Penn Medicine

Penn Medicine Palliative Care

Palliative and End-of-life Care in COVID-19

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April 16, 2020

Objectives

- Review the challenges facing palliative and end-of-life care during COVID-19 and the observed impact on patients, families, and clinicians
- Discuss strategies for solutions
- Share communication and symptom management resources
- Q & A

Definitions

Palliative care *is specialized medical care for people living with serious illness, appropriate at any age or disease stage. It focuses on providing relief from physical symptoms, psychosocial and spiritual distress, and aligning goals with care during the course of illness. The goal is to reduce suffering and improve quality of life for both the patient and the family.*

Primary palliative care *refers to the basic skills of all clinicians*

Specialty palliative care *refers to advanced skills of subspecialists*

Hospice *is palliative care focused on comfort in the final stages of life.*

World Health Organization

capc Center to Advance Palliative Care™

Challenges to palliative care best practices during COVID-19

Challenges	Impacts	Strategies
Reduced clinician presence at bedside*	• Physical exam, symptom assessments • Emotional support • Serious illness conversations	• Multidisciplinary collaboration; technology • Virtual support (pastoral care, SW, students) • Technology solutions
Reduced family presence at bedside*	• Communication, serious illness conversations • Collaboration, shared decision-making • Dying & death experience	• Technology solutions; expert scripts • Routine family engagement; student visits • Visitor exception; pastoral care & SW
Contagion/Stigma and isolation	• Psychosocial and existential distress • Non-invasive respiratory support • Palliative extubation	• Increased access to pastoral care, SW • DNI oxygen escalation pathway; “helmet” • Terminal wean protocol
Acuity of disease/Public discourse	• Prognostication • Disease understanding • Serious illness conversations	• Set expectations early; elicit goals & values • Early and often goals of care conversations • COVID-specific expert scripts
End-of-life care*	• Place of death, family presence • Family’s grief; post-mortem procedures • Staff well-being	• Hospice accessibility, visitor exception • Grief & counseling resources • Wellness initiatives (Cobalt, Penn Together)
Resource shortages* (palliative care specialists, opioids, PPE)	• Palliative care consultation • Symptom management • Serious illness conversations	• On-site and virtual • Alternative Rx pathways; long-pump tubing • Training non-specialists; expert scripts

*Affects all patients, regardless of COVID status

'A Heart-Wrenching Thing': Hospital Bans on Visits Devastate Families

IN THIS TOGETHER

Born into a pandemic: A new father missed the birth of his twins; now he and his wife can't visit them

Penn Medicine
Hospital of the University of Pennsylvania

To our patients and visitors:

During the current COVID-19 (Coronavirus) outbreak, Penn Medicine is working to protect the health and safety of our communities. This includes all our patients, visitors, and staff. Penn Medicine is following the advice of the CDC and the Pennsylvania and New Jersey Departments of Health. As a result, patients in Penn Medicine hospitals and buildings ***cannot have visitors or family members present at this time***, except under special circumstances. These include:

- Patients nearing the end of life, including patients with COVID-19
- Patients in Neonatal Intensive Care
- Pediatric patients
- Labor/delivery and post-partum
- Outpatients who are unable to complete the visit on their own, such as people unable to navigate to and from the clinic location without assistance from a family member

For these special circumstances only, one person may be present. This person must be over the age of 18. Visitors must complete health screening procedures before entering. They must be willing to undergo health monitoring while in the building. They must not move around the building. Visitors may not leave and return. Additional instructions for visitors will be given by Penn Medicine staff.

Any visitor who is sick or who may have been exposed to COVID-19 may not enter any Penn Medicine hospital or building for any reason.

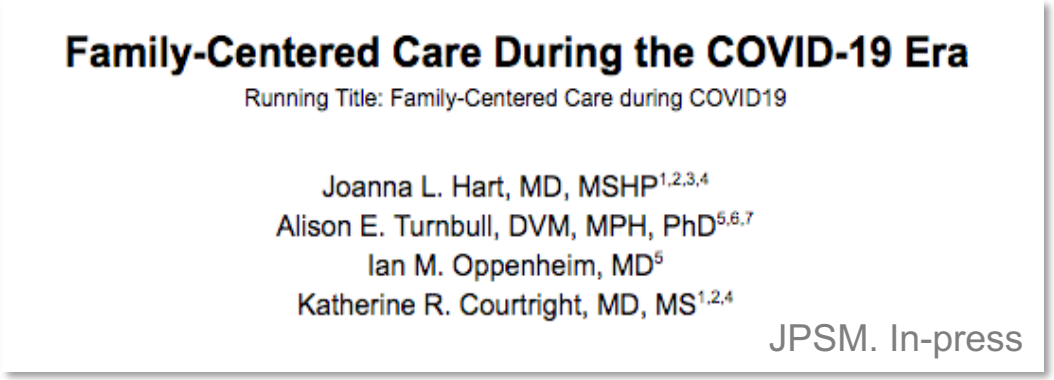
Penn Medicine understands how important it is to have family and loved ones close and supporting care efforts. This is especially true during this stressful time for our patients and families. We encourage families to stay involved even when not in the building. Please find more information on resources and programs available to patients and families at **PennMedicine.org/Coronavirus** and on the back of this page.

Ethics of Outbreaks Position Statement. Part 2: Family-Centered Care

Thomas J. Papadimos, MD, MPH[1,2]; Evadne G. Marcolini, MD[3]; Mehrnaz Hadian, MD[4]; George E. Hardart, MD[5]; Nicholas Ward, MD[6]; Mitchell M. Levy, MD[7]; Stanislaw P. Stawicki, MD, MBA[8]; Judy E. Davidson, DNP, RN[9]

CCM. 2018.

