



Managing Respiratory Symptoms of COVID-19 at End of Life

Primer for Front Line Health Care in LTC

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Presenters

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Conflict of Interest

The presenters have no conflicts of interest
to declare

Goals of this Presentation

To familiarize front line staff in LTC 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 >30,000 confirmed cases in Canada with the numbers rising each day

COVID-19

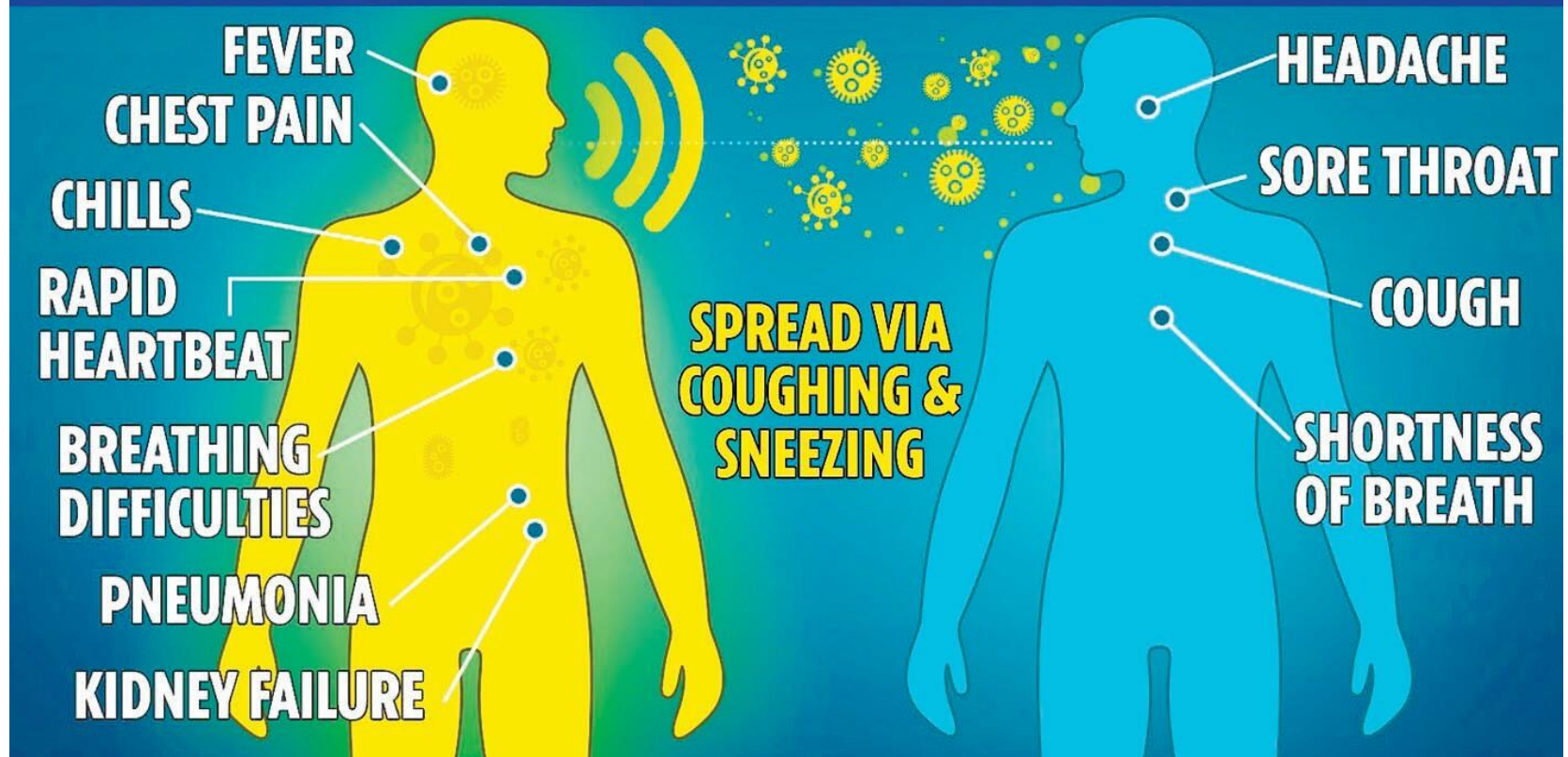
- COVID-19 causes mild to severe respiratory illness similar to the influenza virus
- The rates of severe illness and death are much higher than with the common flu and there is no vaccine at present time

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



Symptoms COVID-19

2 to 11 days after exposure symptoms may include:

- fever, headache, dry cough, myalgias/back pain, abdominal discomfort, nausea, 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 LTC setting




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


How to Provide Safe Care with COVID-19 in LTC Setting

 **VISITORS - GET INSTRUCTIONS FROM STAFF BEFORE ENTERING**

DROPLET CONTACT PRECAUTIONS
IN ADDITION TO ROUTINE PRACTICES
LONG-TERM CARE


Wear mask and eye protection
within 2 metres of resident

  
Wear gloves for direct care Wear long-sleeved gown for direct care Resident must wear a mask if they leave the room


Dedicate equipment to resident or
disinfect before use with another

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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 as appropriate (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 around dyspnea and cough at end of life?

Emphasize what you are going to do, not what you are not going to do

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
- Glycopyrrolate/scopolamine
- Atropine drops
- Possible role for Lasix

Symptom Management: Respiratory Secretions

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

Emphasize what you are going to do, not what you are not going to do

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 around restlessness/agitation at end of life?

Emphasize what you are going to do, not what you are not going to do

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 around fever at end of life?

Emphasize what you are going to do, not what you are not going to do

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)

DOC for additional support

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

How We Can Prepare

- Ensure knowledge of and update goals of care and treatment plans for your residents
- Ensure understanding of and communication with SDM(s) if required to make decisions on behalf of the resident
- Prepare SDM(s), families with what to expect
- Emergency symptom management medication stock and equipment available at each facility
- Keep up to date on changes in procedures, processes, palliative care order sets etc.

Holding Space for the Emotional Experience



Resources for conversations in light of COVID-19

HPCO – Speak Up Ontario

Information sheets for **residents and their SDM(s)**:

- ACP in light of COVID-19 sheet for patients, information sheet for SDM(s) and sample of a LTC letter than can be shared with residents and families

Goals of Care conversation **supports for HCP**

- For elderly/frail with serious comorbidities no COVID-19, For severe COVID-19 infection hospitalized or if in LTC, Mild COVID in hospital or in LTC

Resources (con't)

- Documentation tool for GoC Conversations
- Advance care planning conversation guide for clinicians
- Palliative care and COVID-19 for physician forum
- Management of respiratory distress and end of life care in COVID-19 (sample order set)
- Goodbye phone conversation script

Summary

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

We Are All In This Together

