

## Abstract

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End of Life Care decision as Role of Rapid response system

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### Objectives:

We aimed to find out whether it was appropriate to recommend the end of life care (EOLC) decision to the patients who were thought intensive care would benefit little in rapid response system (RRS) screening.

### Methods:

We studied whether the patients made a choice of the EOLC as our RRS team recommended it between January 1, 2017 and December 31, 2018. The age, diagnosis, duration from our recommendation to patient's decision and duration from our recommendation to death were investigated.

### Results:

A total of 57 patients were enrolled in the study. 49(86.0%) of them made a choice of EOLC. There were 36(73.4%) cancer patients in EOLC choice group. The mean duration from our recommendation to patient's decision was 1.31 days. 43 (87.7%) of the EOLC choice group (n=49) died in the hospital and the mean duration from our recommendation to death was 4.56 days. However, 3(6.1%) of the EOLC choice group were transferred to intensive care unit.

### Conclusions:

We have observed that a significant percentage of patients who not expected to benefit from intensive care made the choice of EOLC after our recommendation. The suggestions of our rapid response team's EOLC decision are thought to provide own doctors or patients (or family) the opportunity to start discussing it.