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### Attitudes of Emergency Medical Service (EMS) Providers towards Pediatric Death and Outside-of-Hospital Do Not Resuscitate (DNR) Orders

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# Attitudes of Emergency Medical Service (EMS) Providers towards Pediatric Death and Outside-of-Hospital Do Not Resuscitate (DNR) Orders

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**IRB Number:** 17070448

**Describe role of Submitting/Presenting Trainee in this project (limit 150 words):** I designed and developed a project that explored previously unanswered questions about emergency medical service (EMS) providers' comfort with pediatric death and outside-of-hospital do not resuscitate (DNR) orders. To accomplish this task, I created a novel survey that was distributed to the 2 largest EMS agencies in the surrounding Kansas City area. I also applied for and received the Simone Division of Emergency Medicine Research Grant.

## **Background, Objectives/Goal, Methods/Design, Results, Conclusions limited to 500 words**

**Background:** Death of a child is one of the most difficult career experiences a medical provider will face. According to the recent National Vital Statistic Reports, only 1.6% of all deaths in the United States occurred in the pediatric population (aged 0-19 years). A notable proportion of pediatric deaths are related to chronic medical conditions. Do not resuscitate (DNR) orders were first created in the 1970's by the Critical Care Committee at the Massachusetts General Hospital and later maintained in the landmark 1976 New Jersey Supreme Court Case *In the matter of Karen Quinlan, an alleged incompetent*. DNR orders provide patients and their families the autonomy and protection to determine how interventions are performed. Although there is limited information on the number of DNR orders in the pediatric population, they will remain an important and potentially more frequent legal document encountered during the out of the hospital care of a sick child.

**Objectives/Goal:** Emergency medical service (EMS) providers are often the first point of contact with the sick and injured child. Whether it is an acute illness or the exacerbation of a chronic medical condition, EMS providers have to manage a wide range of pediatric conditions often with a limited history of previous encounters. At times, EMS providers also have to manage with the emotional complexities of a parent invoking a do not resuscitate (DNR) order for their sick child. Therefore, it is important to reflect on EMS providers' various experiences with pediatric death. This information could potentially be used to later build curriculum and improve EMS providers' training.

Our goals were to evaluate emergency medical service (EMS) providers' comfort with utilization of and understanding of their state's do not resuscitate (DNR) orders, and experiences with the death of a pediatric patient compared to an adult patient.

**Methods/Design:** We created a single-center, cross sectional survey of clinically active emergency medical service (EMS) providers in a metropolitan center that focuses on attitudes and experiences with pediatric death and do not resuscitate (DNR) orders. The survey was novel and developed by the investigators. The survey was individualized to each state and was pilot-tested with administrators of a local EMS agency to assess readability, to clarify any confusing questions, and to determine average time to completion. We surveyed approximately 1500-2500 subjects.

**Results:** The surveys are still being distributed at this time, but distribution will be completed by February 2019.

**Conclusions:** We eagerly await the results of our survey. We are anticipating a gap in the level of comfort for emergency medical service (EMS) provider when comparing end of life situations for pediatric and adult patients, which will provide us an educational opportunity to improve the care of children.