

# COVID-19 Preparedness Planning Documents

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# Clinician Guide: Goals of Care Conversation with Non-Medically Frail Individuals with COVID-19

Conversation Structure	Sample Language
Set up conversation.	"I'm very sorry that you have COVID-19. I want to talk to you about how you are feeling."
Assess understanding. Provide education. Identify preferences.	<p>"Tell me what you know about how COVID-19 can affect individuals even when they are healthy."</p> <p>"You are right/Well actually, COVID-19 is a viral illness. There is not a known cure. It can be a mild flu-like illness with fever, sore throat, cough, and muscle soreness. However, some people need to be in the hospital to get oxygen and other medicines. While this is all most healthy people need, we know that even healthy people can get critically ill and develop respiratory failure where you are not able to breathe on your own. If this happens to you, this means going to the ICU. You would have a tube is put in your mouth, down your throat, and into your windpipe. This tube is connected to a breathing machine called a ventilator. The hope would be the ventilator can support your lungs while giving your body time to recover from COVID-19. Would you be okay with this?"</p> <p>If yes, proceed to next box.</p> <p>If no, rephrase "If you develop respiratory failure and choose not to go on a ventilator, you will pass away. We would give you medicines and oxygen to keep you from suffering, but you would die. When you hear this, tell me more about your thoughts."</p>
Identify health care surrogate.	<p>"Tell me who is the person you want the doctors and nurses to communicate with and help make further decisions with us should you not be able to communicate." Get name and phone number of named surrogate.</p> <p>"It would be helpful to complete a form naming this person as a healthcare durable power of attorney (DPOA)."</p> <p>If they do have DPOA, ensure we have copy.</p> <p>If not and is agreeable to complete one, complete one with the patient.</p>
Relay information to surrogate and document wishes.	"I'm going to call and let your surrogate know what we discussed. Is that okay? I'm also going to write it in your medical record, so all the doctors and nurses know what you want should you get sicker from COVID-19 which we all are very much hoping won't be the case."
Offer chaplain support.	"I know this time can be really scary. Our chaplains would like to call and provide support. May I ask a chaplain to call you?"

# Clinician Guide: Goals of Care Conversation with Medically Frail Individuals with COVID-19

Conversation Structure	Sample Language
Set up conversation.	"I'm very sorry that you have COVID-19. I want to talk to you about how you are feeling."
Assess understanding. Provide education.	"Tell me what you know about how COVID-19 is affecting people like yourself that have other serious medical problems or are older." "You are right/Well actually, COVID-19 is a viral illness. There is not a known cure. We know it is particularly serious in patients like you. While it can be a mild flu-like illness with fever, sore throat, cough, and muscle soreness; it can be much more than this. I wish this weren't the case, but I worry you could get sick very quickly and may even be at risk of dying within a short period of time."
Identify preferences for hospitalization if in a community setting.	"There are some people who are ok being in the hospital and getting oxygen and other medicines to support them in the hopes that your body will be able to recover from the viral illness. Would you be okay with this?" If yes, proceed to next box. If no, reflect "I understand. We can always use medicines and oxygen to make sure you aren't uncomfortable. For most people, this will mean using hospice to make sure you aren't suffering."
Discuss medical recommendation about life support and code status. Clarify preferences.	"If you were to get a lot sicker from COVID-19 despite medicines and oxygen, there may come a time when you are not able to breathe on your own. If this happens, unfortunately this means that you will likely die from COVID-19. Going to the ICU and placing you on a life support machine called a ventilator or attempting CPR is very unlikely to help you at that point, so I would recommend not doing those things. What I would recommend is that we use medicines to ensure that you are comfortable and not suffering. Does that make sense?" If yes, proceed to next box. If no, reflect "I understand. There are some people who want to live as long as possible no matter what their life looks like. Is that how you feel?"
Identify health care surrogate.	"Tell me who is the person you want the doctors and nurses to communicate with and help make further decisions with us should you not be able to communicate." Get name and phone number of named surrogate. "It would be helpful to complete a form naming this person as a healthcare durable power of attorney (DPOA)." If they do have DPOA, ensure we have copy. If not and is agreeable to complete one, complete one with the patient.
Relay information to surrogate and document wishes.	"I'm going to call and let your surrogate know what we discussed. Is that okay? I'm also going to write it in your medical record, so all the doctors and nurses know what you want should you get sicker from COVID-19 which we all are very much hoping won't be the case."
Offer chaplain support.	"I know this time can be really scary. Our chaplains would like to call and provide support. May I ask a chaplain to call you?"

