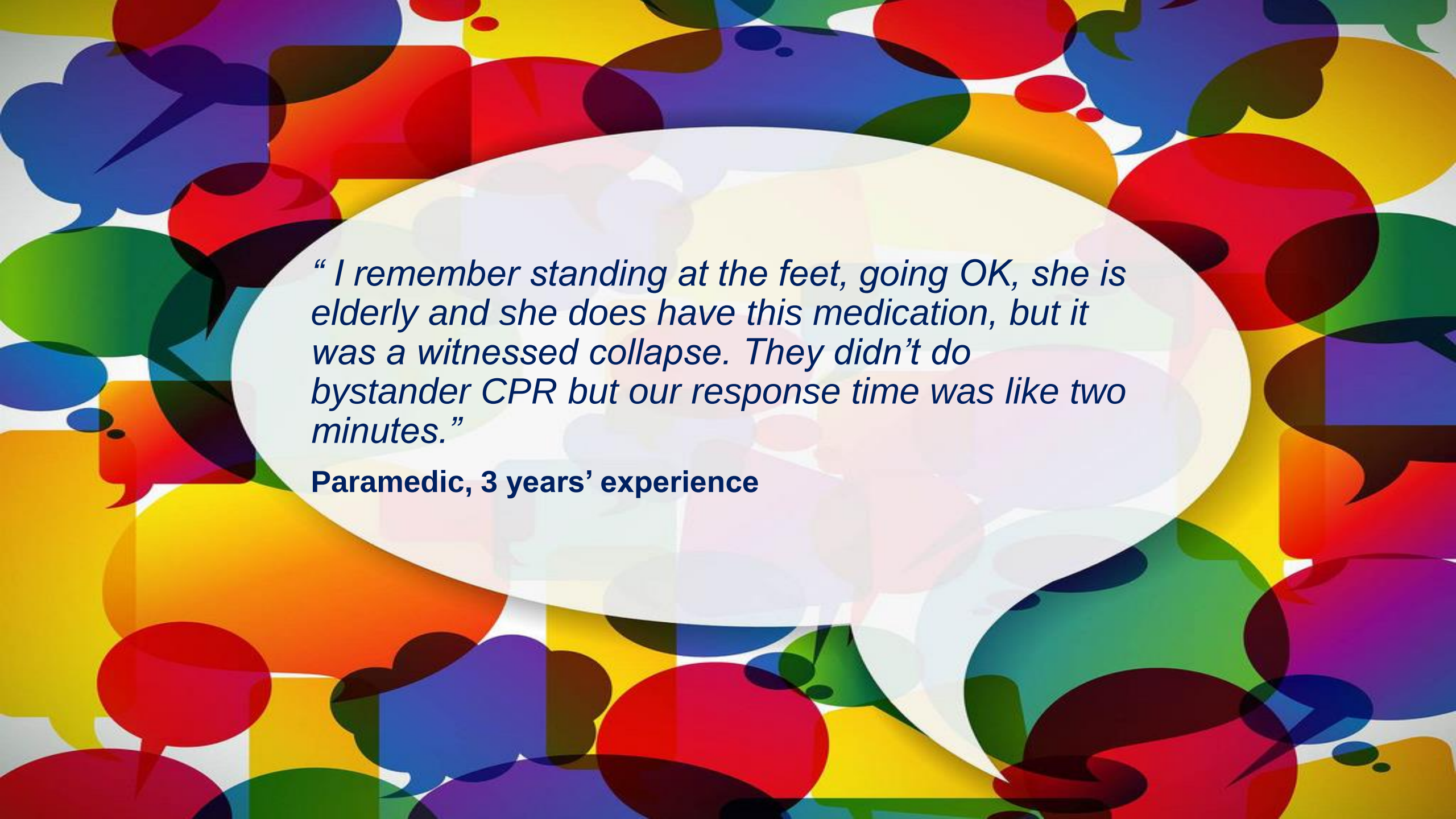
