MANAGEMENT OF PEOPLE WITH COVID-19 WHO ARE RECEIVING PALLIATIVE CARE

NATIONAL CLINICAL EVIDENCE TASKFORCE
COVID-19

FORMS OF GUIDANCE

Evidence-Based Recommendation **(EBR)**
Consensus Recommendation **(CBR)**
Practice Point **(PP)**

Types of EBRs:
- RECOMMENDATION FOR USE
- RECOMMENDATION AGAINST USE
- CONDITIONAL RECOMMENDATION FOR USE
- CONDITIONAL RECOMMENDATION AGAINST USE

VERSION 4.2
PUBLISHED
22 MAY 2023

People requiring palliative care and COVID-19
This population includes people with COVID-19 whose prognosis due to co-existing advanced progressive disease is limited or uncertain, or people with critical COVID-19 illness where recovery is not expected.

Overarching principles of care

GENERAL PRINCIPLES

Ensure multidisciplinary collaboration amongst the health and social/community teams including pastoral care, within the decision-making process and care delivery. **PP** [Taskforce/WHO]

Early specialist advice should be considered for people requiring palliative care. **PP** [Taskforce]

Provide opportunities for people to maintain activity, such as placing a chair beside the bed and delivery of rehabilitation interventions via virtual means where possible. **PP** [Taskforce]

GOALS OF CARE

Identify if the patient has an advance care directive or plan. If yes, reaffirm prior decision. **PP** [Taskforce]

Ensure early discussion with the patient around goals of care, which may include active disease-directed care. If the patient has a healthcare decision-maker or family/carers, they should be contacted. **PP** [Taskforce]

Respect priorities and preferences and take these into account where possible when deciding on and communicating the care plan. **PP** [Taskforce]

Undertake a clinical assessment to determine expected prognosis, taking into account COVID-19 illness and underlying conditions. **PP** [Taskforce]

MEDICATION MANAGEMENT

A review of medication prescriptions is recommended to reduce polypharmacy and prevent medicine interactions and adverse events.
PP [WHO]

Reaffirm a clear indication for each medication and minimise polypharmacy. Consider immediate release medications or whether slow release medications or an alternative route of delivery allow alignment with the delivery of other patient care.

For further advice go to The Australian & New Zealand Society of Palliative Medicine. **PP** [Taskforce]

Ensure cultural and spiritual/religious practices that are part of the person's wishes are identified, prioritised and observed/facilitated, where possible. Where not possible, due to infection control considerations, communication with the patient and their healthcare decision maker or family/carers is essential. **PP** [Taskforce/NSW Health]

COMMUNICATION

Establish a timely and ongoing regular line of communication, with a healthcare decision-maker or family/carers. **PP** [Taskforce]

Optimise access to visitors and caregivers where possible, according to local visitation protocols. Risks of more complex grief and bereavement may be increased due to restrictions on patient contacts during the dying process, social distancing and community isolation, and increased financial and relationships stressors. **PP** [Taskforce/ANZSPM]

Minimise sensory impairment (e.g. hearing aids available and working, glasses available, and utilise other augmentative and alternative communication (AAC) devices such as communication boards, electronic communication devices). **PP** [Taskforce]

Ensure effective communication, including the use of interpreters or cultural care workers where appropriate. Remember that those with sensory impairments may not be able to hear or use lip reading to assist in understanding if clinicians have masks on. Consider written communication via room boards or paper on clipboards. **PP** [Taskforce/ANZSPM]

Respiratory distress and a diagnosis of COVID-19 will likely cause high levels of anxiety and distress. There may be worsening of pre-existing mental health conditions. **PP** [SA Health]

Communicate with patients and support their mental wellbeing to help alleviate any anxiety or fear they may have about COVID-19. **PP** [NICE]

COVID-19 limits face-to-face contact, which is an important part of palliative care. Ensure that regular conversations and communication continue and are supported digitally, particularly if the patient is deteriorating or imminently dying. For example, by use of two-way radios (such as baby monitors) or video tablets to communicate at length without masks and other PPE from outside the patient's room. **PP** [Taskforce/ANZSPM]

Specific aspects of care

ACTIVE DISEASE-DIRECTED CARE

If goals of care include active disease management, refer to
- MANAGEMENT OF ADULTS WITH SEVERE TO CRITICAL COVID-19 Clinical Flowchart
- RESPIRATORY SUPPORT FOR ADULTS WITH SEVERE TO CRITICAL COVID-19 Clinical Flowchart
- DRUG TREATMENTS FOR ADULTS WITH COVID-19 Clinical Flowchart

Treat potentially reversible causes of symptoms (e.g. delirium), such as urinary retention, pain or constipation and prevent and/or treat these causes. **PP** [ANZSPM]

Recognise that treatment may be required for other illnesses, not only for COVID-19. **PP** [Taskforce]

Specific aspects of care

MANAGING BREATHLESSNESS OR COUGH

GENERAL TREATMENT

Non-pharmacological measures to manage breathlessness should be considered; these include positioning, relaxation techniques, wiping the face with cool wipes, reducing room temperature. **PP** [Scottish Palliative Care Guidelines]

For further advice go to The Australian & New Zealand Society of Palliative Medicine.