- Honestly disclose unknown/uncertainty
- Describe how decisions are being made
- Increase patient/family communication
- Be sensitive to families' self-protective behaviors
- Assess and support family coping
- Create a program of family-centered care (include palliative care, ethics, behavioral health, pastoral care, social services)



Family-Centered Care During the COVID-19 Era

Running Title: Family-Centered Care during COVID19

Joanna L. Hart, MD, MSHP[1,2,3,4]
Alison E. Turnbull, DVM, MPH, PhD[5,6,7]
Ian M. Oppenheim, MD[5]
Katherine R. Courtright, MD, MS[1,2,4]

JPSM. In-press

Barrier	Mitigation
Family spokesperson or healthcare proxy unavailable during daytime hours	• Do not limit telecommunication strategies to daytime hours • Utilize night coverage to continue seamless family communication
Family members without internet access or device capable of videoconferencing	• Engage using telephone and teleconferencing • Provide a hospital-issued phone with free calling to patients at all times • Provide the family with resources for low-cost or free internet programs, if available • Describe visual scene, care provided, and patient behavior in more detail to family
Patient without device capable of videoconferencing	• Provide patients with access to videoconferencing via a hospital-owned device (e.g., equip a workstation on wheels with a camera and videoconferencing platform software or use tablets) • Encourage and facilitate family delivery of device to the hospital for patient use if available
Family members do not speak the same primary language as clinical team	• Access translation services during video- or teleconferencing
Family members or patient have limited technological literacy	• Provide instructions for use of the preferred videoconferencing platform tailored to all technological literacy levels • Teach the use of the preferred platform for videoconferencing • Engage using telephone and teleconferencing
Patient lacks communication aids such as glasses or hearing aids	• Facilitate delivery of essential items from the family to the patient

VIRTUAL PATIENT VISIT GUIDE

For Family Members and Caregivers

IN RESPONSE TO COVID-19, visitation to the hospital is restricted.

We want to keep you informed about the status of your loved one in the hospital during this time using video conferencing with the medical team. We are recommending the use of **BLUEJEANS**, an application that will allow you to communicate with your loved one and medical team by phone or computer.

Someone from the medical team will be in touch with you about a regular schedule of communication using BlueJeans.
You will receive an email to access the BlueJeans meeting prior to your scheduled virtual conversation.

SET UP BLUEJEANS VIDEOCONFERENCE

Follow the directions below to set up your access to BlueJeans.
You do not need to pay anything for this.

Note that the BlueJeans app can be used on a computer, laptop, or smart phone.
If you are new to BlueJeans, test your access and system before any scheduled call.

A. A link will be sent to the point of contact via email

B. Once you receive that email with the link, you can join BlueJeans using a phone, tablet, computer or laptop.

Instructions for downloading using an app for phone or tablet:

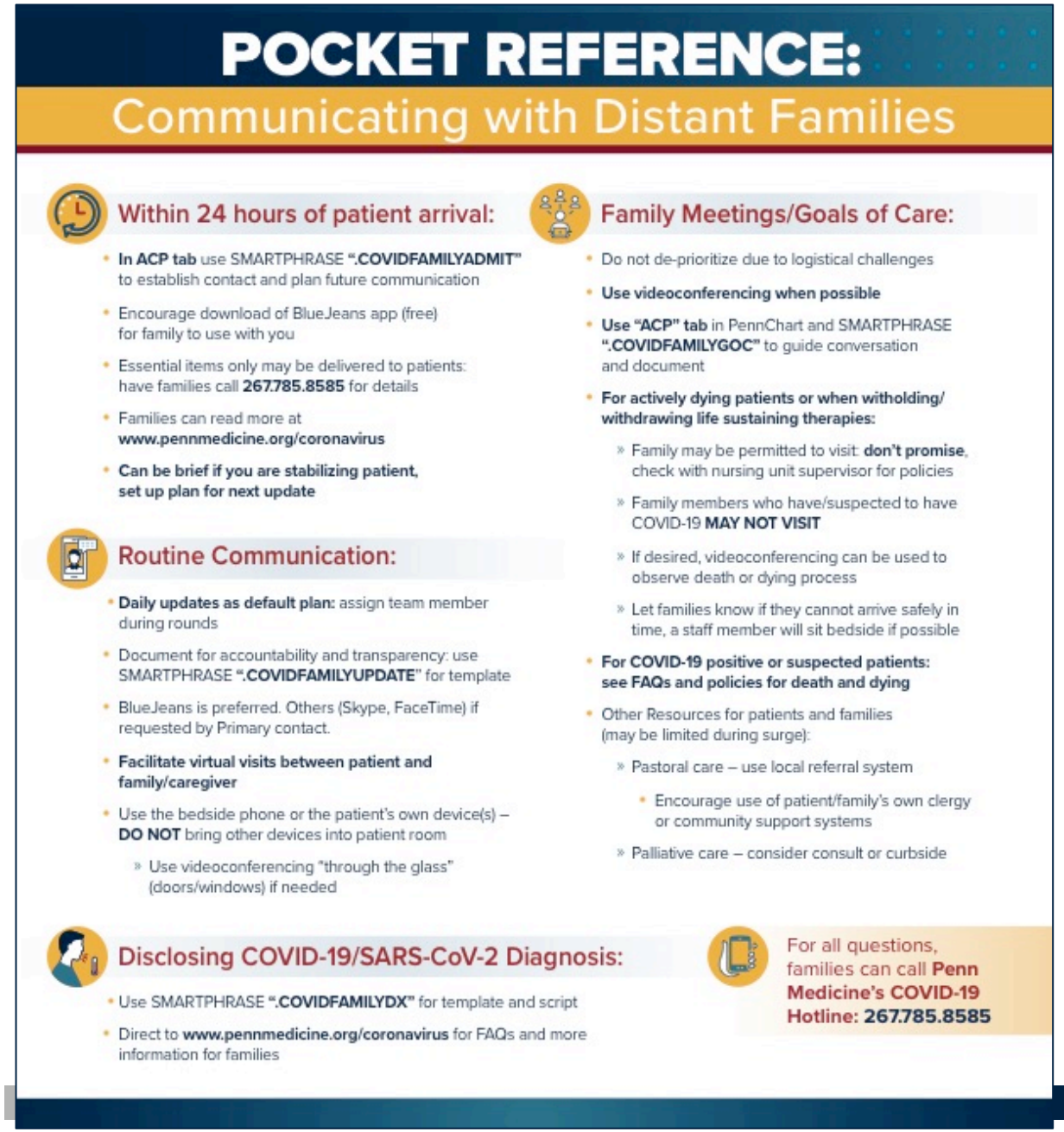
- Download the BlueJeans app from the App Store or go to **https://www.bluejeans.com/downloads** and follow the instructions to set up. Enable camera and microphone.
- Under settings, go to Help.
- In Help, click Join Test Call.
- Say a test phrase to the parrot to confirm your connectivity.

