

Inpatient End-of-Life Guidance for Clinicians: COVID-19 Pandemic

PATIENTS NEAR THE END OF LIFE:

Use the **Comfort Care Order Set** with more information at: [LINK]

Family presence may be physically possible, including for patients with COVID-19

- ONE family member may be at bedside
- **Discuss with the nursing supervisor of the unit**
- May not come and go: one visit when “hours” left of life
- No family members with COVID-19 or with high-risk exposure
- No one under the age of 18



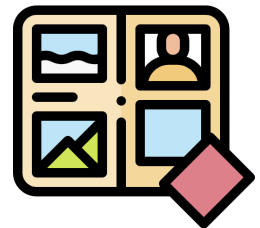
Family presence should always be supported

- **Video- or phone-conferencing** (BlueJeans, FaceTime, etc.)
- Help the patient record **voice or video messages** for their family
- Help the patient write **messages or letters** for their family
- Encourage the patient to share favorite **stories or memories**



For patients who cannot speak or write

- **Describe** the sights, patients’ activities, and the care you are providing to the family
- Share recorded **voice or video messages, songs, or stories** the family prepared for the patient
- **Read** messages or letters from the family to the patient
- Ask the family to share favorite **stories or memories** with you that you can talk about with the patient
- Play the patient’s favorite **music**
- Request **pastoral care** support for prayer (full chaplaincy services may be limited)
- It is appropriate to provide videoconferencing with distanced family members **during or after the death** if they would find that helpful for closure and connection and with the prior permission of the patient (or legal surrogate decision maker)



Encourage the family (and patient, when possible) to keep journals of their thoughts and feelings including:

- Write down their favorite stories or memories
- Collect stories and memories from other people in the patient’s life
- Reflect on the patient’s life and legacy

If family members or patients need help thinking of things they may want to say:

- Please forgive me
- I forgive you
- Thank you
- I love you
- Goodby

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Reassure families:

- that a **hospital team member will sit with their loved one** during the dying process (*as staffing allows*) to avoid “dying alone”
- that the goal is for the patient to be **free from distress** during the dying process, and explain the medications and care you will provide

Options for hospice services:

PENN MEDICINE HOSPICE*	COVID-19 NEGATIVE	COVID-19 POSITIVE/PUI
Home Hospice	Yes	Yes
Hospice in the Hospital	Yes (may have visitation restrictions)	Yes (may have visitation restrictions)
Hospice in the Nursing Home	Maybe – discuss with nursing home (depending on visitation restrictions)	Virtual palliative care program – consult palliative care
Inpatient Hospice Units	Yes – highly encouraged allows for preservation of inpatient resources (may have visitation restrictions)	Maybe, but probably not — discuss with the hospice agency (may have visitation restrictions)

*Hospice policies may change during the COVID-19 period and vary by agency. Please discuss with the hospice agency for details or questions.

Pastoral care support:

<https://www.med.upenn.edu/PennMedicineTogether/spiritual-care/>

Most faith traditions have rituals or blessings for illness and end of life. If a chaplain is available, they can facilitate this. **Call pastoral care on call at the hospital or facility.** If that service is not available or does not meet the patient’s need:

For Orthodox Jewish patients or those who request, Chesed Shel Emes has established a hotline featuring a prerecorded message explaining and reciting Jewish end-of-life prayers. The recording lasts approximately twenty minutes and can be placed on speakerphone: 718-705-4012

For patients who would like an Episcopal priest to offer the "Ministration at the Time of Death" from the *Book of Common Prayer* by telephone: 213-423-3600

Brief blessing for medical staff to offer when chaplain or clergy cannot be present:

We stand and pause in the midst of a pandemic to honor the lives of those who succumb to the virus. Our hearts are heavy with the tragic loss of life around the world. But you are not a statistic. You are a dearly loved person, who is missed and mourned. We pause to honor the efforts of the team who cared for you, for the decision makers who accompanied you, for those who are with you now, and the family and friends who cannot be by your side. We take this pause and honor you. May you have peace. May all who have loved you and cared for you find healing. Amen.

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AFTER A DEATH:

Disclosing a death by phone

1. Ask if they are in a place where they can talk
2. Use the word “dead” or “died” to notify
3. Allow space for silence and emotion
4. Express sadness, validate their feelings
5. Answer questions
6. Sign-post conclusion of the call

Bereavement resources for families

- Hospice agencies will provide bereavement support to families: Use the “Bereavement Locator” link at www.pahospice.org
- Support for children and families: <https://elunanetwork.org/resources/category/childhood-grief/>
- Online grief resources: www.aftertalk.com

Can families have funerals?

Funeral services may be limited during physical/social distancing. Refer them to their funeral home.

Encourage patients/families to think about **how to best honor** the patient after death:

- Have a private (small) service. Consider using videoconferencing or live streaming for all or portions of the service if some loved ones cannot attend
- Record a private (small) service and share selectively with loved ones who could not attend
- Collect written remarks, stories, and memories from family and friends and read them at a service or compile and share
- Use memorialization pages that encourage others to share comments or memories

Death certificate completion for patients with COVID-19 should be done per usual protocol. Deaths as a result of COVID-19 do not need to be automatically referred to the medical examiner. **All deaths due to COVID-19 must also be uploaded to an electronic portal: [LINK]**

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What happens to the body of a patient with COVID-19 after death?

1. The body will be taken to the hospital morgue. Typical respiratory precautions should be used, but there are not additional special procedures needed. More information at: https://www.cdc.gov/coronavirus/2019-ncov/faq.html#anchor_1584390222777
2. There will not be on-site viewings for families at the hospital morgue.
3. **Families should identify and contact a funeral home.** The funeral home will contact the hospital to arrange release of the body. There may be delays.
4. Please contact the morgue and/or pastoral care to discuss any **specific religious requirements** for handling of the body the family requests.