

# **Palliative Care during COVID-19**

**For primary and long-term care providers**

**Caroline Knox MD Josh Baru MD Morris Jenkins MD April 21, 2020**

# Palliative Care

## Overview

- Background
- Advance care planning
- Preparing PCPs to do primary palliative care
- Hospital Perspective
- Hospice and Outpatient palliative care perspective (cases)
- Resources
- Questions

# Background

## Primary versus specialty palliative care

- Make the referral: We have community agencies: CarePartners, Four Seasons, Compassionate Care of WNC (formerly Yancey), or any other palliative care agency you already work with
  - CarePartners PC 828-277-4800 x154117, fax 828-255-2944
- Availability of providers to meet urgent referral requests *may be limited* in surge setting
- Many of you already do excellent *primary* palliative care - keep it up! And here are some helpful tips

# Advance Care Planning

**LTC**, >65, sev obesity, DM, chronic kidney, liver, lung, cardiovascular ds, immunocompromised

- Ask about existence of Advance Directives, offer to update/review
- Schedule - offer to include key participants (preferred surrogate or NOK)
- NC uses [out of hospital DNR and MOST](#) forms - order them now
- [Telephone or e-visits](#) - [have the talk](#)
- Advance Care Planning: 99497 (first 16-30 min) 99498 (each addtl 30")
  - Ask for permission and document
- Even if limitations re: paperwork, at least record summary in your EMR, encourage patients to talk with their loved ones/chosen surrogates

The image shows a sample form titled "Medical Orders for Scope of Treatment (MOST)". The form is designed for a physician to document a patient's medical wishes. It includes several sections:

- Section A: CARDIOPULMONARY RESUSCITATION (CPR):** Options include "Attempt Resuscitation (CPR)", "Do Not Attempt Resuscitation (DNR/no CPR)", and "When not in cardiopulmonary arrest, follow orders in R, C, and D".
- Section B: MEDICAL INTERVENTIONS:** Options include "Full Scope of Treatment" (with sub-options for intubation, mechanical ventilation, and cardiac monitoring), "Limited Additional Interventions" (with sub-options for intubation, mechanical ventilation, and cardiac monitoring), and "Comfort Measures" (with sub-options for pain relief, positioning, and wound care).
- Section C: ANTIBIOTICS:** Options include "Antibiotics if life can be prolonged", "Determine use or limitation of antibiotics when infection occurs", and "No Antibiotics (use other measures to relieve symptoms)".
- Section D: MEDICAL SUPPORTS:** Options include "IV fluids long-term if indicated", "IV fluids for a defined trial period", "No IV fluids (provide other measures to ensure comfort)", "Feeding tube long-term if indicated", "Feeding tube for a defined trial period", and "No feeding tube".
- Section E: DISCUSSED WITH AND AGREED TO BY:** A table with columns for "Patient", "Parent or guardian if patient is a minor", "Health care agent", "Legal guardian of the patient", "Alimony-in-fact with power to make health care decisions", "Spouse", "Majority of patient's reasonably available parents and adult children", "Majority of patient's reasonably available adult siblings", and "An individual with an established relationship with the patient who is acting in good faith and can reliably convey the wishes of the patient".

The form also includes a signature section for the patient or representative, a date, and a section for the physician's signature and date. A watermark "SAMPLE FORMS.BIZ" is visible across the form.

