The Mock No-Code: Cases and Resources for Professionals in Pediatric ICUs (FR469-A)
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Objectives
- Anticipate areas of potential distress in patients, families, and the other team members.
- Recognize, assess, and treat symptoms of suffering and distress in the patient in ways that are effective, safe, and ethical.
- Articulate the advantages and disadvantages of different modes of withdrawal and nonescalation of life support.
- Use language and specific phrases that can help frame care decisions in ways that are helpful to patients and families.
- Adapt the learning tools for use in your own institution.

Background: In the last decade most children’s hospital deaths occur in intensive care units following orders to limit resuscitative efforts. Although physicians and nurses in pediatric ICUs are usually required to be certified in pediatric advanced life support, these professionals are less likely to participate in a “code blue” event than they are to be involved in caring for a child whose death is anticipated or will follow a planned withdrawal of care. Training for these expected pediatric ICU deaths is not required and rarely standardized in most children’s hospitals. This innovation addresses these gaps in training.

Methods: Each “Mock No-Code” begins with a case discussion that will highlight two or more learning objectives. A pocket card (downloadable to a smart phone) with algorithms and evidence-based guidelines is reviewed. The facilitator ensures that equal attention in end-of-life situations is placed on “what to be ready to SAY” as on “what to be ready to do.”

Results: Pilot data indicate that participation in this training increases confidence and lowers anxiety of both nurses and physicians. Physicians and nurses find the pocket card to be a useful resource when dealing with end-of-life care.

Discussion: The materials presented in this session can be adapted for use in any ICU. Sessions to highlight objectives can range in time from 20 to 40 minutes.

Conclusion: Increasing staff preparedness for anticipated pediatric deaths in children’s ICUs should be an important part of ongoing training. The Mock No-Code can be an important part of this curriculum.