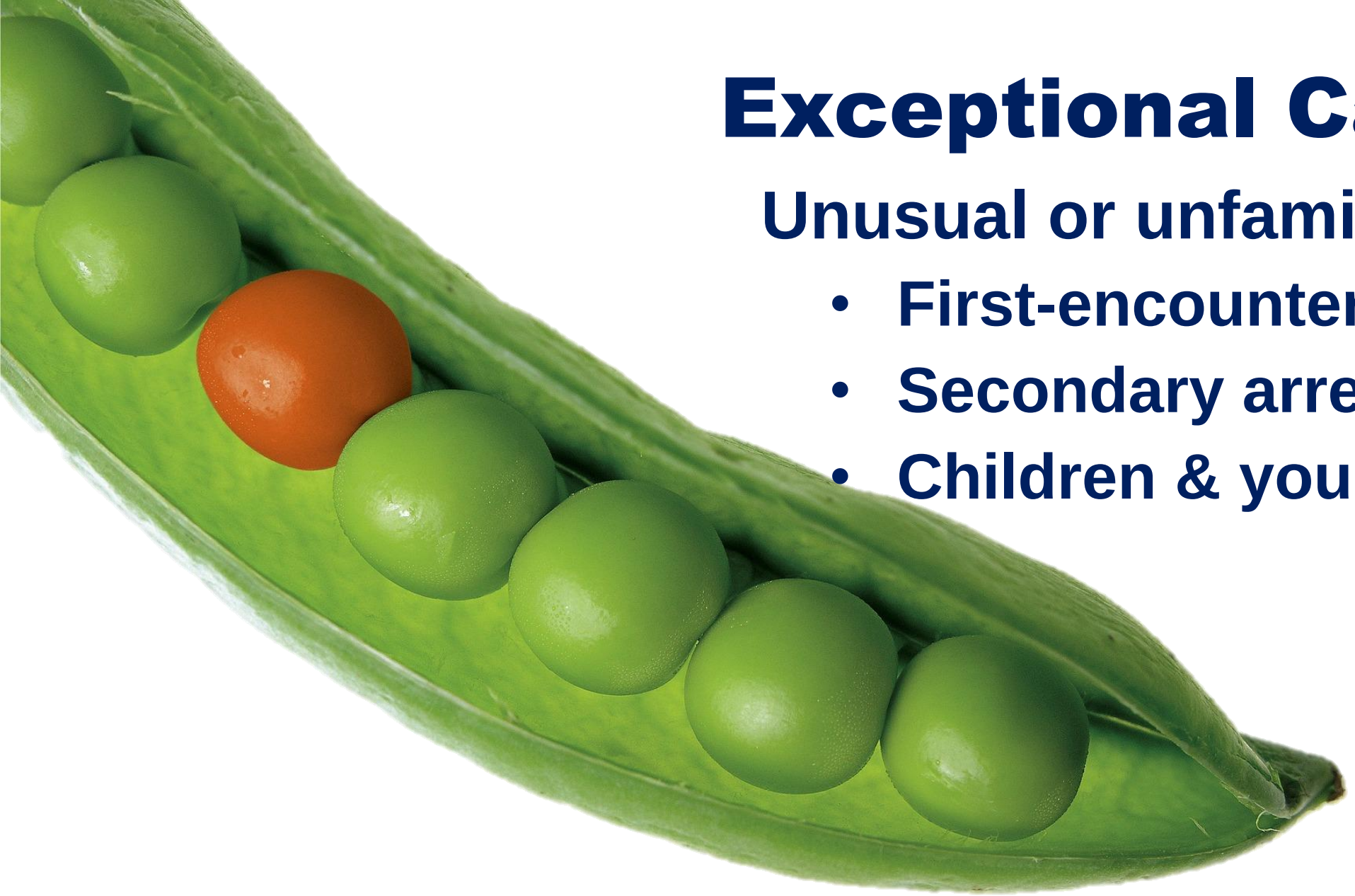
Grey Areas

