ICD-10-CM: Capturing Limited/Partial Code Statuses

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Bon Secours Mercy Health

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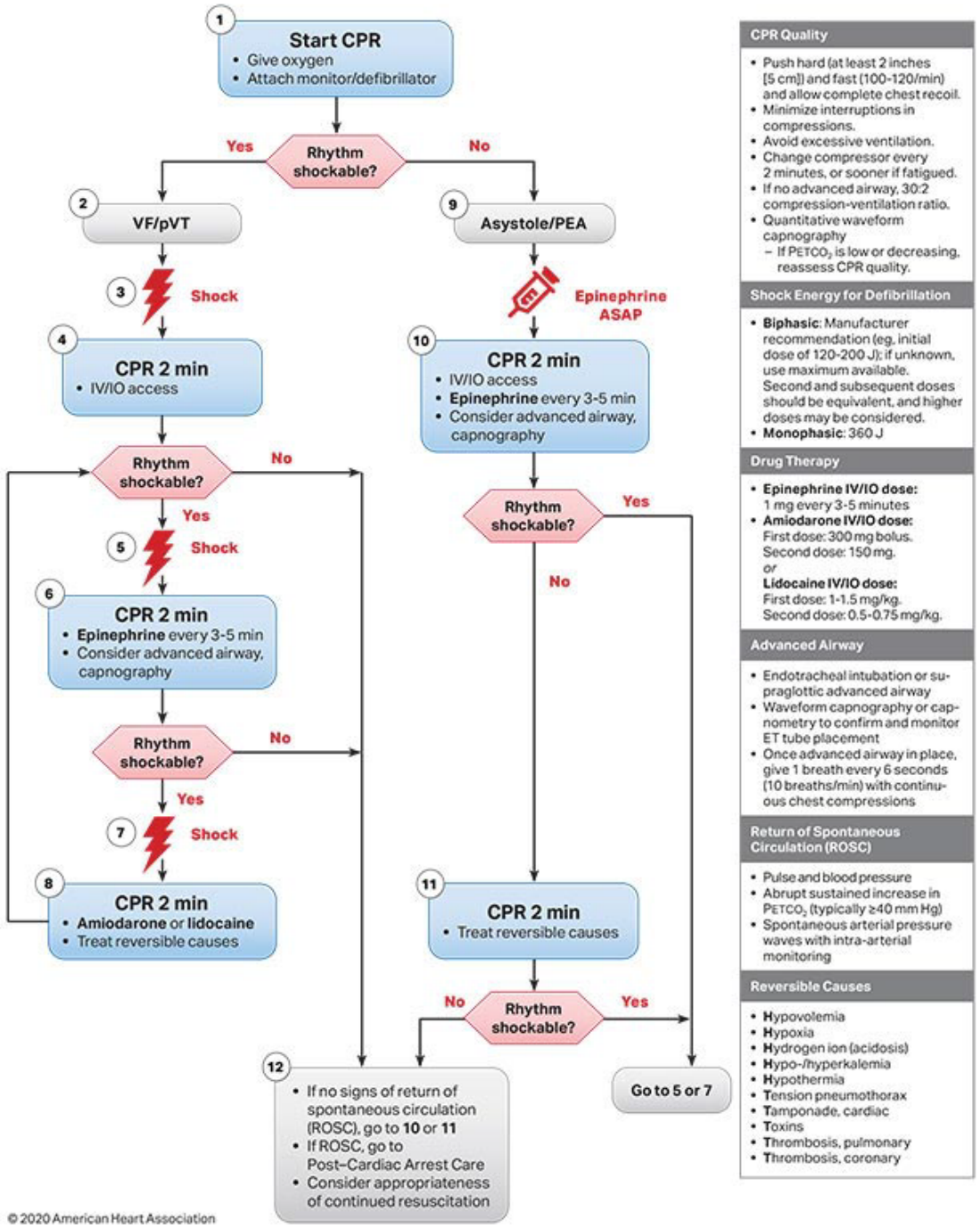
Adult Cardiac Arrest Algorithm



Specific interventions and sequencing for cardiac arrest in adults due to ventricular fibrillation, paroxysmal ventricular tachycardia, asystole, pulseless electrical activity

Part 3: Adult basic and advanced life support. cpr.heart.org. (2020). https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines/adult-basic-and-advanced-life-support
Figure 3. Adult Cardiac Arrest Algorithm. CPR indicates cardiopulmonary resuscitation; ET, endotracheal; IO, intraosseous; IV, intravenous; PEA, pulseless electrical activity; pVT, pulseless ventricular tachycardia; and VF, ventricular fibrillation.

