MANAGEMENT OF DO-NOT-RESUSCITATE (DNR) PATIENTS WHO REQUIRE ENDOSCOPY: A NATIONAL SURVEY OF CURRENT PRACTICES AND BELIEFS OF U.S. GASTROENTEROLOGISTS

Practice Management

Endoscopy: Pre and Post Procedure Preparation

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Background
Gastroenterologists frequently encounter patients with an active “Do-Not-Resuscitate” (DNR) order as they are planned to undergo endoscopy. Many physicians request temporary reversal of the DNR order prior to endoscopy, allowing for full resuscitation efforts in the event of an intra-procedural cardiac arrest. Literature regarding peri-procedural code status is limited and existing guidelines are not well known. This study aims to assess current practices and perspectives of gastroenterologists on code status reversal prior to endoscopy.

Methods
Self-reported data were obtained from gastroenterologists and gastroenterology trainees utilizing a voluntary, anonymous survey distributed through an online U.S. listserv. The survey assessed respondents’ approach to and beliefs regarding peri-procedural DNR orders. The study was approved by the University of Chicago IRB. Data analysis was performed using SPSS® software, utilizing frequency statistics and Chi-Square test for measures of association.

Results
Four-hundred-thirty-six gastroenterologists and 83 fellows completed the survey. The majority reported infrequently discussing code status with patients prior to performing inpatient endoscopy, with 71.5% discussing it < 25% of their cases (n=371). However, they report being aware of code status based on clear documentation in the electronic medical record (65.9%, n=342) or verification by medical staff other than the gastroenterologist (34.3%, n=178). If a patient has a DNR order, many reversed the code status prior to endoscopy 100% (40.8%, n=212) or 75-99% of the time (18.3%, n=95), with 17.1% (n=89) reporting they never reverse code status. Many gastroenterologists were unaware if there was a policy regarding code status reversal at their institution (40.7%, n=211) or nationally (80.7%, n=419). Gastroenterologists were split when asked their personal opinion regarding peri-procedural code status reversal, with 32.6% (n=169) reporting patients should automatically have their DNR order temporarily reversed to full code during the procedure, 18.5% (n=96) stating patients should be allowed to remain DNR, and 48.7% (n=253) stating patients should be offered a third option for a limited attempt at resuscitation. A majority reported they would perform endoscopy in a DNR patient who was not agreeable to reversal or limited resuscitation (60.7%, n=315).

Conclusion
While the majority of gastroenterologists reverse DNR orders >75% of the time, many also believe
patients should be allowed to remain DNR during a procedure and supported an option for limited resuscitation. Most gastroenterologists were unaware of institutional policies or national guidelines. These findings suggest that code status should be routinely addressed prior to procedures and gastroenterology-specific guidelines may be helpful to enhance awareness and optimize patient care.

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