Instructions for downloading using a computer or laptop using web access:

- Go to **upenn.bluejeans.com**
- Follow instructions to set up.
- Enable camera and microphone if you have them (audio-only is an option if no camera)
- Click on Meetings.
- Click on Test Video Setup.
- Click Join Meeting Now.
- Say a test phrase to the parrot to confirm your connectivity.

See reverse side for FAQ about the use of BlueJeans.

For more detailed instructions, go to **PennMedicine.org/Coronavirus.**



UPHS COVID-19 SharePoint "Links"

- Blue Jeans for Patients Desktop/Laptop
- Blue Jeans for Patients-Mobile
- Blue Jeans for Providers Desktop/Laptop
- Blue Jeans for Providers-Mobile
- Vidyo for Desktop/Laptop
- Vidyo Mobile Tutorial

.ICUCHECKLISTCOVID

- Feeding: {BJAFOOD:112484}
- Activity goal for today: {BJAPOEMS:109896}
- Sedation/Analgesia: ***
- Thromboprophylaxis: {BJADVTPPX:102784}
- Hyperoxia: {BJAHYPERO2:113712}
- Ulcer prophylaxis: {BJAGIPPX:102786}
- Glycemic control: ***
- Bowel regimen: ***
- Indwelling devices: {BJALINES:102793}
- Drug de-escalation/Abx stewardship: ***
- **Engagement: *** from ICU team will contact family/POA today; family engaged with patient: {YES-DESCRIBE/NO:25117}**

Patient and family communication smartphrases

Smartphrase	ID	Content
.COVIDFAMILYADMIT	885145 (Facility; User: Hart, J)	For use on admission to the hospital during strict vistation restrictions due to COVID-19 pandemic. Collect information about key contacts and encourage plans for future contact.
.COVIDFAMILYUPDATE	889630 (Facility; User: Hart, J)	For use with daily family updates during periods of restricted visitation.
.COVIDFAMILYDX	885236 (Facility; User: Hart, J)	For use when a patient is diagnosed with COVID-19 and the information is communicated to the family.

Challenges to palliative care best practices during COVID-19

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*Affects all patients, regardless of COVID status

- Pastoral care
- Social work
- Palliative care
- Medical student visits
- Clinician through-the-glass visits, calls
- Anticipate symptoms
- Anticipate discharge challenges

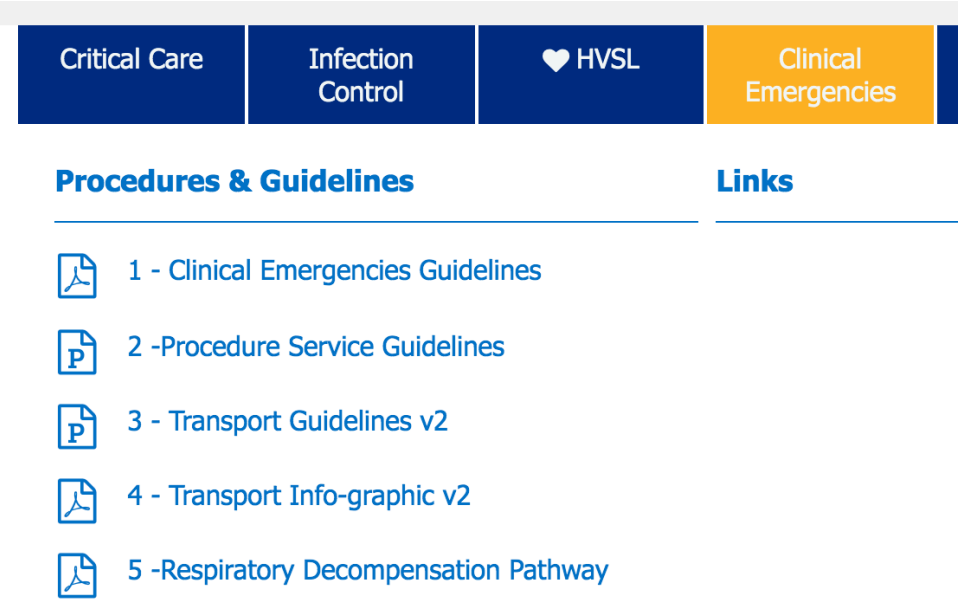
XIV. Psychological Intervention with COVID-19 Patients

1 The psychological stress and symptoms of COVID-19 patients

Confirmed COVID-19 patients often have symptoms such as regret and resentment, loneliness and helplessness, depression, anxiety and phobia, irritation and sleep deprivation. Some patients may have panic attacks. Psychological evaluations in the isolated wards demonstrated that, about 48% of confirmed COVID-19 patients manifested psychological stress during early admission, most of which were from their emotional response to stress. The percentage of delirium is high among the critically ill patients. There is even a report of encephalitis induced by the SARS-CoV-2 leading to psychological symptoms such as unconsciousness and irritability.