Medication	Indication	Formulation	Dosing	Quantity	Notes
Acetaminophen	Pain or fever	650 mg rectal suppository	As needed every 4-6 hours	16 suppositories	4-day supply; expect most will have tabs in house already
Morphine sulfate	Pain, dyspnea  [Note: Oxygen may provide relief for shortness of breath and can be used if available]	Liquid: morphine 20mg/mL concentrate PO	2.5mg-5mg every 2 hours as needed, titrated to effect	30mL	This is a 10-day supply of 5mg (0.25cc) q2 hours
		Tablet: Morphine IR 15mg can be given PO or rectally	Morphine 7.5mg-15mg every 2 hours as needed, titrated to effect	50 tablets	This is a 10-day supply
Oxycodone		Oxycodone IR tablet 5mg can be given PO or rectally	Oxycodone 2.5mg-5mg PO q2 PRN		
Hydromorphone		Hydromorphone IR tablet 2mg - PO or rectally	Hydromorphone 2mg-4mg PO q2 PRN		
Lorazepam	Anxiety, insomnia, nausea	Liquid: 2mg/mL concentrate PO/SL	0.5mg-1mg every 4 hours as needed	30mL	This is a 10-day supply of 1mg (0.5cc) q4
		Tablet: 1mg tablet can be given PO or rectally		60 tablets	This is a 10-day supply of 1mg q4
Haloperidol	Confusion, agitation, nausea	Liquid: 2mg/mL concentrate PO/SL	0.5mg-1mg every 4-6 hours as needed; Can be titrated to more frequent dosing	30mL	This is a 10-day supply of 1mg (0.5cc) q4
		Tablet: 1mg tablet can be given PO or rectally		60 tablets	This is a 10-day supply of 1mg q4
Ondansetron ODT tabs	Nausea and vomiting	4mg tablet	1-2 tablets orally q8 when needed for nausea	12 tablets	2-4-day supply (nausea not prominent)
Prochlorperazine		25mg suppository	1 suppository every 12 hours as needed	8 suppositories	This is a 4-day supply
Atropine	Secretions	1% solution PO/SL	1-2 drops every 4-6 hours as needed	5mL	
Bisacodyl	Constipation	10mg suppository	As needed	6 suppositories	3-day supply



# What we are seeing in the hospital

- Diagnosis is often unclear, delayed
- PPE is limited: even at end of life visitor restrictions are a factor
- Severe morbidity in previously healthy people
- Roller coaster of complications
- mental status fluctuates
- No visitors is changing what people are willing to endure and for how long
- Post-acute care may have similar visitation restrictions
- In addition to your higher risk patients, please prioritize goals of care conversations for ALL your patients





