Managing Respiratory Symptoms of COVID-19 at End of Life

Primer for Front Line Health Care in the Community

April 2020

Presenters

Palliative Pain and Symptom Management Consultants (PPSMC) from various provincial programs

- Amy Archer RN, BScN, CHPCA(C) – PPSMC Durham region
- Kim Rogers BA, RN, CHPCA(C) – HNHB PPSMC program
- Liz Laird RN, BScN, CHPCA(C) – SWPPSMC program Grey Bruce

Conflict of Interest

The presenters have no conflicts of interest to declare

Goals of this Presentation

To familiarize front line staff in the community with what to expect and management of respiratory symptoms of COVID-19 at end of life.

To improve comfort level of healthcare workers in supporting people at end of life related to respiratory illness.

COVID-19

Coronavirus Disease 2019 (COVID-19) is a new respiratory illness with the ability to spread from person to person

It was first identified in the city of Wuhan, China and has since travelled around the world causing the World Health Organization to label this a Global Pandemic

There are currently >26,000 confirmed cases in Canada with the numbers rising each day

COVID-19

- COVID-19 causes mild to severe respiratory illness similar to the influenza virus

- The rates of severe illness and death are much higher than with the common flu and there is no vaccine at present time

Risk factors for severe illness and dying

- Male
- Age older than 60
- Having high blood pressure, diabetes, heart problems, cancer, chronic lung problems, history of strokes

- 80% of people will have mild to moderate illness and can be managed & will resolve on own in self isolation
- 14% - considered severe
- 6%= ICU critical

Symptoms

The symptoms of 2019-nCoV and how it spreads

FEVER
CHEST PAIN
CHILLS
RAPID HEARTBEAT
BREATHING DIFFICULTIES
PNEUMONIA
KIDNEY FAILURE

SPREAD VIA COUGHING & SNEEZING

HEADACHE
SORE THROAT
COUGH
SHORTNESS OF BREATH

Symptoms COVID-19

2 to 11 days after exposure symptoms may include:

- fever, headache, dry cough, myalgias/back pain, abdominal discomfort, nausea, diarrheas, loss of smell, appetite, fatigue (common flu type symptoms)

With progression

- Could involve increased shortness of breath, pneumonia (day 5)
- Overwhelming acute respiratory distress, multiple organ failure (day 10)

Location of Care for Patients

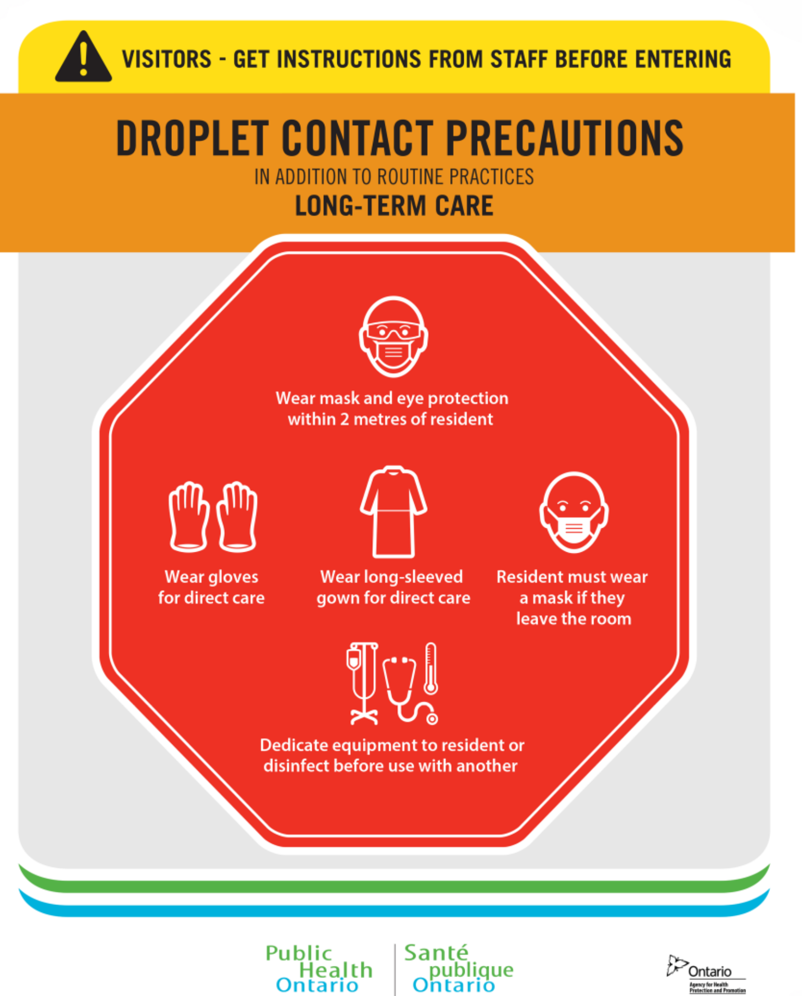
Treatment of COVID-19 is entirely supportive care

- Supportive care is the treatment, with limited role at present for any other medications (i.e. no use for antibiotics or antivirals)
- Abysmal recovery rates for those with comorbidities who require ventilation

Goal is to provide care within the community setting

- Transferring to hospital risks exposing a non-infected patient to COVID-19
- Transfer to hospital will not result in increased or different care
- Patients who are supported in dying in the community have reported better quality of life and dying than those who are transferred out to die in over crowded hospital settings

