# UCSF Division of Palliative Medicine
# One-Page Resource for COVID-19

## General PC interventions for EVERYONE

- Clarify code status and **SURROGATE DECISION MAKER** on admission
- Revisit GOC early and often
- Recommend family meeting within 48 hours of ICU admission/intubation
- Offer age- and comorbidity-based prognosis (ask permission before sharing)

## Symptom management in patients NOT on comfort care

- Dyspnea/cough
  - Non-pharm strategies: supplemental O2 (if hypoxic), positioning (sitting up), fan to face for dyspnea, relaxation exercises/deep breathing (dyspnea is often worsened by anxiety)
  - Use inhalers over nebs if possible (good evidence for equivalence & nebs ↑ exposure risk & required PPE)
  - For mild sx, consider menthol lozenge q2hr PRN, tessalon pearls 200mg TID PRN cough, guaifenesin/codeine 100mg/10mg (5mL) q4hr PRN cough, though data is weak/lacking for all of these
  - For severe sx, consider low dose opioids prn (e.g. morphine* 2.5-5mg PO q4h PRN or morphine* 1-2mg IV q2h PRN), which have good evidence for efficacy
- Anxiety
  - Connection: encourage patients to reach out remotely to friends/family FREQUENTLY
  - Distraction: read, watch TV, talk to family, etc.
  - Meditation/prayer: encourage prayer if in line with patient's religion/spirituality, have patients download the Headspace App for guided meditations
  - Low dose benzodiazepines for panic attacks/severe anxiety are reasonable as PRN (e.g. ativan 0.5 -1 mg PO/IV q4h PRN)

## If goals are for fully comfort-focused care (general)

- Discontinue meds, interventions (labs, imaging), and monitoring (CPO, tele) not primarily aimed at comfort.
  - Continue meds for HF, PD, etc. to maximize QOL
- Use **comfort care order set** (see sx management recs below)
- If prognosis is days or longer, assess preferred site of care and consider d/c home **IF** hospice for COVID+ pts is available (CM can arrange; no need for PC consult)

## Comfort care medications – order ALL via CC order set

- Opioid PRNs
  - Start with frequent, short-acting PRNs (IV q15min, PO q1hour) and ensure written for pain OR dyspnea
  - Starting doses for opioid-naïve patients (halve these doses for elderly/frail):
    - Oral: oxycodone 5-10mg PO (if able to swallow pills) OR roxanol* (concentrated 20mg/ml oral morphine – can be given even to comatose patients) 7.5-15mg sublingual
    - IV: dilaudid 0.4-0.8mg, morphine* 2-5mg
  - Use range doses and liberalize as needed over time based on patient response
    - Increase 25-50% if still having mild-mod sx
    - Increase 50-100% if still having mod-severe sx
- Opioid drips
  - Remember they take AT LEAST 8-12 hours to reach steady state (when started or increased), so drips are for FUTURE pain; PRNs are for CURRENT pain
  - Rates should be CALCULATED: add up total PRN usage in past 6-8 hours (NO less!) and divide by number of hours looked at to get rate
  - When ordered through CC order set, RN can continue auto-titrating using the same formula as above
- Benzodiazepines
  - Order ativan 0.5-1mg q4h PO/IV PRN anxiety/agitation (through CC order set)
  - Remember dyspnea-induced anxiety still responds best to opioids, which should be first line
  - Fan to face and repositioning are helpful non-pharm strategies
- Audible secretions ("death rattle")
  - NOT thought to be distressing to patient, so start with reassurance and repositioning
  - Suctioning unlikely to help (& may cause discomfort)
  - Glycopyrrolate (0.1-0.2mg IV/SQ q4h PRN) preferred over atropine/scopolamine (it doesn't cross blood brain barrier), though data is weak for all meds

## Withdrawing life-sustaining interventions (vent, pressors etc)

- Perform comfort care huddle before starting
- Pre-medicate with opioid and benzodiazepine and ensure both are available as frequent PRNs
- Consider ordering drips with starting rates at 0 mg/hour so RN can draw up PRNs from the medication bag (rather than leaving the room to get meds)
- Consider calling pall care if complicated sx anticipated

## Communication and family/caregiver needs:

- Consult SW and/or spiritual care for emotional support for loved ones and navigation of visitor restrictions
- Practice trauma-informed care: trust (transparent & consistent information), choice (for surrogates: clear options for treatment), collaboration (daily check-ins and updates to caregivers)
- Use NURSE statements (www.vitaltalk.org/guides/responding-to-emotion-respecting), VitalTalk COVID-19 conversation guide (docs.google.com/document/d/1uSh0FeYdkGgHsZqem552iC0KmXIgaGKohl7SoeY2UXQ/preview), & CAPC COVID-19 resources (www.capc.org/toolkits/covid-19-response-resources) for compassionate communication

## Ethics

- COVID-19 pandemic may bring up challenging ethical dilemmas: rationing limited health care resources, imposing restrictions on individual movement and liberties, upholding professional duty to treat in face of personal danger
- Remember core medical ethics principles (autonomy, beneficence, non-maleficence, justice), but do not make allocation decisions on your own at the bedside. The UCSF Ethics committee has developed guidelines that should guide care and decisions.

## Self-care

- Take breaks, even if just for a deep, grounding breath
- If possible, spend time away from COVID-19 media and conversations for moments of fun and "normal life"
- Stay connected with your peers and loved ones
- Stories matter; consider journaling if not comfortable sharing with others
- It is natural to feel a tension between wanting to help others and caring for yourself/loved ones. We are all learning how to navigate these commitments.
- The COVID-19 environment may bring on feelings of anxiety, trauma, and emotional overload. Professional psychiatric, emotional, and spiritual help may be needed for extra support right now.

## UCSF resources (all available 24/7)

- Palliative care consult teams at Parnassus and MB
- Ethics Consultation Service
- Spiritual Care Services/Chaplaincy

* Avoid morphine in patients with renal insufficiency; use hydromorphone 0.5-1.0mg PO q4h PRN or 0.2-0.4mg IV q2h PRN instead

Version 1.3, last updated 03/20/2020