Restorative goals with DNAR/DNI limitations

- 83yo F with moderate dementia, stage III CKD, HTN and COVID-19+
  - Rapid response for progressive hypoxia: HFNC 20LPM / FiO2 60% + work of breathing high
  - Virtual family meeting during RRT: goals were hopeful for recovery without invasive interventions



COVID-19 DNR/DNI

Patients with **restorative** goals

Mgmt per table with the following modifications:

HFNC: Flow 10-20 LPM, FiO2 up to 100%
- or-
NRB: Flow 10-12 LPM
-or-
Consider helmet NPPV (usually in ICU)

Do NOT use mask NPPV or intubation

Patients with **comfort measures only** goals

Supplemental O2 via NC up to 6 LPM
Opioid PO or IV PRN first line symptom mgmt

Palliative Extubation in COVID-19

- Two main objectives:
  - (1) Ensure patient (and family) comfort during the dying process (Duty to care)
  - (2) Avoid unnecessary viral exposure to healthcare workers
- If patient obtunded and expected to die shortly after ventilator withdrawal, recommend maintaining ventilator circuit with minimal support
- If patient awake, recommend standard palliative extubation procedures
- If ventilators are scarce, recommend standard palliative extubation procedures

Pre-procedure

- Code status: DNAR, DNI
- Order “comfort measures only” in the Comfort Care Order Set
- Make arrangements to have 1 family visitor who will be screened at hospital entry
- Prepare family for anticipated prognosis (“*unpredictable, but time will likely be short, minutes to hours*”) follow ventilator de-escalation procedure
- Deactivate defibrillator
- Stop NMB infusions, TOF 4/4
- Discontinue tube feeds, dialysis
- Continue current opioid infusions
- Refer to Comfort Care Penn Pathway for end-of-life symptom management recommendations
- Stop vasoactive infusions prior to ventilator de-escalation procedure
  - Physiologically reduces sensation of symptoms (dyspnea, pain) by reducing central perfusion

Procedure Option #1 – patient obtunded, prognosis is short, vents available

- First, reduce FiO2 to 21% and PEEP to 2, bolusing opioids q10min prn
- Then set ventilator mode to SIMV
  - Set apnea, expiratory Ve and Vt alarms to lowest; set to pressure sensitivity
- Reduce PSV and RR in increments of 2 until at goal settings, bolusing opioids q10min prn
  - SIMV Vt 100cc, RR 1, PSV 0, PEEP 2, FiO2 21%
  - Goal is to effectively mimic spontaneous unassisted breathing; not prolong dying process
- Maintain ventilator settings until patient expires
- Post-mortem: remove ETT according to COVID-19 extubation guidelines
  - Protect morgue and funeral home staff who do not have reliable PPE

Procedure Option #2 – patient awake or vents scarce

- First, reduce FiO2 to 21% and PEEP to 2, bolusing opioids q10min prn
- Then switch vent to PSV 16-20/5
  - Reduce PSV and RR in increments of 2 until at PSV 5/5, bolusing opioids q10min prn
- Remove ETT according to COVID-19 standard extubation guidelines
- Post-mortem: remove ETT according to COVID-19 extubation guidelines
  - Protect morgue and funeral home staff who do not have reliable PPE

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Visitor policy exception at end-of-life


‘I’m Sorry I Can’t Kiss You’—Coronavirus Victims Are Dying Alone

A brutal hallmark of the pandemic is the way it isolates victims in their final moments

“***Patients nearing the end of life, including those with COVID-19***”

- Bedside attending assessment of “final hours of life”
  - Unit RN manager + Medical director
  - Appeal to CMO/CNO

- Independent of code status, COVID status

- 1 visitor (screened), 1 visit, no overnight

- Ongoing challenges: variable application of policy across units and hospitals, misinformation

Staff caring for dying patients

'I Cried Multiple Times': Now Doctors Are the Ones Saying Goodbye

Doctors find themselves in the wrenching position of arranging conversations between critically ill coronavirus patients and family members.

- Daily PACC well-being check-in (availability app)
- PACC Self-Care Tip Sheet
- Penn Medicine Together
- PennCOBALT
- Staff support: Penn Medicine Together blog (Jody Foster, Aliza Narva), Jessie Jarmon

Hospice options during COVID-19 *as of 4/09/20

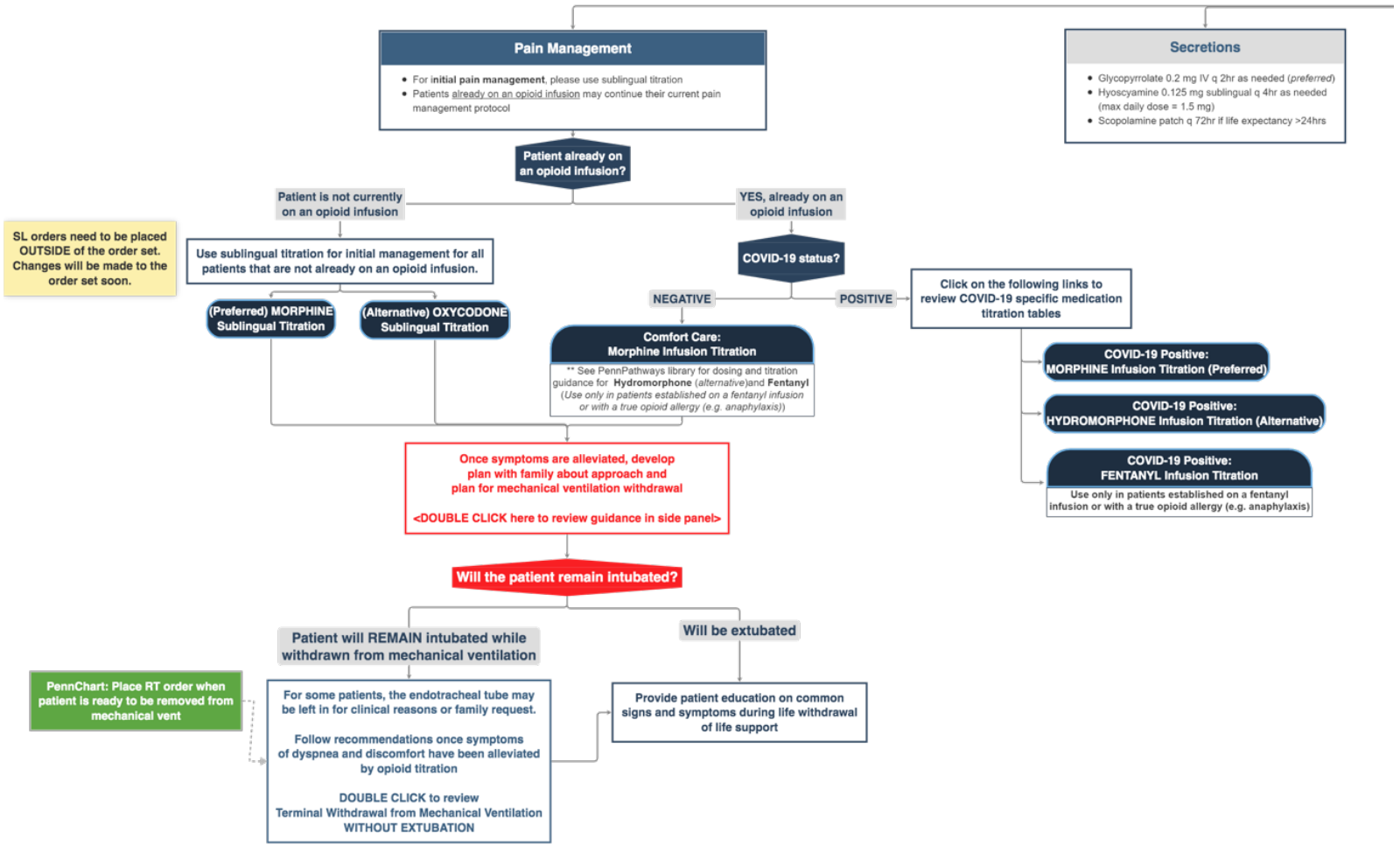
	COVID-19 Negative	COVID-19 Positive
Home Hospice	Yes	Yes
Hospice in the Hospital (GIP)	Yes	Yes
Hospice in the Nursing Home	Yes	Yes
Inpatient Hospice Units	Yes and highly encouraged to transfer patients out of hospital	Contact hospice to discuss