# Clinician Guide: Goals of Care Conversation with Medically Frail Individuals without COVID-19

Conversation Structure	Sample Language
Set up conversation.	"I'd like to check-in to see how you're doing during this stressful time of COVID-19. Is that ok?"
Assess understanding. Provide education.	"Tell me what you know about how COVID-19 is affecting people like yourself that have other serious medical problems or are older." "You are right/Well actually, COVID-19 is a viral illness. There is not a known cure. We know it is particularly serious in patients like you. While it can be a mild flu-like illness with fever, sore throat, cough, and muscle soreness; it can be much more than this. I wish this weren't the case, but I worry that if you contract this virus you could get sick very quickly and may even be at risk of dying within a short period of time."
Identify preferences for hospitalization if in a community setting.	"There are some people who develop COVID-19 and are ok being in the hospital and getting oxygen and other medicines to support them in the hopes that your body will be able to recover from the viral illness. Would you be okay with this?" If yes, proceed to next box. If no, reflect "I understand. If you develop COVID-19, we can always use medicines and oxygen to make sure you aren't uncomfortable. For most people, this will mean using hospice to make sure you aren't suffering."
Discuss medical recommendation about life support and code status. Clarify preferences.	"If you were to get a lot sicker from COVID-19 despite medicines and oxygen, there may come a time when you are not able to breathe on your own. If this happens, unfortunately this means that you will likely die from COVID-19. Going to the ICU and placing you on a life support machine called a ventilator or attempting CPR is very unlikely to help you at that point, so I would recommend not doing those things. What I would recommend is that we use medicines to ensure that you are comfortable and not suffering. Does that make sense?" If yes, proceed to next box. If no, reflect "I understand. There are some people who want to live as long as possible no matter what their life looks like. Is that how you feel?"
Identify health care surrogate.	"Tell me who is the person you want the doctors and nurses to communicate with and help make further decisions with us should you not be able to communicate." Get name and phone number of named surrogate. "It would be helpful to complete a form naming this person as a healthcare durable power of attorney (DPOA)." If they do have DPOA, ensure we have copy. If not and is agreeable to complete one, complete one with the patient.
Relay information to surrogate and document wishes.	"I'm going to call and let your surrogate know what we discussed. Is that okay? I'm also going to write it in your medical record, so all the doctors and nurses know what you want should you develop COVID-19 which we all are very much hoping won't be the case."
Offer chaplain support.	"I know this time can be really scary. Our chaplains would like to call and provide support. Would you like a chaplain to call you?"

# Sample Language for Calling Family Whose Loved One is Dying with COVID-19

Conversation Structure	Sample Language
Set up conversation.	"Hello, My name is Dr. _____. I am looking to speak with _____. Are you at home and able to talk right now?"
Provide warning shot and succinct information.	"I need to talk to you because I'm very concerned. I'm very sorry, but it looks like *your loved one* is dying. Unfortunately, we do not have any helpful medical interventions to prevent this from happening. At this point, the best thing to do is to focus our efforts on making sure that *your loved one* is staying as comfortable as possible as they pass away. I will use medicines to make sure he/she is not suffering."
Explore whether or not family wants to see/communicate with patient.	<p>"Some family members want to remember their loved one as being healthy, others want to be able to see or talk to their loved one and be able to say their goodbye." (either in person, video conference, or phone call depending on visitor policy at the time).</p> <p>If they would like to speak with their loved one and a visit is not possible, you can offer zoom conference or even hold phone up to patient's ear. If loved ones aren't sure what to say, you can offer suggestions "I've heard families say 'I love you', 'thank you', or 'good bye'. Those words are very meaningful. Even if *your loved one* can't respond, he/she will be able to recognize your voice."</p> <p>After family communicates their goodbye, "That was so loving. I feel privileged to be part of it."</p>
Offer chaplain support.	"I am so sorry that this is happening. I would like to have a chaplain call you and provide support. Would that be okay?"