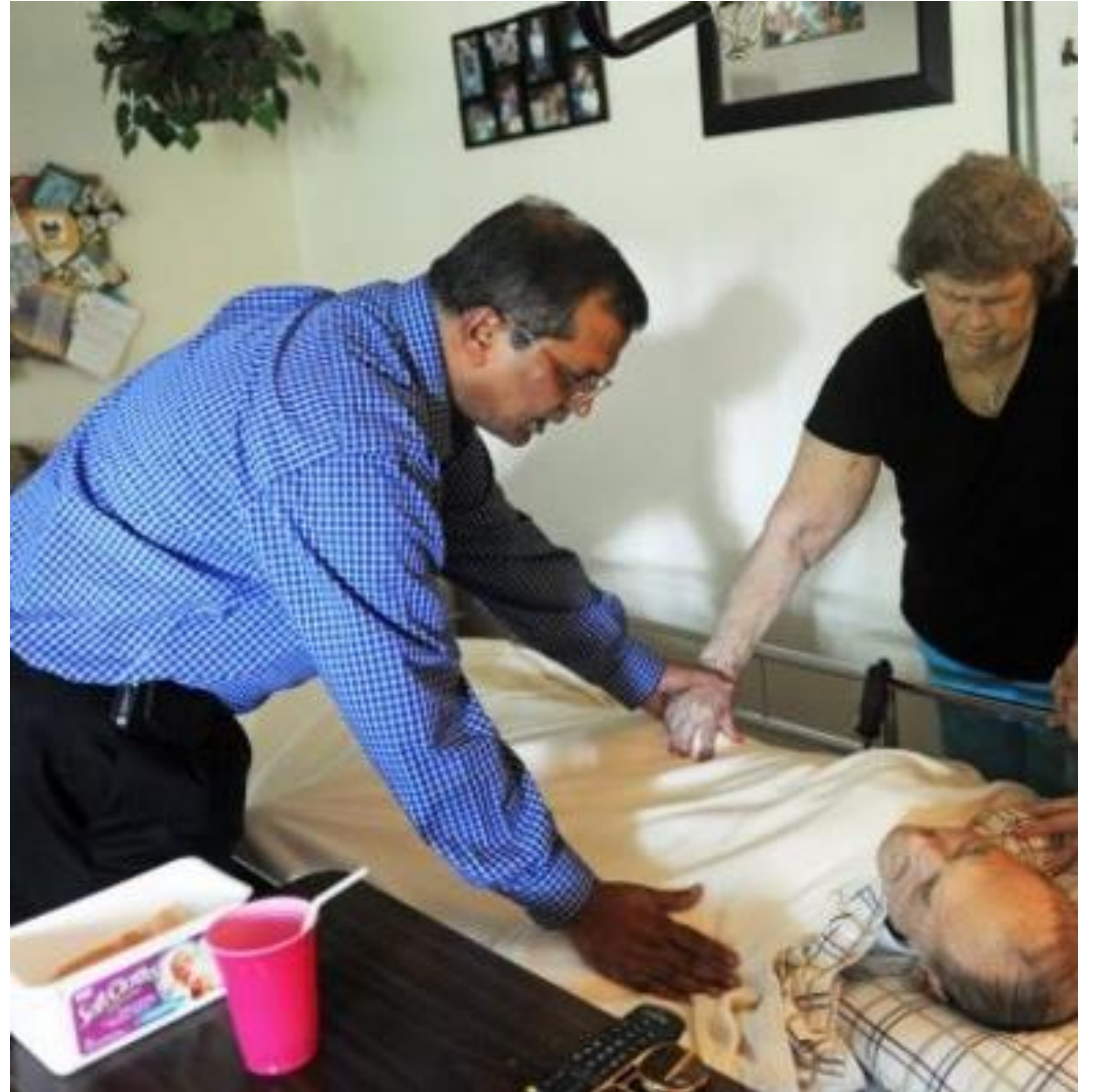
**Supportive  
Oncology Clinic**  
Josh Baru, MD





# Hospice and outpatient palliative care

**Morris Jenkins, MD**





# Resources

## Post-acute and Long term care patients

- [https://www.optimistic-care.org/docs/pdfs/COVID\\_symptom\\_treatment\\_in\\_NHs\\_4-5-20.pdf](https://www.optimistic-care.org/docs/pdfs/COVID_symptom_treatment_in_NHs_4-5-20.pdf)
- [http://paltc.org/sites/default/files/AMDA%20COVID19%20Advance%20Directive%20Final\\_4\\_14\\_20.pdf](http://paltc.org/sites/default/files/AMDA%20COVID19%20Advance%20Directive%20Final_4_14_20.pdf)
- <https://paltc.org/sites/default/files/Strategies%20for%20Mitigating%20the%20Emotional%20Impact%20of%20COVID-19.pdf>
- [https://www.youtube.com/watch?feature=youtu.be&v=F\\_cS89aa0DE](https://www.youtube.com/watch?feature=youtu.be&v=F_cS89aa0DE)
- <https://www.optimistic-care.org/probari/covid-19-resources/>



**Questions**



# References and thanks

<https://www.capc.org/toolkits/covid-19-response-resources/>

<https://respectingchoices.org/covid-19-resources/>

Providence St. Joseph - Portland, OR, Caroline Hurd MD, et al

Photos from:

<http://archive.knoxnews.com/entertainment/family/families-face-difficult-decision-as-hospice-care-grow>

<https://www.nytimes.com/2020/04/08/well/live/coronavirus-and-the-cancer-patient.html>



Center to  
Advance  
Palliative Care™

capc