

# Palliative Care Resources

Caring for those affected by COVID-10  
North Memorial Palliative Care Team  
April 28, 2020



# Learnings so far

End of life care in the context of COVID-19

# Symptom management

- Commonly observed symptoms
  - Tachypnea, dyspnea
  - Tachycardia
  - Hypoxia
- Often more intense symptoms with rapid escalation of symptom burden at end of life
- Many are responsive to usual starting doses of comfort meds
- BUT many others require much higher/aggressive dosing of comfort meds, including initiation of continuous drips

# Symptom management

- Dyspnea/air hunger is of course the biggest risk
  - Opioids remain first line for management of air hunger
  - Keeping the room temp cool, vigilant secretion management (ie IV robinul, SL levsin), and O2 titrated to comfort level remain standard of care
  - Benzodiazepines are second-line if above interventions are ineffective
  - COVID patients commonly require a combination of all of the above
  - Bedside fans are being avoided in COVID positive rooms

# Conversations

- Families really struggling with restricted visiting and are needing a lot more support as they make difficult decisions for their loved ones (both COVID positive AND those who do not have COVID)
  - Allow families to express frustration and fear
  - Consider the following: “I wish I could let you visit, I understand how important it is. I wish things were different. We can help you connect electronically”
  - Communicate and provide regular updates as much as possible

# Conversations

- Wording matters, attempt to be consistent as possible
  - Consider “withdrawal of technology” or “withdrawing life-sustaining treatment” rather than “withdrawing *care*”
  - If a patient is dying, it is important to use this verbiage. “Passing away”, “gone”, “not going to make it” can be perceived as vague and confusing
  - “I wish things were different” “I wish I had the treatment available to make this better”
  - Talk about what *will* be done rather than focusing on what will be withdrawn “we will continue to care for your loved one” “we will focus our care on treating symptoms”



# Conversations

- Plan ahead
  - A pt who appears stable now should be asked what interventions they would or would not want should their condition deteriorate (again, because we are seeing cases of sudden, rapid decline)
  - Have a plan in place ahead of time as much as possible
  - Many patients and families report it is reassuring to have a plan in place

# Tools and Resources

# Symptom Management Resources

- Utilize comfort care order sets for end of life care and for initial med/dosing guidelines for symptom management
  - Standard comfort care order set (includes medications, doses, nursing treatments):
    - Order sets > comfort care > NM end of life/comfort care
  - Compassionate extubation specific:
    - Order sets > comfort care > sys withdrawal of life sustaining treatment

# Resources and Tools

- Center to Advance Palliative Care (CAPC)
  - <https://www.capc.org/toolkits/covid-19-response-resources/>
  - Recommended resource pertaining to end of life care, communication/goals of care conversations, and symptom management
  - Applicable to inpatient setting
  - Video examples and conversation scripts for multiple scenarios
  - Symptom management online CMEs are being offered for free
    - Dyspnea, opioid prescribing, nausea/vomiting, etc

# Resources and Tools

- VITALtalk (also accessible via CAPC toolkit)
  - <https://www.vitaltalk.org/covid-resources/>
  - VITALtalk tips app also available for iOS and Android
  - Communication Playbook with quick references for communication/verbiage (see attachment)
- Serious Illness Conversation Project
  - <https://covid19.ariadnelabs.org/2020/04/15/serious-illness-care-program-covid-19-response-toolkit/>
  - Video examples and conversation guides
- Respecting Choices
  - <https://respectingchoices.org/covid-19-resources/>
  - Tends to be more applicable to outpatient Advance Care Planning conversations

# Resources and Tools

- Of particular use:
  - Vent withdrawal shared decision-making script (see attachment)
    - For use when a patient is dying despite critical care support
  - Pocket card honoring previously determined goals of care
    - For use in conversations with someone who has established healthcare directive and/or POLST
  - Symptom and Communication Pocket Care (see attached)
    - Quick symptom reference guide focused on dyspnea
    - Quick conversation guide

# Palliative Care Referral Criteria

# Palliative Care Referral Criteria

- In addition to typical circumstances and consults, consider referral for any of the following:
  - Pre-existing palliative care or hospice patient
  - Symptoms refractory to usual symptom management protocols
  - On ventilator support
  - Difficult-to-manage emotional symptoms
  - Patient, family, or provider uncertainty re: prognosis
  - Patient, family, or provider uncertainty re: non-beneficial treatment options
  - Patient or family psychological or spiritual/existential distress
  - Patient or family request

# Palliative Care Referral

- Please do not hesitate to call or page for questions, additional assistance, and support
- (763)581-4260 office
- Page via amion