



Managing Acute Respiratory Distress During the COVID-19 Pandemic

ADVANCE CARE PLAN TOOL

Advance care planning, when rendered with patient-centered care, advocates the patient's wishes in medical decision making. Because of the unique challenges posed by the Covid-19 Pandemic for residents of Post-Acute and Long Term Care settings and their families, AMDA – The Society for Post-Acute and Long Term Care offers this Advance Care Plan (ACP) Tool. For more information on ACP in the Post-Acute/Long Term Care Setting and to learn about the AMDA ACP Toolkit, visit <https://paltc.org/product-store/advance-care-planning-acp-series>.

DELIBERATION: Some Key Medical Facts About Covid-19 in Nursing Homes

1. As of now, there is no specific curative treatment for Covid-19.
2. Mortality from COVID-19 is high among the frail elderly, especially those residing in long term care and assisted living communities.
3. While community-dwelling older adults over age 80 have a mortality rate around 15%, Older adults with multiple comorbidities (CHF, CKD, DM-2, COPD), such as those living in long term care communities, have a higher rate of death approaching 30%¹.
4. If a resident develops severe respiratory symptoms which have not responded to empiric antibiotics, it is probable that the resident has developed an untreatable viral pneumonia.
5. The primary treatment modality that hospitalization offers over the care provided at residential communities is mechanical ventilation. Mechanical ventilation in frail elders with COVID-19 appears to have a very high mortality rate approaching 70%².
6. Symptomatic treatment that can be given to patients with COVID-19 include morphine for SOB, lorazepam for anxiety, oxygen and positioning for comfort, and treatment of other complications such as bacterial pneumonia. Those treatments are all available in long term care facilities and can be used by professionals and nurses who best know the resident.

DETERMINATION OF PATIENT CAPACITY (Physician/Practitioner):

- Patient has capacity; discussion with patient
- Patient lacks capacity; discussion with Health Care Proxy or Surrogate

DISCUSSION:

- Explain purpose of ACP conversation – to elicit patient's goals of care and advance directives specific to COVID-19 infection.

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- Elicit patient/proxy understanding of the patient's COVID-19 status and ramifications if possible.
- Review previously completed advance care planning documents if available.
- Provide education on medical aspects of Covid-19 in PA/LTC setting (see above).
- Elicit goals, values and preferences of patient for levels of medical care in Covid-19.
- Assess patient/POA/Surrogate understanding and reflect on discussion and choices to confirm informed choice and freedom from coercion.
- Assess the need for further discussion or clarifying questions.
- Affirm patient choices, document decisions and next steps in record.
- If necessary, offer additional sessions for ACP discussion.

DIRECTIVES FOR A PATIENT IN RESPIRATORY DISTRESS:

Code Status:

- If in cardiac arrest, I DO want CPR
- If in cardiac arrest, I DO NOT want CPR

Hospitalization Status:

- If I worsen despite the measures taken at my residential community, I DO want **hospitalization**
- If I worsen despite the measures taken at my residential community, I Do NOT want to be hospitalized. I opt for **Comfort Care**

If I choose to go to the hospital for complications related to COVID-19:

Intubation Status:

- If I am unable to breathe on my own, I DO want to be intubated and put on a ventilator.
- If I am unable to breathe on my own, I DO NOT want to be intubated and put on a ventilator.

PATIENT/PROXY SIGNATURE – NAME

DATE

Physician Signature/Name

Date

1. <https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6912e1-H.pdf>
2. <https://www.icnarc.org/Our-Audit/Audits/Cmp/Reports>

FAQs that patients and family members may ask:

- Can you ensure my loved one will be comfortable in the nursing home during the dying process?
- Will my loved one or friend be short of breath when they die?
- Can I visit my family member or friend if they die in the nursing home?
- If I choose not to be hospitalized or resuscitated, can I still be treated for a pneumonia?
- If I choose no CPR or hospitalization now, can I change my mind later?

Starting the Conversation...

- “Is it OK if we talk about what’s important to you and how the new coronavirus might affect you, so we can be sure we can give you the kind of care you’d want if you got the virus?”
- “This conversation can help your family and help us, your healthcare team, if that ever happened.”
- “Have you chosen a person to make decisions for you if you were unable to speak for yourself? Who is it? Are you confident they can do it?”
- “What do you know about coronavirus? Is there anything you’d like me to tell you about it?”
- “Have you thought about what might happen if you were to get this virus? Do you have any specific fears about it (hospital, vent)?”
- “It can be difficult to predict what would happen if you got the virus, as you are already at risk from your [medical conditions]. Many patients get mild cases, and I hope you would be one of them, but I’m worried that you could get very sick quickly, and I think it’s important for us to prepare for that possibility.”

Additional Resources:

VITALtalk COVID Communication Skills Playbook:

<https://www.vitaltalk.org/guides/covid-19-communication-skills/>

VITALtalk videos on Vimeo: (outpatient and vent withdrawal in crisis)

<https://vimeo.com/401221011> (outpatient)

<https://vimeo.com/401465080> (goals of care)*

<https://vimeo.com/401476560> (helping families say goodbye on the phone)*