How to Provide Safe Care with COVID-19 in the home



Symptom Relief Kits

- Advocate for SRK with the physician

Levels of dyspnea

Mild

1. Usually sit or lie quietly, little anxiety
2. Worsens with exertion
3. Breathing not observed as labored

Moderate

1. Usually persistent
2. SOB worsens with exertion, settles partially with rest
3. Pause while talking every 5-15 sec.
4. Breathing mildly laboured on observation

Levels of Dyspnea

Severe

1. Anxiety present
2. +/- onset confusion
3. Labored breathing awake & asleep
4. Pause while talking every few seconds

Extreme

1. Very frightened
2. Talk only 2-3 words between gasps
3. Exhausted - sit & lean, fall back
4. Total concentration on breathing
5. +/- confusion

Symptom Management: Dyspnea and Cough

What does dyspnea (shortness of breath) and cough at end of life present like?

Symptom Management: Dyspnea and Cough

What is the management for dyspnea and cough at end of life?

Non-pharmacologic

- Positioning
- Loose clothing, avoid irritants

Pharmacologic

- O2 (less than 6L/min)
- Inhalers (NO NEBULIZERS)
- Opioids first line
- Benzodiazepines (lorazepam/midazolam) for associated anxiety
- Nozinan second line
- In refractory dyspnea consult with PC consultant for palliative sedation

Symptom Management: Dyspnea and Cough

How do I support family and loved ones around dyspnea and cough at end of life?

Do Not Use

- Fans
- Oxygen flow greater than 6L/min
- High flow nasal cannula oxygen
- CPAP or BiPaP
- Nebulized treatments (bronchodilators, saline)
- Avoid deep suctioning

Symptom Management: Respiratory Secretions

What do respiratory secretions at end of life present like?

Symptom Management: Respiratory Secretions

What is the management for respiratory secretions at end of life?

Non-pharmacologic
- Repositioning
- Mouth Care

Pharmacologic
- Stop IV fluids
- Atropine drops
- Glycopyrrolate/scopolamine
- Possible role for Lasix

Symptom Management: Respiratory Secretions

How do I support family and loved ones around respiratory secretions at end of life?

Symptom Management: Restlessness/Agitation

What does restlessness/agitation at end of life present like?

Symptom Management: Restlessness/Agitation

What is the management for restlessness/agitation at end of life?

Ensure that other symptoms are appropriately managed

Non-pharmacologic

- Reduce stimulation in patient environment
- Gentle reassurance
- Avoid physical restraints
- Correct sensory deficits

Pharmacologic

- Haldol(1st line) or Nozinan (if Haldol is not effective)
- Midazolam

Symptom Management: Restlessness/Agitation

How do I support family and loved ones around restlessness/agitation at end of life?

Symptom Management: Fever

What does fever at end of life present like?

Symptom Management: Fever

What is the management for fever at end of life?

Non-pharmacologic

- Remove excessive blankets and clothing
- Cool cloth
- View to the window if possible
- Mouth Care

Pharmacologic

- Acetaminophen (oral or suppository)
- NSAIDs (current guidelines do not support risk)

Symptom Management: Fever

How do I support family and loved ones around fever at end of life?

Caring for Patients with COVID-19

Treatment of COVID-19 is entirely supportive care

1. Supportive care is the treatment, with limited role at present for any other medications (i.e. no use for antibiotics or antivirals)
2. Abysmal recovery rates for those with comorbidities who require ventilation

Access to ICU and mechanical ventilation as needed and in crisis will be triaged per provincial guidelines

Strict adherence to preventative measures, visitor policies etc. will be very challenging to families and friends of patients

Resources and Support

Role dependent e.g.

- PSW → nursing
- RPN, RN → nursing colleagues, physician
- MRP → nursing, physician colleagues, palliative care consult

Consider involvement of

- Palliative Specialist (PC physician, PC outreach team, PPSMC program in your area)

Grief and Bereavement (e.g. chaplain, social work, EAP, rituals to acknowledge patients death, etc.)

How We Can Prepare

- Ensure knowledge of and update goals of care
- Ensure understanding of and communication with SDM(s) if required to make decisions on behalf of the patient
- Prepare SDM(s), families with what to expect
- Emergency symptom management medication kits and equipment available
- Keep up to date on changes in procedures, processes, palliative care order sets etc.

Weekly webinars
See website for topics

COVID-19 SPECIFIC CONVERSATION GUIDES:

- Proactive Goals of Care (GOC) conversations
- GOC conversations for a person with mild/mod COVID-1
- GOC conversation for a person with severe COVID-19
- Phone conversations with families of a dying person

OTHER COVID RESOURCES:

- Palliative symptom management suggested order set for LTC
- Advance Care Planning guides for patients and SDM
- Sample letter from LTC facilities to families and residents

ALWAYS AVAILABLE:

- Advance Care Planning, Goals of Care and Consent resources for healthcare providers (conversation guides, e-learning modules)
- Person-Centred Decision-Making Toolkit NEW

https://www.hpco.ca/

Summary

- Communication is key to patient, family and health care staff
- A number of patients will die from this – our actions and ability to care for them will have lasting effects on families, nurses, PSW's, staff, physicians
- We have the knowledge of our patients to engage in meaningful conversation on goals of care and share our knowledge on what to expect and how we will commit to their care
- We have the tools and knowledge to provide the comfort and care needed, be prepared

We Are All In This Together