COVID-19 Challenges: Palliative Care, Communication, and End-of-Life in a Pandemic
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THE CORONAVIRUS CRISIS

Patients Dying Fast, And Far From Family, Challenge Practice Of Palliative Care

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What COVID-19 isolation means for patients' end-of-life experience

Mackenzie Bean - Tuesday, March 17th, 2020 Print | Email

IDEAS • COVID-19

It's Time to Get Serious About End-of-Life Care for High-Risk Coronavirus Patients
Objectives

• Case presentation
• Highlight challenges faced in providing palliative care and end-of-life care to critically ill patients with COVID-19
• Identify strategies to address these challenges
• Discuss available resources
Case

- 83yoM with history of HTN, diabetes, prolonged hospitalization 1 year ago for gallstone pancreatitis
- Presents to the hospital with 1 week of shortness of breath, fevers, and fatigue
- On exam, mild respiratory distress. Oxygen 82%, Placed on 5L NC
- COVID +
Case Continued...

• Shortly after arrival, becomes more altered with increasing oxygen requirements, on maximal HFNC
• Chart review: DNR/DNI after prolonged ICU stay last year
• Wife unable to come into the ED
• After conversation over the phone decides to reverse DNR/DNI, and wants the team to proceed with intubation
ICU Course

- Refractory hypoxemia requiring proning and paralytics
- Renal failure → CRRT
- Refractory shock
- Ventilator-associated pneumonia
- DVT
Communication Strategy

- Automatic palliative care team involvement for all ICU patients
- Daily phone updates to wife and sons by both ICU and palliative care teams
- Daily use of iPad by RN or chaplain for family to see/talk to patient
- High family anxiety about unknowns of COVID-19 and potential therapies
• 2 weeks into ICU stay, develops fungemia and worsening shock
• After multiple discussions with family, decision is made to focus on comfort
• Per hospital policy, 2 family members are allowed in the room in appropriate PPE for patient’s passing
• Remains on vent in SBT mode with alarms turned off to avoid disconnecting ventilator resulting in aerosolization
Challenges

Communication

High morbidity/mortality

Resource Utilization

End-of-Life (for non-COVID patients too!)

Safety of patients, staff, families
Challenges

Communication

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Safety of patients, staff, families
To provide goal-concordant care, elicit goals **early**

Providing care that does not align with values:
- harms the patient
- puts healthcare workers at risk
- utilizes resources unnecessarily

These discussions can start during outpatient telemedicine visits
Advance Care Planning: Informed Assent

The Importance of Addressing Advance Care Planning and Decisions About Do-Not-Resuscitate Orders During Novel Coronavirus 2019 (COVID-19)

Curtis J, Kross E, Stapleton R
2. Discuss cardiopulmonary resuscitation (CPR)
   • Briefly describe CPR explaining how, when, and why it is performed
     “We want to be sure we are taking the best possible care of your mother, so I would like to talk to you about CPR.”

3. Summarize the role of CPR
   • Provide a personalized explanation about the lack of ability of CPR to achieve the previously assessed patient goals
     “Given what you have told me about your mother and her goals, CPR will not help her reach her goals.”

4. Present a definitive assent statement
   • Inform the patient or the patient’s family that CPR will not be offered
     “Since CPR will not work to achieve your mother’s goals in this situation, we do not provide it.”

5. Assess understanding and allow for objection
   • Discuss the patient’s or family’s understanding of the assent statement, the decisions made, and any objections they may have
     “I want to make sure you understand. Do you have any questions?”
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Comments
Challenges

- Communication
- High morbidity/mortality
- Resource Utilization
- End-of-Life (for non-COVID patients too!)
- Safety of patients, staff, families
Patients can decompensate rapidly

Early conversations are important!

Risk of more severe disease in older patients with comorbidities

Be honest about uncertainty, but trust your clinical experience

High Morbidity + Mortality

FIGURE 2. Coronavirus disease 2019 (COVID-19) hospitalizations,* intensive care unit (ICU) admissions,† and deaths,§ by age group — United States, February 12–March 16, 2020

https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm#F2_down
Challenges

- Communication
- High morbidity/mortality
- **Resource Utilization**
- End-of-Life (for non-COVID patients too!)
- Safety of patients, staff, families
Resource Utilization

• PPE
• Healthcare workers
  • Palliative care teams
  • Chaplains
  • Social workers
• Prolonged recovery and rehabilitation
• Technology aids for communication
  • iPads
  • Baby monitors
Comments
Challenges

- Communication
- High morbidity/mortality
- Resource Utilization
- End-of-Life (for non-COVID patients too!)
- Safety of patients, staff, families
End-of-Life

• Visitation protocols (COVID and non-COVID)

• Discuss risk with family members, offer alternatives to being in person

• Extubating is an aerosolizing procedure
  • Keep vent connected to simulate spontaneous breathing while minimizing discomfort

• Symptom management—plan ahead
Comments
Challenges

Communication
High morbidity/mortality
Resource Utilization
End-of-Life (for non-COVID patients too!)

Safety of patients, staff, families
COVID Ready Communication Playbook

What's Inside

- Comments and Feedback
- PDF Downloads (Multiple Languages)
Deciding

WHEN THINGS AREN’T GOING WELL, GOALS OF CARE, CODE STATUS

I want everything possible. I want to live.

We are doing everything we can. This is a tough situation. Could we step back for a moment so I can learn more about you? **What do I need to know about you to do a better job taking care of you?**

I don’t think my spouse would have wanted this.

Well, let’s pause and talk about what they would have wanted. Can you tell me what they considered most important in their life? **What meant the most to them, gave their life meaning?**

I don’t want to end up being a vegetable or on a machine.

Thank you, it is very important for me to know that. **Can you say more about what you mean?**
Creating a Palliative Care Inpatient Response Plan for COVID-19—The UW Medicine Experience

James Fausto, MD, MHA, Lianne Hirano, MD, Daniel Lam, MD, Amisha Mehta, MD, Blair Mills, MHA, Darrell Owens, DNP, MSN, MSHA, Elizabeth Perry, MSW, and J. Randall Curtis, MD, MPH
Resources: Planning/Utilization

Specialty Palliative Care: COVID Crisis Service Design
Last Updated: April 1, 2020
Flowchart with service recommendations by setting and patient palliative care teams to provide support to colleagues across the clinic. Clinicians should check with their institution's legal counsel to ensure state laws as well as institutional protocols.

Download

Palliative Care Referral Criteria: COVID-19 Context
Last Updated: April 15, 2020
When to refer patients with COVID-19 or pre-existing serious illness.

Download
Questions/Comments?