

Intubation and DNAR/DNI Practices in Elderly Patients Dying Early from Severe Infection

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Background

A gap in sepsis guidelines

Guidelines for severe infection and sepsis **do not define indications for intubation**, nor address **DNAR/DNI orders** — leaving a critical end-of-life decision largely unguided.



Methods

Single-center case-control study

Retrospective case-control study of patients **aged ≥65** who died within **48 hours** of admission with severe infection, assessing rates and links between intubation and DNAR/DNI orders.

304

patients included

29.9%

underwent tracheal intubation

14.5%

had pre-existing DNAR/DNI orders

71.1%

received new orders within 48h



Study cohort

86.95±7.74

years old mean age

6.58±1.75

mean CCI
Charlson Comorbidity Index

9.68±3.56

mean Norton score

2.09±2.06

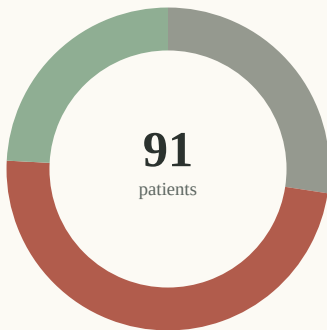
hospitalizations in the past year

High comorbidity, low functional reserve



Timing of end-of-life (EoL) discussions

Among intubated patients (n = 91)



- 48.4% (n = 44)
Discussion held only **after** intubation
- 24.2% (n = 22)
Discussion held **before** intubation
- 27.4% (n = 25)
No documented discussion at all

12.2%

of patients with a DNAR/DNI order made during the admission were **still intubated**.

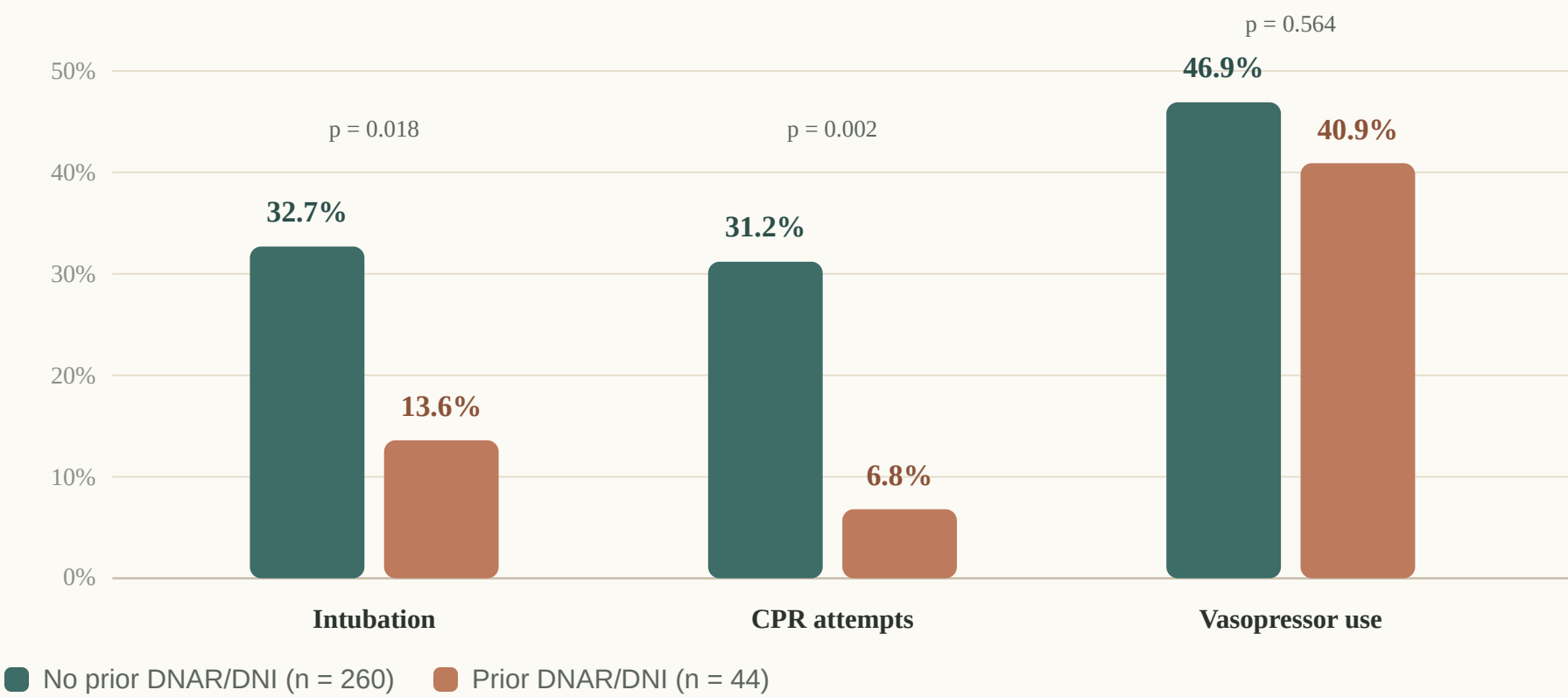
18.1%

had **no recorded end-of-life discussion** at any point during care.



Results — clinical interventions

Prior DNAR/DNI orders tracked with fewer interventions



Conclusions

Earlier conversations, better-documented care

Pre-existing DNAR/DNI orders were **rare despite a high comorbidity burden**. Most patients had visited the emergency department within the preceding year — a missed opportunity for earlier goals-of-care conversations. Existing orders were associated with lower intubation rates but were **inconsistently followed**, particularly in the prehospital setting, underscoring the need for earlier, better-documented communication of end-of-life preferences across care settings.