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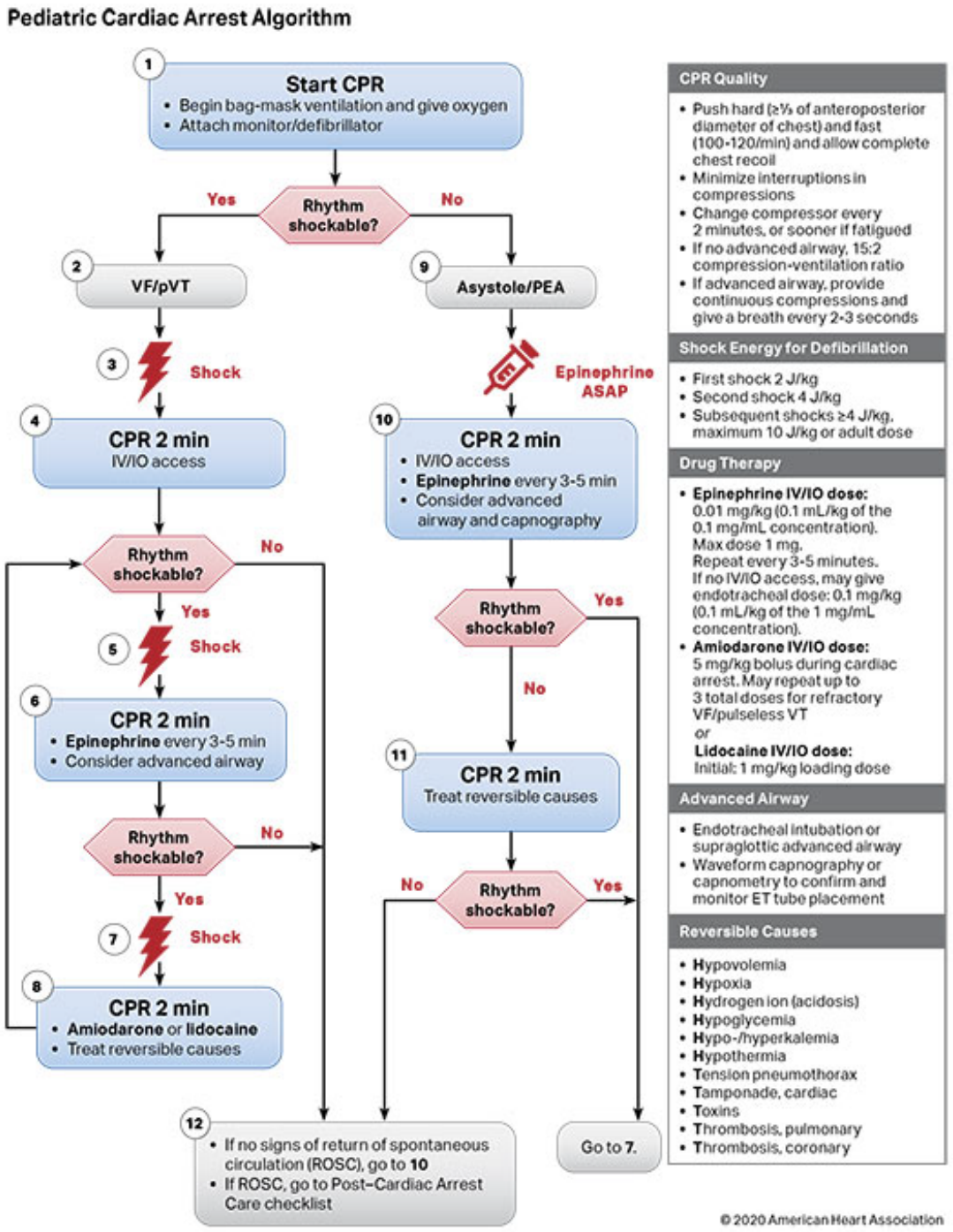
Pediatric Cardiac Arrest Algorithm



