

the procedure. Two of the five patients who had a CSD had no change in CSL, but three had a modified code status after the CSD. Of those, only one (4%) had a documented plan to reinstate the CSL after procedure. Therefore, a total of three patients were deemed compliant with guidelines for CSLs in this study.

Conclusions

Documentation for patients with terminal disease and undergoing VGT placement as a palliative measure reflected poor compliance with professional guidelines. More than two-thirds lacked the required CSD, and 40% of those with documentation were incomplete. These findings were consistent with similar studies investigating DNR orders and documentation of discussions with patients preoperatively. With the increasing frequency of palliative procedures, all providers need to be prepared to discuss and document the patient's desires regarding resuscitative efforts. Moreover, the Joint Commission and other professional organizations need to offer broader standards for DNR management to support hospitals, providers, and patients.

PeriAnesthesia Nursing Implications

Perianesthesia nurses work in procedural settings all over the world. Whether as the sedation nurse

or one of several providers caring for patients with CSLs, the perianesthesia nurse should be prepared to manage these patients' needs. In addition to direct care, perianesthesia nurses as members of hospital committees and specialist organizations can be the voice to bring this issue to the forefront.

Nurses play a key role in assuring patients, full opportunity to make informed decisions, and code status during a procedure is no different. Once compliance guidelines are in place—from national accrediting agencies to individual hospitals—provider education will be ongoing. Perhaps, the electronic health records can offer mechanisms for assuring these critical discussions take place and get documented.

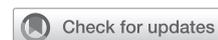
Importantly, the American Society of PeriAnesthesia Nurses initially addressed this issue in 1996 and most recently revised the position statement in 2015.¹ Their promotion of specific instructions for members is commendable and delivers instructions consistent with those cited in this article. As ASPAN clearly detailed, we are the providers who interact with these patients and have integral connections with other providers. Most importantly, our ethical duty as patient advocates demands we take action. Let us all make sure we are consistently following our principles.

Reference

1. American Society of PeriAnesthesia Nurses. Position statement 1: A position statement on the perianesthesia patient

with a do-not-resuscitate advance directive. Available at: <http://www.aspan.org/Clinical-Practice/Position-Statements>; 2019. Accessed February 27, 2019.

Erratum



In the continuing education article, "Pediatric Emergence Delirium: A Case Study," (2019;34:469-475), the third author's name should be spelled Michael McLaughlin.