AAST PALLIATIVE CARE COMMITTEE

DIFFICULT ISSUES SURROUNDING THE NEURO-DEVASTATED PATIENT: A PRIMER FOR SURGEONS

PROGNOSTIC UNCERTAINTY

- GCS helps predict mortality but is less useful for understanding long-term functional and cognitive outcomes.
- IMPACT and CRASH TBI models were developed to help with prognostication, but one should use caution when applying results to individual patients.
- ACS TQIP Guidelines and Neurocritical Care Society recommend aggressive medical treatment for at least 72 hours to decrease prognostic uncertainty.

SELF-FULFILLING PROPHECY

- Early limitation of treatment is linked to worse outcomes independent of patient characteristics.
- Early goals of care discussions help avoid life-sustaining interventions which may lead to an undesired life state.
- In cases where devastating head injury is suspected, immediate transition to comfort care may be considered if consistent with family wishes – otherwise consider a time limited trial (see below).

TIME-LIMITED TRIAL (TLT)

- TLT is an approach for early management of severely injured patients that allows for shared decision-making and management of prognostic uncertainty.
- Objectives include deciding what ***specific treatments*** will be implemented for a ***defined time*** to observe for an ***agreed-upon outcome.***
- TLT may decrease LOS and invasive interventions without increasing mortality.

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PALLIATIVE CARE PRIMERS

OLDER ADULTS

- Patients ≥65 years with TBI have worse functional outcomes, more chronic psychosocial and cognitive impairments, and greater overall mortality.
- Frailty predicts unfavorable outcomes after TBI rather than age.
- Comorbid conditions and preexisting functional status impact outcomes after TBI in older patients. Discussion with surrogate decision makers (SDM) and advance directives help guide treatment.

PALLIATIVE CARE

- Patients require palliative care assessment (identify SDM and advance directives, provide information and support to family, and address urgent decision-making needs) and screening for palliative care needs within 24 hours.
- Clinicians should be familiar with goal setting, code status discussions, family meetings, and spiritual support services.
- Palliative Care consultation is recommended for complex transitions of care, conflicts in the family or care team, and end of life decisions. Consider Palliative Care consultation prior to tracheostomy/PEG.
- Palliative Care should be utilized regardless of race or socioeconomic status to help mitigate disparities in decision-making.

FAMILY SUPPORT

- Early, frequent, and consistent communication about patient status, including prognostic uncertainty, is valued by families.
- A family meeting, ideally multidisciplinary, should take place within 72 hours, and then continue to regularly provide updates.
- Recommend early organ procurement organization (OPO) notification for severe TBI cases.

WHERE TO HANG:

- Surgeon Lounge
- OR Locker Room
- Resident Workroom
- ICU Workroom

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