Part 4: Pediatric basic and advanced life support. cpr.heart.org. (2020). https://cpr.heart.org/en/resuscitation-science/cpr-and-ecc-guidelines/pediatric-basic-and-advanced-life-support
Figure 7. Pediatric Cardiac Arrest Algorithm. ASAP indicates as soon as possible. CPR indicates cardiopulmonary resuscitation; ET, endotracheal; IO, intraosseous; IV, intravenous; PEA, pulseless electrical activity; pVT, pulseless ventricular tachycardia; and VF, ventricular fibrillation.

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Role of Chest Compressions in CPR

Chest compressions are the most critical component of CPR

Compressions + Defibrillation:

- "Deliver shocks with **minimal interruption to chest compression**, and minimize the pre-shock and post-shock pause. This is achieved by **continuing chest compressions during defibrillator charging**, delivering defibrillation with an **interruption in chest compressions of less than 5 s** and then **immediately resuming chest compressions**."
- "**Immediately resume chest compressions** after shock delivery."
- "Use single shocks where indicated, followed by a 2 min cycle of chest compressions."

Compressions + Airway and ventilation:

- "Aim for **less than a 5 s interruption in chest compression** for tracheal intubation."
- "Once a tracheal tube or a supraglottic airway has been inserted, ventilate the lungs at a rate of 10 min-1 and **continue chest compressions without pausing** during ventilations."

Compressions + Resuscitative medications:

- "If a person wants antiarrhythmic drugs but no chest compressions then the drugs are injected but are not circulated and thus they give no benefit to the patient."

- *Soar, J., Berg, K. M., Anderson, L. W., Bottiger, B. W., Cacciola, S., Callaway, C. W., Couper, K., Cronberg, T., D'Arrigo, S., Deakin, C. D., Donnino, M. W., Drennan, I. R., Granfeldt, A., Hoedemaekers, C. W. E., Holmberg, M. J., Hsu, C. H., Kamps, M., Musiol, S., Nation, K. J., … Nolan, J. P. (2020, October). Adult Advanced Life Support: 2020 international consensus on … Resuscitation Journal. https://www.resuscitationjournal.com/article/S0300-9572(20)30460-3/fulltext*
- *Elmer, J. (2024, January). Advanced cardiac life support (ACLS) in adults. UpToDate. https://www.uptodate.com/contents/advanced-cardiac-life-support-acls-in-adults*
- *Soar, J., Bottiger, B. W., Carli, P., Couper, K., Deakin, C. D., Djarv, T., Lott, C., Olasveengen, T., Paal, P., Pellis, T., Perkins, G. D., Sandroni, C., & Nolan, J. P. (2021, March). European Resuscitation Council guidelines 2021: Adult Advanced … Resuscitation Journal. https://www.resuscitationjournal.com/article/S0300-9572(21)00063-0/fulltext*
- *Clark, P. (2021, February 10). Death Education: An Educational Approach to Death and Dying. Journal of Healthcare Ethics & Administration. https://www.jheaonline.org/pdf/clark_jhea.1.171627.pdf*
- *Appendix IV – Chapter 4: Do Not Resuscitate Orders, Living wills/Advanced Directives & Durable Powers of Attorney for Health Care*

Code Status Definitions

Full Code Status

- All life-sustaining measures should be attempted to resuscitate the patient, such as chest compressions, intubation, defibrillation, and resuscitative medications

Do Not Resuscitate Code Status

- Cardiopulmonary resuscitation should **not** be performed

Do Not Intubate Code Status

- A patient does not want to receive endotracheal intubation in the event of a medical emergency, such as cardiac or respiratory arrest

Limited/Partial Code Status

- Based on the patient's anticipated need for resuscitation ("tailored" approach)
- Limited literature available
- May imply:
    - "Interventions [can] be individually declined by patients/surrogates."
    - "Only certain procedures will be done, such as allowing for chest compressions and antiarrhythmic drugs (to prevent or relieve cardiac arrhythmia) but no endotracheal intubation or mechanical ventilation."
    - "The DNR is limited NOT to take one or more of the following steps/actions as requested by the patient: withhold antiarrhythmics, withhold IV vasoactive drugs, withhold defibrillation/cardioversion, withhold chest compression, withhold ventilation by mask, withhold endotracheal intubation, withhold mechanical ventilation, withhold other CPR measures."