Situations where key information was unavailable or conflicting

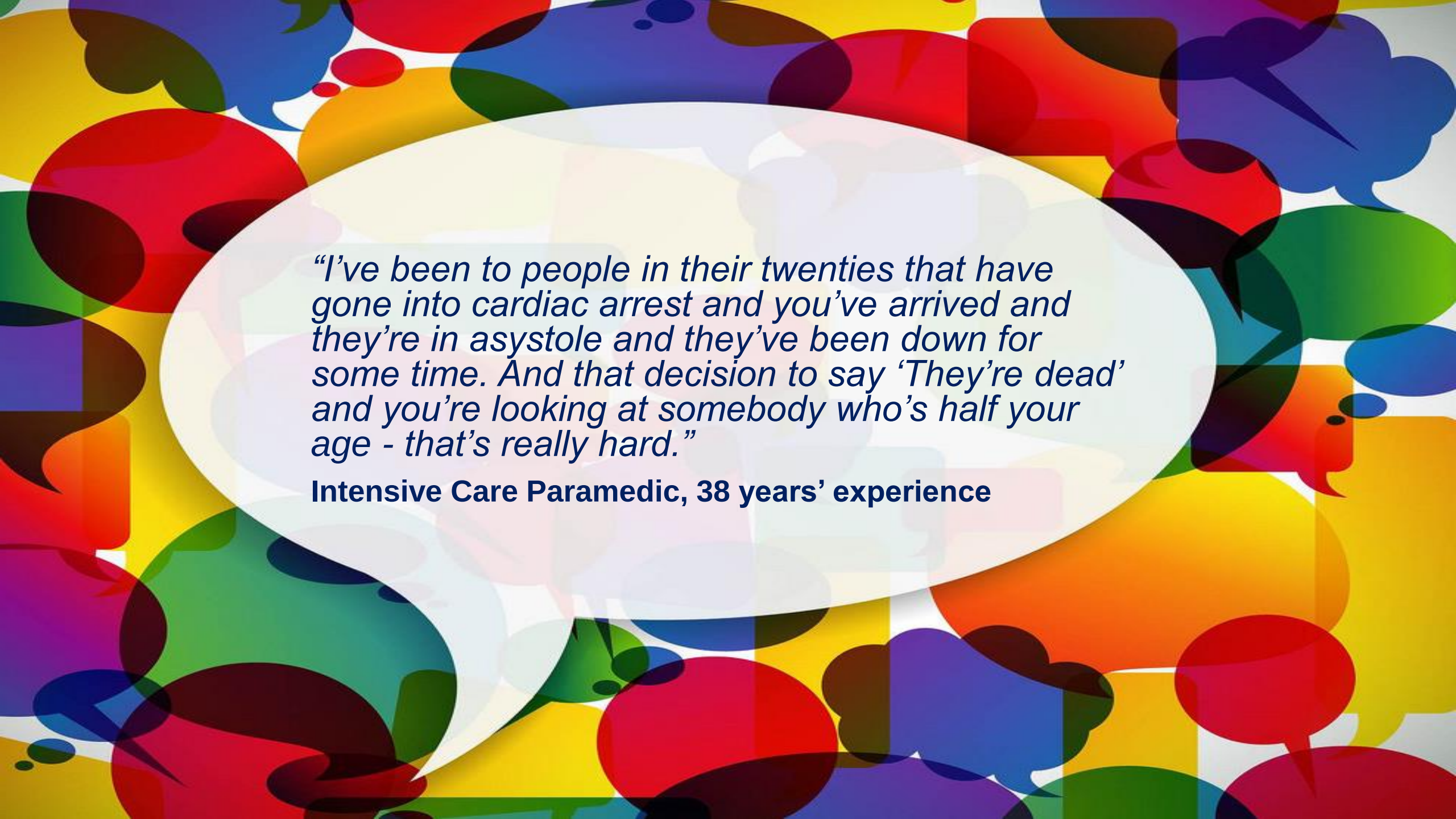

“ I remember standing at the feet, going OK, she is elderly and she does have this medication, but it was a witnessed collapse. They didn’t do bystander CPR but our response time was like two minutes.”
Paramedic, 3 years’ experience



