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Palliative care guidance for patients with severe COVID-19

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Learning objectives

1. How to manage breathlessness and anxiety in severe COVID-19
2. How to make a parallel plan for patients who are ill enough that they might die
3. Communication: what words are helpful?

Principle of care in severe COVID-19

Good holistic care early regardless of prognosis



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1. Breathlessness and agitation in severe COVID-19

Continuous infusions

Use **continuous infusions (SC) early** to relieve symptoms at the same time as continuing all other medical treatments.

Example

(from King's College Hospital, London)

For COVID-19 patients with **distressing breathlessness at rest** please consider starting a **continuous subcutaneous infusion** of:

Morphine 10mg + midazolam 10mg SC/24hrs

OR

Fentanyl 100mcg + midazolam 5mg SC/24hrs (in severe renal impairment)

Anticipatory prescribing of 'as required' medications for potential symptoms

Ensuring good symptom control when someone is deteriorating and may die. Prescribe SC meds for:

- Breathlessness
- Anxiety/agitation
- Fever
- Cough
- Nausea/vomiting
- Respiratory secretions
- Delirium



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2. What other things need to already be in place in case in case of rapid deterioration?

Parallel planning – requires good communication skills

- Clarify their preferences for decision-making: “Have they ever told you or written down their preferences for treatments if they have a life-threatening condition”. (Find out if they have they previously legally appointed a surrogate-decision-maker).
- Clarify who is important in their lives: “Who should we be communicating in the event that you are unwell?” Ensure that their names and contact details are recorded clearly.
- Clarify their life priorities: “Knowing what you know now of your situation, is there anything else that would be important to you at this time?” + “Any spiritual needs?”



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3. What words might be helpful?

Some useful phrases

Hope-Worry statements – *“I hope they start to respond to all that we are doing now but I am worried they will continue to deteriorate in spite of our best medical treatments.”*

Sick enough that he/she may die – *“I’m afraid there has been further deterioration and you are /your relative is very seriously ill that he/she may die.”*

Parallel planning – *“We are hoping for the best but it would be wise to start planning for the worst. Knowing the full picture now, what would be important to you/your loved one at this time?”*

Comfort and reassurance - *“We are doing all we can and whichever path this takes, we will do our best to ensure he/she remains comfortable.”*

Looking after yourself and each other

- It's ok not to feel ok
- It's ok to talk to each other about it
- What strategies have worked for you in the past when you were facing a challenging time?

Additional learning resources

1. Coronavirus and the palliative care response. Resources from different countries. European Association for Palliative Care.
(<https://www.eapcnet.eu/publications/coronavirus-and-the-palliative-care-response>)
2. Information leaflets for patients and families/friends. European Lung Foundation.
(<https://www.europeanlung.org/en/news-and-events/news/covid-19-factsheets>)
3. Coronavirus worst case scenario planning educational video series: 6. How to have the conversation about the worst case (*with your patient*). Dr Justin Avery. Helix Centre.
(<https://conversation.helixcentre.com/>)

References

1. S Bajwah, A. Wilcock, R. Towers, M. Costantini, C. Bausewein, S. T. Simon, E. Bendstrup, W. Prentice, M. J. Johnson, D.C Currow, M. Kreuter, A. Uk. Wells, S. S. Birring, P. Edmonds, I.J. Higginson. Managing the supportive care needs of those affected by COVID-19. European Respiratory Journal. Jan 2020, 2000815; DOI: 10.1183/13993003.00815-2020
2. Lovell N, Maddocks M, Etkind SN, Taylor K, Carey I, Vora V, Marsh L, Higginson IJ, Prentice W, Edmonds P, Sleeman KE. Characteristics, symptom management and outcomes of 101 patients with COVID-19 referred for hospital palliative care. Journal of Pain and Symptom Management 2020. DOI: <https://doi.org/10.1016/j.jpainsymman.2020.04.015>
3. Radbruch L, Knaul FM, de Lima L, de Joncheere C, Bhadelia A. The key role of palliative care in response to the COVID-19 tsunami of suffering. Lancet 2020. DOI: [https://doi.org/10.1016/S0140-6736\(20\)30964-8](https://doi.org/10.1016/S0140-6736(20)30964-8)



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Thank you!

Any questions?

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