- *Bhatia, H. L., Patel, N. R., Choma, N. N., Grande, J., Giuse, D. A., & Lehmann, C. U. (2015, February). Code status and resuscitation options in the electronic health record. Resuscitation Journal. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4293350/*
- *Sanders, A., Schepp, M., & Baird, M. (2011, January). Partial do-not-resuscitate orders: A hazard to patient... : Critical care medicine. LWW. https://journals.lww.com/ccmjournal/abstract/2011/01000/partial_do_not_resuscitate_orders__a_hazard_to.3.aspx*
- *Clark, P. (2021, February 10). Death Education: An Educational Approach to Death and Dying. Journal of Healthcare Ethics & Administration. https://www.jheaonline.org/pdf/clark_jhea.1.171627.pdf Appendix IV – Chapter 4: Do Not Resuscitate Orders, Living wills/Advanced Directives & Durable Powers of Attorney for Health Care*
- *Clark, P. (2021, February 10). Death Education: An Educational Approach to Death and Dying. Journal of Healthcare Ethics & Administration. https://www.jheaonline.org/pdf/clark_jhea.1.171627.pdf Appendix C: Sample DNR Order Sheet that would allow for a Limited Code Status*
- *Stevenson, E. K., Mehter, H. M., Walkey, A. J., & Wiener, R. S. (2017, April). Association between do not resuscitate/do not intubate status and resident physician decision-making. A national survey. Annals of the American Thoracic Society. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5427717/*
- *Wilson, M. E., Mittal, A., Karki, B., Dobler, C. C., Wahab, A., Curtis, J. R., Erwin, P. J., Majzoub, A. M., Montori, V. M., Gajic, O., & Murad, M. H. (2020, January). Do-not-intubate orders in patients with acute respiratory failure: A systematic review and meta-analysis. Intensive care medicine. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7223954/*

Do Not Resuscitate vs. Limited/Partial Code

DNR Order	Example
Chest compressions	No
Defibrillation / Cardioversion	No
Intubation / Re-intubation at the time of arrest	No
Resuscitative medications	No
Other	n/a

Limited/Partial Code Order	Example 1	Example 2	Example 3
Chest compressions	No	Yes	No
Defibrillation / Cardioversion	Yes	Yes	No
Intubation / Re-intubation at the time of arrest	Yes	No	No
Resuscitative medications	Yes	Yes	Yes
Other			Will still accept intubation for respiratory failure in a non code setting

Conclusions

Barriers related to Limited/Partial Code Status

- Patients:
  - Misunderstanding the meaning and scope of a Do Not Resuscitate order
  - Desire to avoid complications from chest compressions or prolonged mechanical ventilation
  - Impossible for patient/surrogate to anticipate all possible pre-arrest and arrest scenarios
- Clinicians:
  - Advanced Cardiovascular Life Support (ACLS) guidelines dictate specific interventions for cardiac arrest, performed in a specific sequence
  - Principle of Futility; tension between adherence to ACLS guidelines and upholding patient wishes
  - Respecting patient autonomy in making decisions

There are currently no ICD-10-CM codes specific to Limited/Partial Code Status

- Underrepresentation of code status and details of CPR and chest compressions
- Higher mortality compared to patients who elect a Full Code status

Outcomes of new ICD-10-CM codes

- Improved representation, analysis, and tracking of these code statuses
- Identify populations at risk for increased mortality
- Initiate further discussions between clinicians and patients/surrogates
  - Understanding of ACLS guidelines
  - Increased clarity of treatment goals and prevent inadvertent deprivation of other indicated treatments, besides CPR
  - Empower patients or surrogates in advanced care planning decision-making