Dorsata Pathway for Comfort Care Symptom Management

Clinical Emergencies | Anesthesiology | Palliative Care

Links

- Comfort Care Dorsata Pathway
- COVID VitalTalk Communication Resources
- COVID-19 Serious Illness Care Program ToolKit
- Our Care Wishes Advance Directive



Grief and crisis resources for families

Pennsylvania Hospice and Palliative Care Network Bereavement Locator (PHPCN): https://www.pahospice.org/Public/Bereavement_Locator/Public/Bereavement_Locator.aspx?hkey=256dfb60-b6ac-4c36-bab7-44600e63fcc9

Bereavement support outside of Pennsylvania: Visit https://www.nhpco.org/find-a-care-provider/ Email phpcn@pahospice.org or call the PHPCN office at 717-533-4002 or Toll Free- 1-866-55-Hospice.

Penn Medicine Hospice Bereavement: (610) 617-2400 https://www.pennmedicine.org/for-patients-and-visitors/find-a-program-or-service/penn-medicine-at-home/bereavement-services

COVID-19 Loss Support Group providing a space to gather, offer connection in the midst of deep isolation, honoring the beautiful lives lost during this immeasurably difficult time. Thursdays, 1-2:30pm on Zoom. For more information or to participate, please contact Emma Pile, LMSW. Emma.Pile001@sphp.com 518-948-4306.

Eluna supporting children and families experiencing grief and loss. https://elunanetwork.org/about/ Many resources including recommended books, websites, and local support around the country.

AfterTalk online grief resources (**extensive list of grief resources-including those for children and by nature of loss,** space for sharing memories with loved ones, a blog, helpful articles, Q&A with grief expert, Dr. Robert Niemeyer, and **a private platform to write to deceased loved ones**.) www.aftertalk.com

Grief.com grief website with resources and free online Facebook group by **David Kessler, international grief expert**. https://grief.com/ www.Facebook.com/groups/DavidKessler https://davidkessler.org/

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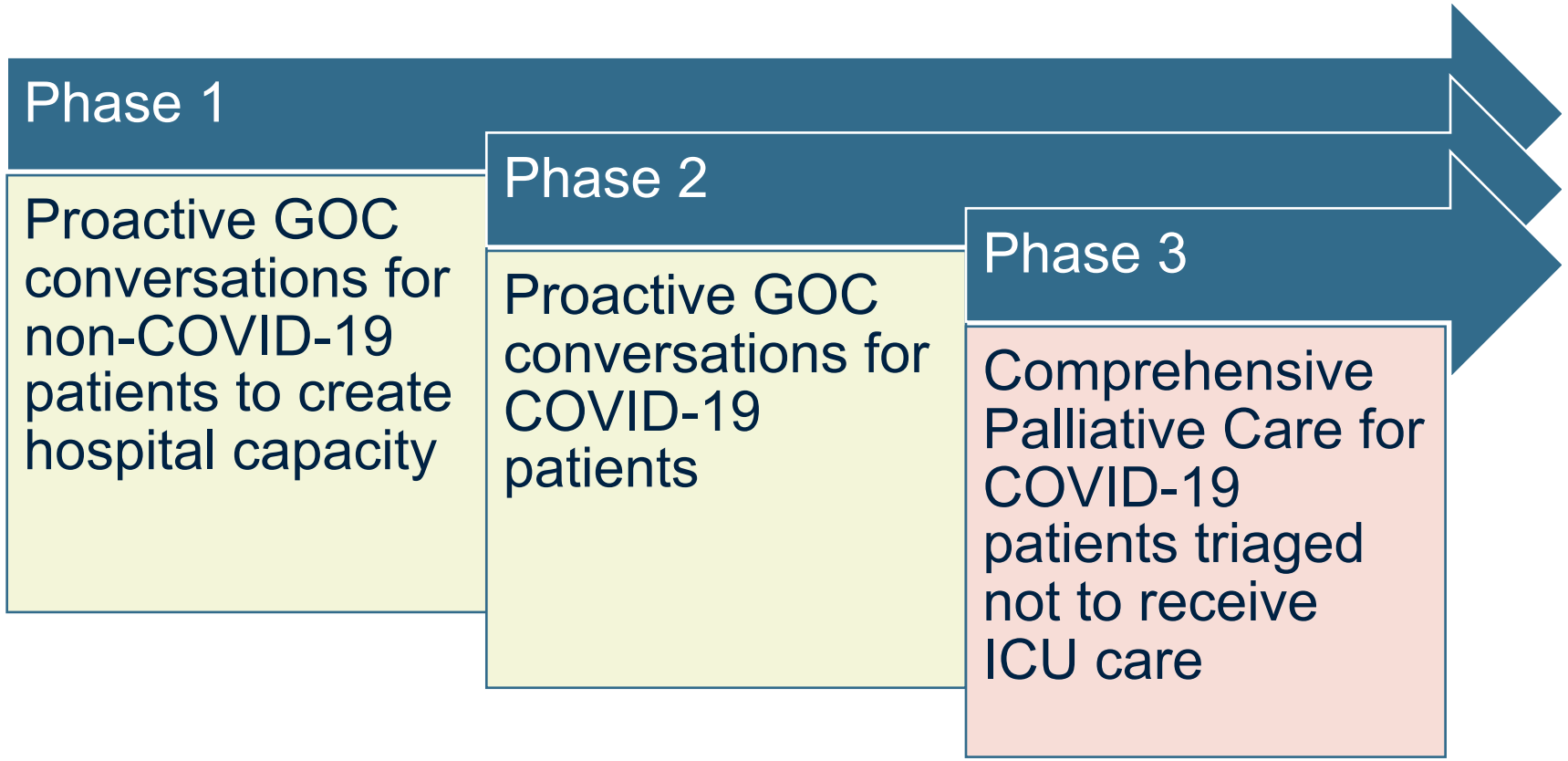
UPHS Hospital-based palliative care consult resources are limited

