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
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
2. What other things need to already be in place 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 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?”
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


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


Thank you!

Any questions?

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