For management of the symptoms of breathlessness or cough, use opioids as per usual care. Consider the addition of a benzodiazepine (for example midazolam) if breathlessness persists. **PP** [Taskforce]

For further advice go to The Australian & New Zealand Society of Palliative Medicine.

COVID-19 SPECIFIC

Avoid fans and nebulised medications due to potential for aerosol generation. **PP** [Taskforce/ANZSPM]

MANAGING DELIRIUM, ANXIETY AND AGITATION

GENERAL TREATMENT

For non-pharmacological prevention and management of delirium and agitation, follow guidance as per usual care. **PP** [Taskforce]

For further advice go to SIGN delirium guidelines and ACSQHC delirium clinical standard.

For pharmacological prevention and management of delirium and agitation, follow guidance as per usual care. **PP** [Taskforce]

For further advice go to SIGN delirium guidelines and ACSQHC delirium clinical standard.

COVID-19 SPECIFIC

Delirium may be the sole presenting symptom in some patients. **PP** [Taskforce/ANZSPM]

Prevention of delirium, as per usual practice, is critical. In people with COVID-19, delirium can increase risk to other patients and staff as it may impact on the person's capacity to understand and follow infection control measures and maintain isolation. **PP** [Taskforce]

Early detection of delirium to allow timely treatment requires regular screening. Delirium usually has multiple causes and contributing factors including COVID-19, treatment of COVID-19 (e.g. dexamethasone) and aetiologies other than COVID-19. **PP** [Taskforce]

There are other additional factors that can promote anxiety, distress and agitation of patients, including clinicians wearing PPE, isolation and limitation of visitors. **PP** [ANZSPM]

If possible, optimise environment (within infection control restrictions):

- manage in a low-stimulus environment
- provide support with sleep hygiene
- use reorientation strategies (e.g. clock, calendar, radio, room board etc.)
- avoid unnecessary patient movement between wards/rooms.

PP [ANZSPM]

Escalation of care

When considering treatment options, take into account individual decision-making around goals of care. This includes decisions around proceeding to more invasive forms of ventilation, transfer to ICU and cardiopulmonary resuscitation. **PP** [Taskforce/ANZSPM]

The net clinical benefit for each patient should be considered on a case-by-case basis, as people requiring palliative care may have reduced benefit and increased potential for harms when escalating treatment. **PP** [Taskforce]

Decisions around proceeding to more invasive forms of ventilation should be discussed with the patient or their healthcare decision-maker or family/carers. **PP** [Taskforce]

If a person has symptoms such as breathlessness or delirium that are difficult to manage, and/or is imminently dying, specialist palliative care support and advice should be sought. **PP** [Taskforce/SIGN]

Ongoing care

Recognise that ongoing care may be required for some patients who present with post-acute COVID-19 signs and symptoms. **PP** [Taskforce]

For assessment of symptoms and signs that are described by people with post-acute COVID-19, refer to

- CARE OF PEOPLE AFTER COVID-19 Clinical Flowchart

Sources

ANZSPM - The Australian & New Zealand Society of Palliative Medicine Inc. (ANZSPM) Guidance - palliative care in the COVID-19 context.

ACSQHC - Australian Commission on Safety and Quality in Health Care (ACSQHC). Delirium Clinical Care Standard. 2016.

Hilmer SN, Gnjidic D. Prescribing for frail older people. Aust Prescr. 2017;40(5):174-178. doi:10.18773/austprescr.2017.055

NICE - The National Institute for Health and Care Excellence (NICE). COVID-19 rapid guideline: managing COVID-19 [NG191].

NHS Scotland - Scottish Palliative Care Guidelines. Supportive and Palliative Care Temporary Guideline. End of Life Care Guidance when a Person is Imminently Dying from COVID-19 Lung Disease. Updated 16 March 2021.

NSW Health - NSW Health, Palliative Care Community of Practice. Bereavement care guide. 1 December 2020.

SA Health - Commission on Excellence and Innovation in Health. Guide to non-pharmacological interventions in the palliative care of persons deteriorating and dying with COVID-19. May 2020.

SIGN - Scottish Intercollegiate Guidelines Network (SIGN). COVID-19 position statement: Presentations and management of COVID-19 in older people in acute care. Version 2.0, 1 March 2021.

SIGN - SIGN157: Risk reduction and management of delirium. A national clinical guideline. March 2019.

Taskforce – Current guidance from the National COVID-19 Clinical Evidence Taskforce.

WHO - World Health Organization (WHO). Living guidance for clinical management of COVID-19.