

Understanding Code Status



MUNSON HEALTHCARE

It's important to consider the type of medical treatments you want before a medical emergency occurs. All patients must choose a code status. Understanding what each code means and selecting a code status will help your caregivers and loved ones follow your wishes.

What is Code Status?

All patients who are admitted to a hospital or an outpatient facility (such as a dialysis center or outpatient surgery center) will be asked to choose a code status for the duration of their stay.

Your chosen code status describes the type of resuscitation procedures (if any) you would like the health care team to conduct if your heart stopped beating and/or you stopped breathing. During this medical emergency, resuscitation procedures must be provided very quickly in order to keep you alive. This emergency procedure is commonly known as cardiopulmonary resuscitation, or CPR.

Because we cannot predict when a medical emergency may arise, we want to be prepared ahead of time. While CPR is a very helpful procedure for some people, there also are times when it can cause more harm than anticipated. Inadequate code status conversations and lack of communication can lead to undesired outcomes, unwanted medical treatment, and unnecessary distress to all involved.

Code status conversations should include questions such as:

- Which treatments, if any, might you not want to receive?
- Under which circumstances, if any, do you believe life-prolonging treatments would not be desirable?
- How has your past experience, if any, created your opinion about resuscitation procedures for yourself?

It is very important to have this discussion before a medical emergency occurs.

Choosing your Code Status

You will work with your health care provider to discuss the types of resuscitation procedures and advance medical treatments you would benefit from and the type that you may not want if a medical emergency were to occur. This conversation should help you determine which code status is right for you to live well with your goals in mind.

Outcomes after CPR

Unfortunately, what you see on TV is not reality. In real life, the procedures performed during CPR are typically not as successful as you may hope. CPR is an aggressive and traumatic procedure that may result in additional health problems. It is often painful because of injuries to the chest that can occur during chest compressions. Other times, the brain has been without oxygen for several minutes. In those cases, some patients who survive may have serious, irreversible brain damage. Despite advances in medical technologies, CPR survival rates remain poor for people living with cancer, serious illnesses, or chronic disease.

Patients may request a change to their code status at any point during their stay.

Defining Resuscitation Medical Terms

CPR

Short for cardiopulmonary resuscitation, this is a medical emergency first aid procedure to help someone whose heartbeat and/or breathing has stopped by performing chest compressions, intubation, and/or defibrillation.

Resuscitation

This process involves an attempt to bring someone who is unconscious, not breathing, or close to death back to consciousness or an active state. If someone needs resuscitation procedures, something serious has happened, resulting in a medical emergency and/or the person may be on the verge of death.

Defibrillation

An attempt to return a person's heart back to a normal rhythm by using an electric shock to a person's chest.

Intubation

The process involving an attempt to place a tube into the airway to breath for a person who is unable to breath adequately to stay alive. The tube is hooked to a ventilator or a bag mask that pushes air and oxygen into the lungs to simulate breathing. Ventilators will not return the ability to breathe to a patient who can no longer breathe on his or her own.

Chest Compressions

The process involving an attempt to circulate blood throughout a person's body by pushing forcefully and quickly on a person's chest to manually simulate the pumping of the heart.

Persistent Vegetative State

A condition in which a person has severe brain damage resulting in them being completely unaware of their surroundings, touch, or stimuli. This person would require life-sustaining medical treatments to stay alive.

Life-Sustaining Treatment

(sometimes called Life Support) A medical treatment required for a person to stay alive. Examples of life-sustaining treatments are feeding tubes, ventilators, pacemakers, heart defibrillators, and dialysis. Some of these treatments can be considered temporary and only become life-sustaining if and when the removal or stopping of the treatment would allow the person to die a natural death.

Types of Code Status

"Full Code"

Full code means that if a person's heart stopped beating and/or they stopped breathing, all resuscitation procedures will be provided to keep them alive. This process can include chest compressions, intubation, and defibrillation and is referred to as CPR.

Full code status is recommended for individuals who are healthy and do not have multiple medical conditions.

"Limited Code"

Limited code means that only specific resuscitation procedures will be used during a medical emergency. You and your health care provider should discuss the types of advance medical treatments or resuscitation procedures that would benefit you.

Limited code status is recommended for individuals who would benefit from certain medical procedures, but not all resuscitation procedures. An example of this is someone with advanced lung disease who chooses to not be intubated.

"DNR"

DNR stands for "do not resuscitate." DNR does not mean "do not treat." A DNR code status would indicate that the person would not want CPR performed and would be allowed to die naturally only if their heart stops beating and/or they stop breathing. Many DNR code status patients still

choose to have surgery, chemotherapy, radiation, dialysis, artificial nutrition and hydration, and many other medical procedures.

DNR status is recommended for people who have multiple chronic illnesses and would want a natural death to occur if their heart stopped beating and/or they stopped breathing. People who choose this code status want to be allowed a natural death. If a person chooses a DNR code status, CPR will not be performed.

“Comfort Care”

Comfort Care means that only medical treatments that promote comfort will be provided. If a person chooses comfort care, CPR will not be performed.

Comfort Care status is recommended for people who have become so ill that certain medical treatments are no longer beneficial, or death is approaching.

Frequently Asked Questions

What is considered life-sustaining treatment (sometimes called life support)?

All advance medical treatments can be considered life-sustaining treatment. When a person reaches a point when certain treatment options become permanent in order to stay alive, those medical treatments are then “life-sustaining.” Examples of life-sustaining treatment options include mechanical ventilation, dialysis, feeding tubes, pacemakers, and blood transfusions.

I’ve told my family I don’t want to be a “vegetable.” How will they know what that means?

Statements such as “being a vegetable” or “pulling the plug” are often made, however they are not helpful. These statements can mean different things to different people. It is best for a person to describe under what conditions or illnesses they would consider themselves to be a “vegetable” (clinically

referred to as persistent vegetative state), or would request “pulling the plug.” This better identifies your perception of what you consider to be an unacceptable way to live.

What if a person is so sick they can’t make decisions for themselves?

An advance medical directive identifies the person chosen by the patient to be his or her health care agent if they lose the ability to make health care decisions. If a person does not have an advance medical directive, we look to family members to make decisions. If no family member is willing to make a decision, it may be recommended that the person be appointed a guardian through Probate Court. This can take months to accomplish. In the meantime, the medical staff would provide all advance medical treatments to keep the patient alive, even if it may be something they wouldn’t want.

Medical staff and family members cannot honor your wishes if they do not know what they are. Everyone is encouraged to complete an advance medical directive for this reason.

Will the hospital staff ignore my needs if I am a DNR?

No, this should never happen. DNR only means that you would not want CPR performed if you stopped breathing and/or your heart stopped beating, and you would be allowed to die a natural death. The rest of your care remains the same.

What if a person wants to try advance medical treatments only for a specific period of time?

Basing advance medical treatments on a specific time frame can be difficult to determine. It may be better to think in terms of what it would look like if you were improving from a serious illness. It is also important to identify what it would look like if you weren’t improving, and what your goals would be for you to have a good death.

For More Information

To learn more about how you can ensure your medical wishes are honored, contact:

Advance Care Planning

231-935-6179

advancecareplanning@mhc.net

Free workshops are held on the first Wednesday of each month to assist you with making your medical wishes known. For details, visit **munsonhealthcare.org/acp-events**.

Disclaimer

The information in this brochure is provided for informational and educational purposes only. This information is not intended to be and does not constitute medical advice. If you have any questions, please ask your health care provider.

References

American Heart Association: "Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care"

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Español (Spanish)

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