- HUP: 2-3 MD, 2 APP, 2 SW, 1 spiritual care provider → rotating home-hospital during COVID-19
- PPMC: 1 MD, 1 APP, 1 SW
- PAH: 1 MD, 2 APP
- CCH: 1 MD
- PMPC: 1MD, 2 APP
- LGH: ?

"There's no easy way I can tell you this, so I'm sending you to someone who can."

Phases of Palliative Care efforts to help avoid critical care triage during crisis



*slide courtesy of Nina O'Connor

Patient and family communication smartphrases

.COVIDFAMGOC	891052 (User: Courtright, K)	Initial Goals of care conversation with family of patient with COVID-19 via teleconference (adapted from VitalTalk COVID)
.COVIDFAMILYGOC	889629 (Facility; User: Hart, J)	For use with initial goals of care conversations conducted by teleconferencing (standard SICP)
.COVIDPROGICU	895145 (User: Courtright, K)	For use when discussing disease understanding, prognosis, code status for CC consult/ICU admission

Deciding

When things aren't going well, goals of care, code status

https://www.vitaltalk.org/guides/covid-19-communication-skills/

What they say	What you say
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?**
I am not sure what my spouse wanted—we never spoke about it.	You know, many people find themselves in the same boat. This is a hard situation. To be honest, given their overall condition now, if we need to put them on a breathing machine or do CPR, they will not make it. The odds are just against us. **My recommendation is that we accept that he will not live much longer and allow him to pass on peacefully**. I suspect that may be hard to hear. What do you think?

VitalTalk Tips – phone app

Download the Serious Illness Care Program's COVID-19 Response Toolkit

The toolkit includes:

Inpatient Resources

Outpatient Resources

Patient Resources

https://www.ariadnelabs.org/coronavirus/clinical-resources/covid-conversations/

COVID-19 Conversation Guide for Inpatient Care

SET UP

This is a difficult and scary time with the coronavirus. I'm hoping we can talk about the upcoming hours and days and what's important to you so we can provide you with the best care. **Is that okay?**

Is there anyone that you would want to join us by phone or video?

ASSESS

What about your health are you **most worried about** right now?

Thank you for sharing that with me.

Can I share some information with you about how this illness might affect you?

SHARE

Many people will recover from this infection. We will do everything we can to help you recover. As you've probably heard, some people get so sick that they do not survive. ***[Pause]***

[If Normal Risk] Because there is some uncertainty about how this illness affects people, we are asking ***everyone*** to share what would be important if they became very sick and couldn't speak for themselves.

[If High Risk] Because of your [high risk condition], if ***you*** get really sick, I worry that the treatments that we can use to try to help people get better, like breathing machines or CPR, are not likely to work or get you back to the quality of life you had before. ***[Pause]*** **This must be hard to hear.**

EXPLORE

What is **most important** for your loved ones and medical team to know if you were to get very sick?

What **abilities** are so important to your life that you can't imagine living without them?

Some people are willing to go through a lot, including being on machines for many weeks, even if there is only a small chance that this could help them survive. Others avoid these treatments to focus primarily on comfort, especially if the medical team thought the treatments wouldn't work or would leave someone unable to do things that are important to them. **How do you think about this?**

If you couldn't speak for yourself, **who do you trust** to make medical decisions for you?

How much do they know about what is important to you?

CLOSE

This can be hard to talk about. I really appreciate your sharing this information with me.

I heard you say that ___ is really important to you. Given what you told me, and what we know about your current health, I would recommend that we… ***[CHOOSE A or B]***

A. **use intensive care if necessary, including CPR or breathing machines**. If something changes to make us worry that these treatments are not likely to work, we will tell you or your [trusted decision maker]. Is that okay?

B. **provide only treatments that we think will be helpful**. This means that we would not do CPR or breathing machines but will provide all other available treatments to help you recover and be comfortable. Is that okay?

We can revisit this at any time. We will do everything we can to help you and your family through this.

CAPC COVID-19 Response Resources

All toolkit resources and online courses have been made publicly available.

View CAPC's COVID-19 FAQ here.