Exceptional Cases

Unusual or unfamiliar situations

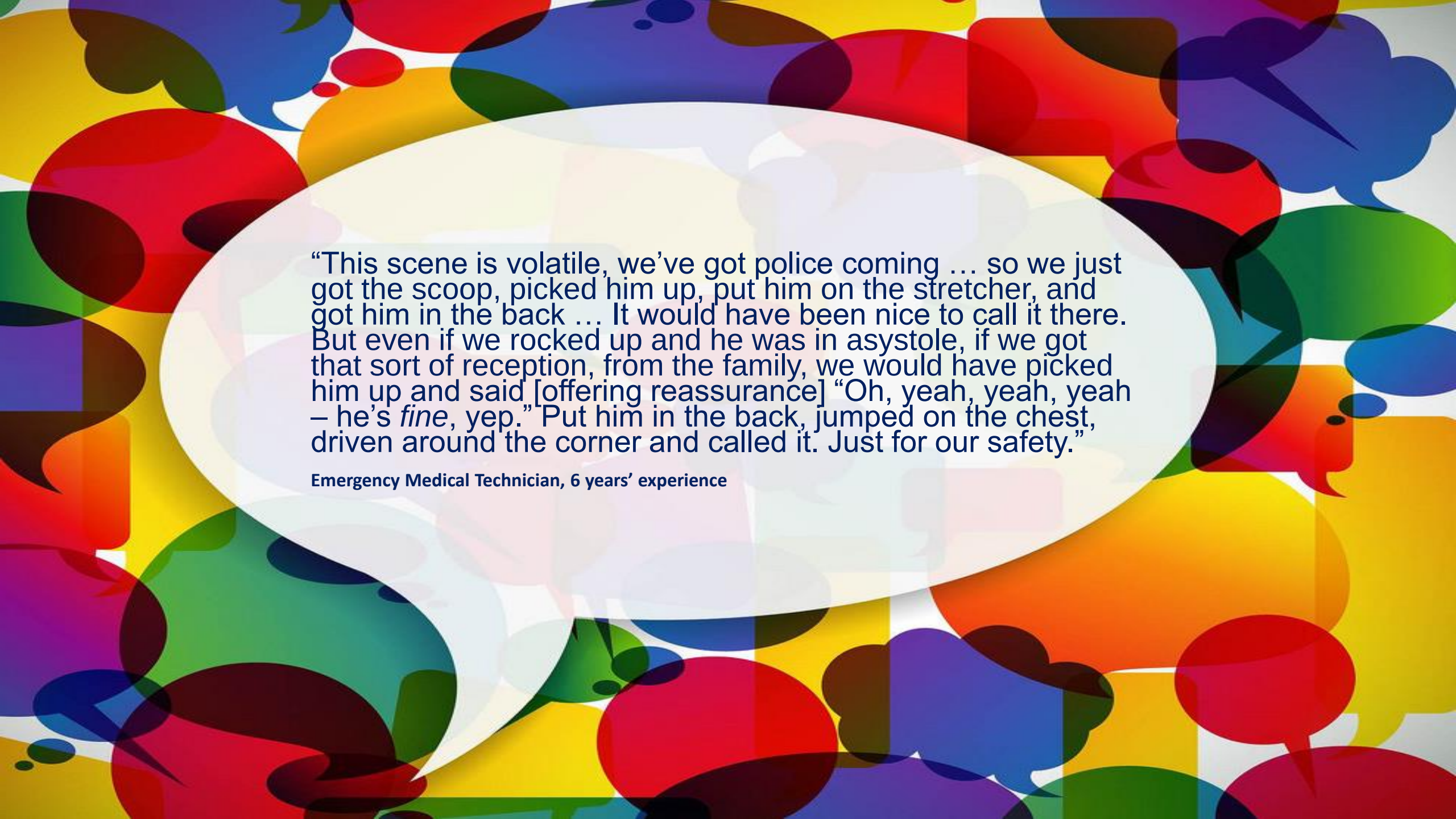
- First-encounters
- Secondary arrests
- Children & young people


“I’ve been to people in their twenties that have gone into cardiac arrest and you’ve arrived and they’re in asystole and they’ve been down for some time. And that decision to say ‘They’re dead’ and you’re looking at somebody who’s half your age - that’s really hard.”
Intensive Care Paramedic, 38 years’ experience

Scene Challenges

Logistical limitations

Having an audience



“This scene is volatile, we’ve got police coming … so we just got the scoop, picked him up, put him on the stretcher, and got him in the back … It would have been nice to call it there. But even if we rocked up and he was in asystole, if we got that sort of reception, from the family, we would have picked him up and said [offering reassurance] “Oh, yeah, yeah, yeah – he’s *fine*, yep.” Put him in the back, jumped on the chest, driven around the corner and called it. Just for our safety.”

Emergency Medical Technician, 6 years’ experience

Personal Responses

Impact of personal values and emotional triggers


“I mean, personally if I’m in a flat-line, please leave me there. Don’t mess with me. As much as you shouldn’t impose your values on a patient, I think it’s actually quite important, to do that and turn it into ‘Well, what would you want for you, or your family?’ It gives you a bit of a locus, if you like.”
Intensive Care Paramedic, 25 years’ experience

So what?

- Resuscitation decision-making is challenging, even for highly- experienced paramedics
- Information may be limited or conflicting
- Inexperienced staff may be overwhelmed with resuscitation tasks and not recognise irreversible death
- Behaviour of bystanders and personal responses can be challenging
- Ambulance personnel need to feel confident managing the scene of a termination of resuscitation


Where to
next?

Any questions ?

Anderson, N. E., Gott, M., & Slark, J. (2018). Grey areas: New Zealand ambulance personnel's experiences of challenging resuscitation decision-making. *International Emergency Nursing*, 39, 62-67. http://dx.doi.org/10.1016/j.ienj.2017.08.002

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