Promote the Signing Rate of DNR With Palliative Family Conferences

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Purpose:

The purpose of this study was to evaluate the effects of the Palliative Family counseling of patients and their family caregivers with signing DNR rate and satisfaction in the end of life.

Both patients and their family caregivers difficult to choice behalf of persons with end of life. Common decisions include resuscitation, tube feeding, treatment of infections, and hospital transfer. Families report limited communication and support for these choices.

Methods:

The study was a single-blind cluster randomized trial of the Palliative Family counseling intervention compared with an attention control. Fifty patient–family caregiver dyads were recruited from consult palliative team in north local medical hospital. Patients and family caregiver dyads were randomly assigned to an experimental group and received the Palliative Family counseling; the comparison group received only the usual meeting. Outcome measurements included signing DNR rate and satisfaction from patient 'and family caregivers' self-reports. Data were gathered while they consult palliative team from 60 minutes for pre-test and until they discharge or death for post-test. A linear mixed model was used to analyse. Family decision makers provided written informed consent for themselves and end of life patient with family decision makers. Family decision makers were compensated for their participation. From April 2015 to September 2017 we enrolled dyads of persons with end of life and family decision makers.

Results: The scores of signing DNR rate among family caregivers have significantly in the experimental group. The scores of satisfaction of patient–family caregiver dyads were significantly diminished in the experimental group after the Palliative Family counseling compared to the comparison group. There were significantly improved signing DNR rate and satisfaction in the experimental group than in the comparison group.

Conclusion:

The Palliative Family counseling promotes successful transition in end of life to enhance family caregivers’ signing DNR rate and satisfaction, thus the Palliative Family counseling can to promotes signing DNR rate and satisfaction in end of life.
Abstract Summary:
In critical or terminal diseases, the communication between patients, their families and medical teams are often insufficient. Family meetings serve an important role in medical communication. The result showed that after palliative family conferences have significantly. (p < .05)

Content Outline:
The purpose of this study was to promote communication between patients, their families and medical teams. So we would like to promote the introduction of a family counseling session to promote the implementation of non-cardiopulmonary resuscitation (Do not resuscitation; DNR) in the end of life.

January, 2007 to April, 2008. SPSS for Windows 20.0 was used to analyze the data. The results of the study showed that most 48 (96.0%) of the 50 patients provided informed consent of do-not-resuscitate (DNR) orders.

The family meeting, what was meant to be a peaceful indication of "no cardiopulmonary resuscitation", clarification of family questions, Family members more clearly signed the "no implementation of cardiopulmonary resuscitation" meaning, an increase of four families signed to enhance the life of the dignity and quality of life.

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References:


Any relevant financial relationships? Yes

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Signed on 10/31/2017 by Chang Yu Min