# Life Support Decision Aid For Individuals with COVID-19

If you are not able to breathe on your own, there are two options of medical care. For some, going on a ventilator as a form of life support is the right decision. Others would not want to risk being on machines for end-of-life care. If you have other serious medical problems or are older, the likelihood of surviving this illness if you go on a ventilator is low. Talk to your doctor about their recommendations. Talk to your loved ones about your wishes. **Below helps you walk through what each option means.**

What are your options?	Ventilator/Life Support	Comfort Measures
<b>What is it?</b>	A tube is put in your mouth, down your throat, and into your windpipe. This tube is connected to a breathing machine called a ventilator.	Medicines and oxygen to lessen shortness of breath, pain, anxiety, and suffering to allow for a natural death.
<b>What does it do?</b>	Pushes oxygen into your lungs.	It helps with your symptoms. It does not treat your illness.
<b>What are the benefits?</b>	May allow you to recover. May allow you to live longer.	Avoids machines. Helps keep you comfortable as your body is passing away. For some people, this means you are able to be cared for at home by your loved ones and hospice.
<b>What are the short-term burdens?</b>	With the tube down your throat, you cannot speak or swallow. You may need medicine to keep you sedated. You will need to be in the ICU.	Medicines may make you feel drowsy.
<b>What are the long-term burdens?</b>	You may not be able to get off the ventilator. Your health may get worse, other problems may occur, and you may die.	You will die.
<b>Which option best fits with your values?</b>	<b>Your Values</b>	<b>Your Values</b>
	You want the chance to live longer. You are willing to have discomfort and be in the ICU. You are willing to take the chance that your death may be on machines. You accept that your death may be the result of coming off machines if the machines are not able to improve your condition.	You do not want to be on machines at the hospital. You wish to allow a natural death.

Version 1 - 4/1/2020. The University of Kansas Health System – Palliative Medicine. Phone: 913-588-3807, Email: palliativecare@kumc.edu. Adapted from: Respecting Choices.

# Code Status Decision Aid For Individuals with COVID-19

If your heart stops and you are not breathing, there are two options of medical care. We know that for individuals with COVID-19, the likelihood of surviving if your heart stops is extremely low. For most individuals who have other serious medical problems or are older, not attempting CPR is the right medical decision. For individuals that do not have other serious medical problems, attempting CPR might be the right option. Talk to your doctor about their recommendations. Talk to your loved ones about your wishes. **Below helps you walk through what each option means.**

What are your options?	Attempt CPR	Do Not Attempt CPR
<b>What is it?</b>	CPR is done by health care workers and includes: Pushing on your chest (chest compressions) Electric shocks and IV medicines If your heart restarts, a tube is put in your mouth, down your throat, and into your windpipe. This tube is connected to a breathing machine called a ventilator.	CPR is not provided.
<b>What does it do?</b>	Attempts to restart your heart and breathing.	Not providing CPR allows a natural death.
<b>What are the benefits?</b>	CPR may restart your heart and breathing.	Avoids machines.
<b>What are the short-term burdens?</b>	If CPR restarts your heart, you will need to be in the ICU. With the tube down your throat, you cannot speak or swallow. You may need medicine to keep you sedated. You may have pain or broken ribs from chest compressions.  If CPR is not able to restart your heart and breathing, you will die.	You will die.
<b>What are the long-term burdens?</b>	You may not be able to get off the ventilator. You may have mild to severe brain damage. You may never be able to return home.	You will die.
<b>Which option best fits with your values?</b>	<b>Your Values</b>	<b>Your Values</b>
	You want the chance to live longer. You are willing to take the chance that your death may occur even with CPR. You are willing to have discomfort and be in the ICU. You are willing to take the chance that your death may be on machines. You accept that your death may be the result of coming off machines if the machines are not able to improve your condition.	You wish to allow a natural death. You do not want to be on machines at the hospital.

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