Communication Skills for COVID-19: Patient Dying Despite Critical Care Support

03 30 2020

"Warning Shot" (MD/Provider Updating Family)

Note: this script applies to shared decision-making standards of care, and is not intended for situations where crisis care triage standards apply.

[**Preview "Warning Shot' + Asking Permission**]: "I have some serious news to share with you. Would it be okay if we talk about it?"

[**Headline**]: "In the past few (hours/days) your loved one (has become more ill/has not improved). I am very worried about their chances of recovering. (Allow a pause for family to absorb this information). I wish things were different."

[**State Clearly What You Will Do**] "I want you to know that we will continue to use all available medical treatments that we think will help your loved one recover from this illness. We would like to talk again in (*specify time*), unless s/he has a change in condition sooner.""

If family asks (at this time) for critical care and/or ventilator use to continue:

[**2nd Headline**] "I can see how worried you are. I want to reassure you that today I'm just calling to give you an update on your loved one's condition and my concerns about how they are doing. I want to assure you that we are continuing to support him/her. I should mention that in some cases this illness worsens quite suddenly. We will continue to keep you updated. I would like to call you again later or tomorrow—is that ok?

https://www.capc.org/toolkits/covid-19-response-resources/

VIEWPOINT

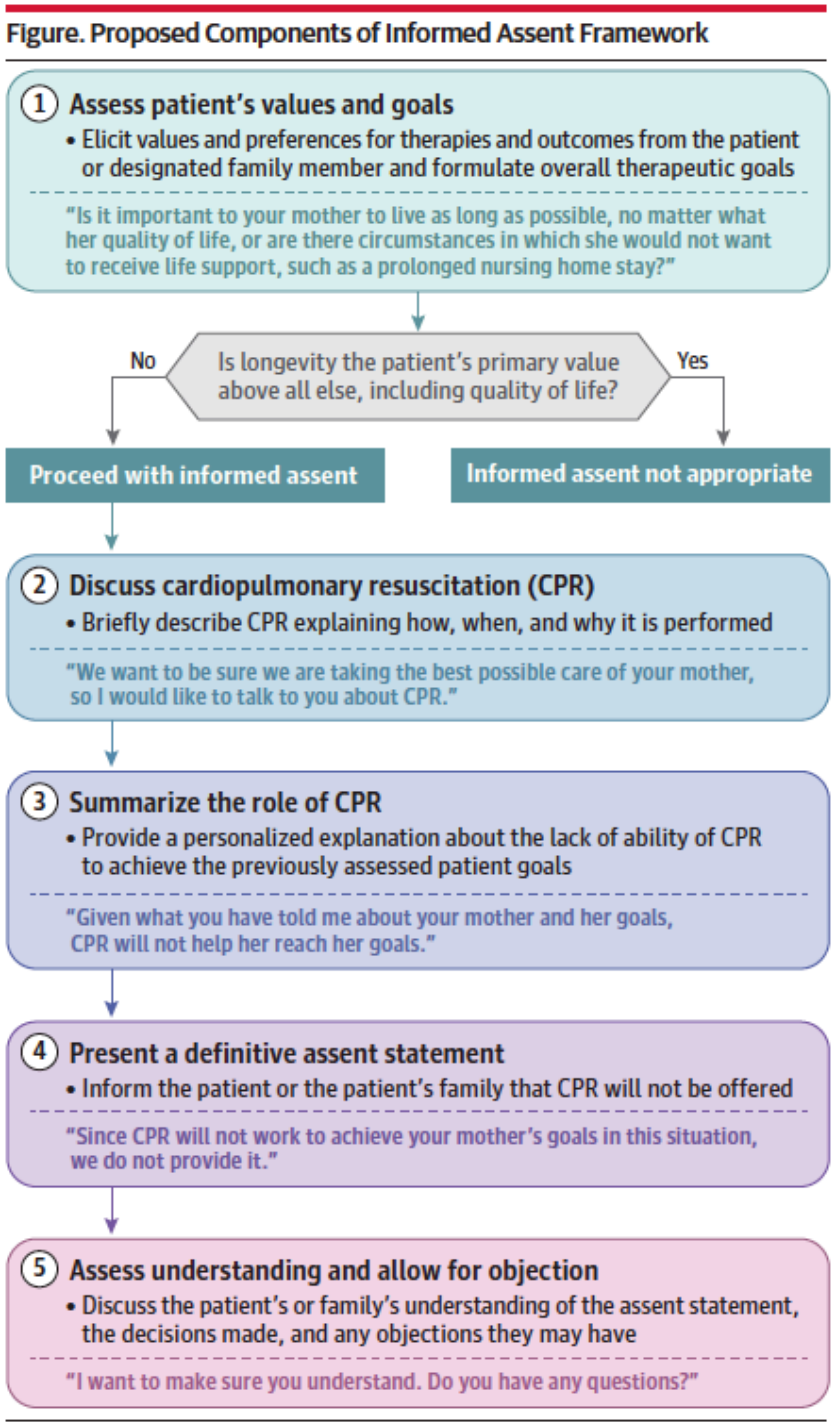
The Importance of Addressing Advance Care Planning and Decisions About Do-Not-Resuscitate Orders During Novel Coronavirus 2019 (COVID-19)

- 3 considerations that may require modification of usual practice during period of crisis

(1) The possibility that CPR may not offer benefit for COVID patients, particularly those with advanced age and comorbidities, and/or with progressive respiratory failure despite maximal levels of invasive mechanical ventilation.

(2) The probability that performing CPR on patients with COVID will increase transmission to healthcare workers, threatening their own well-being and reducing their availability to treat future patients.

(3) The value of making treatment decisions on individualized, case-by-case bases, rather than via blanket withholding of certain treatments from certain groups.



http://pair.upenn.edu/

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HEALTH

COVID-19: The Ethical Anguish of Rationing Medical Care

- Testing
- Beds: ED, hospital, ICU
- Ventilators
- Dialysis machines
- Medications (hydroxychloroquine, opioids, propofol)
- Hospitalists, Intensivists, Palliative care specialists
- And on and on…

National Academy of Medicine
March 5, 2020

Duty to Plan: Health Care, Crisis Standards of Care, and Novel Coronavirus SARS-CoV-2

John L. Hick, MD, Hennepin Healthcare and University of Minnesota; **Dan Hanfling, MD,** In-Q-Tel; **Matthew K. Wynia, MD,** University of Colorado; and **Andrew T. Pavia, MD,** University of Utah

- Key principles
  - Fairness
  - Duty to care
  - Duty to steward resources
  - Transparency
  - Consistency
  - Proportionality
  - Accountability

National Academy of Medicine
March 5, 2020

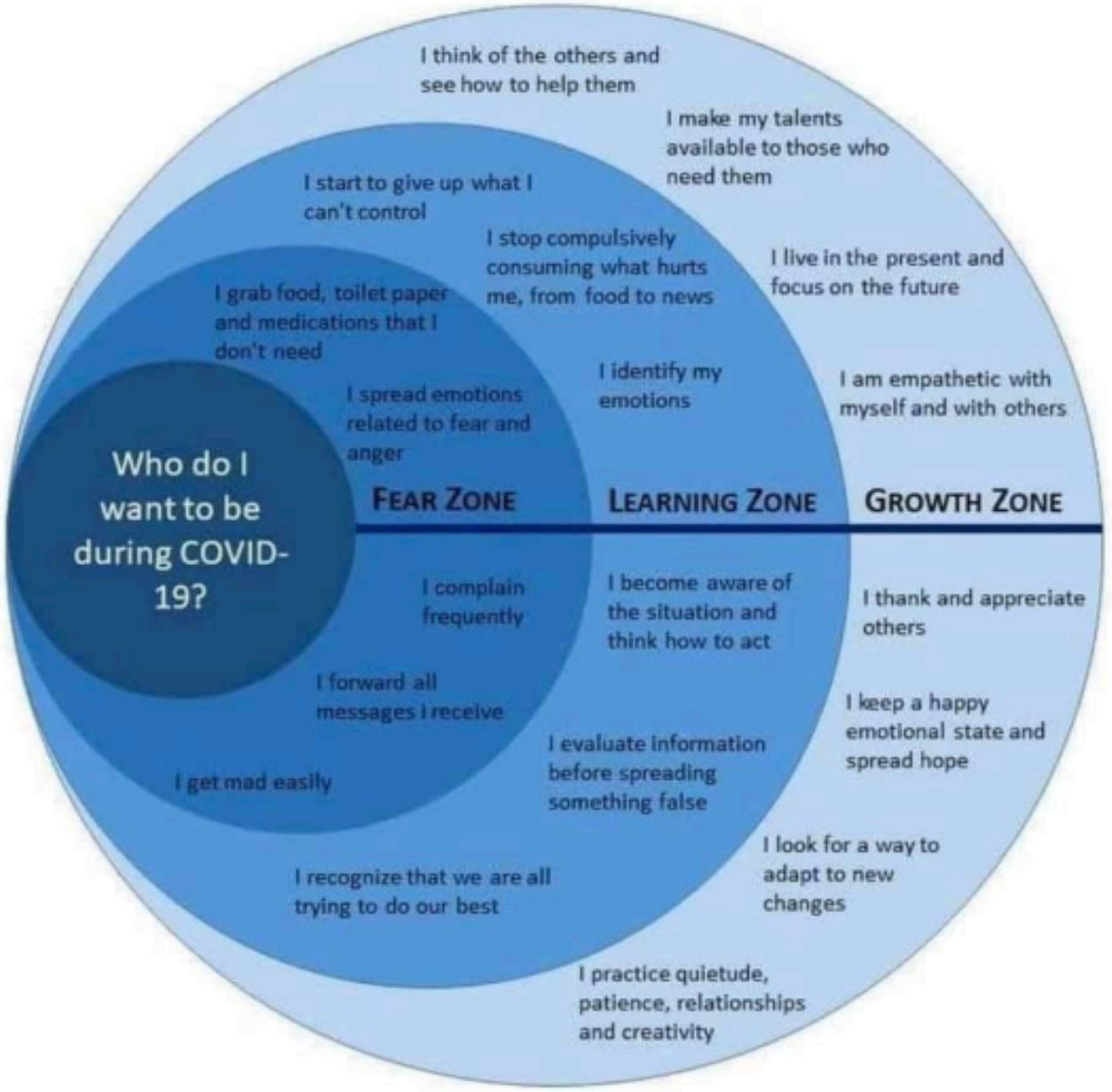
Guidance for allocation of scarce critical care resources

- When demand for critical care resources outstrips supply during a public health emergency

- Shift focus of medical care from “the individual patient to promoting thoughtful use of limited resources for the possible health outcome of the population as a whole.”
  - UPenn Medical Ethics and Health Policy: Ethics, Policy, and COVID-19
  - www.improvinghealthcare.net

- Model framework
  - Does not exclude groups of community members and patients from access
  - Allows priority to go to patients most likely to benefit
  - Grounded in widely-endorsed ethical principles (vetted in communities and by ethicists nationally)
  - Feasible for deployment in chaotic and real-time pressure circumstances
  - https://ccm.pitt.edu/?q=content/model-hospital-policy-allocating-scarce-critical-care-resources-available-online-now

Discussion


I think of the others and see how to help them
I make my talents available to those who need them
I start to give up what I can't control
I stop compulsively consuming what hurts me, from food to news
I live in the present and focus on the future
I grab food, toilet paper and medications that I don't need
I identify my emotions
I am empathetic with myself and with others
I spread emotions related to fear and anger
Who do I want to be during COVID-19?
FEAR ZONE
LEARNING ZONE
GROWTH ZONE
I complain frequently
I become aware of the situation and think how to act
I thank and appreciate others
I forward all messages I receive
I keep a happy emotional state and spread hope
I evaluate information before spreading something false
I get mad easily
I look for a way to adapt to new changes
I recognize that we are all trying to do our best
I practice quietude, patience, relationships and creativity