

# PALLIATIVE CARE DURING COVID-19 ILLNESS

Palliative care or reducing suffering and improving quality of life for those with COVID-19 is a necessity. Symptom management should be a priority while continuing to attempt to cure COVID-19. However, allowing a natural death may be the only option for those with serious underlying medical illnesses or for those who cannot get to acute care quickly enough.

Palliative Care Considerations and Resources	
<b>Advance Care Planning (ACP) &amp; goals of care/ level of intervention</b>	<p><b>See:</b> other FNHA Fact Sheet on <a href="#">Advance Care Planning during COVID-19</a>.</p> <p>Asking about their medical preferences does not make people more scared or worried, it provides control.</p> <p>Goals of Care will determine how much the health care team should intervene.</p>
<b>Facts about COVID-19</b>	<ul style="list-style-type: none"> <li>• There is an increased risk of more severe outcomes for Canadians with compromised immune systems, underlying medical conditions and those aged 65 and over<sup>(1)</sup></li> <li>• Mortality risk is estimated at 0.5-7% internationally<sup>(2)</sup></li> </ul>
<b>Symptom Management-general principles</b>	<ul style="list-style-type: none"> <li>• Assess and reassess with validated Symptom Assessment scales: <a href="#">Northern Health</a> or <a href="#">Interior Health</a></li> <li>• Use PRNs added to regular doses to obtain symptom control</li> <li>• Around the clock symptoms require regular medication</li> <li>• Use oral route whenever possible</li> <li>• <a href="#">Insert a Subcutaneous butterfly</a><sup>(7)</sup> or use rectal route when the person cannot swallow safely</li> <li>• Hope for the best, prepare for the worst (anticipate symptoms)</li> <li>• Use your local team and resources in the regional health authority</li> </ul>
<b>Medications</b>	<p>UBC Division of Palliative Medicine has this list of <b>medications</b> for those with COVID-19 who are receiving <a href="#">end of life supportive care, outside of the ICU</a><sup>(5)</sup></p> <p>Other health authorities have developed preprinted order sets to manage COVID-19 symptoms, consult the local palliative care team.</p> <p>In addition to the medication suggested, this Fact Sheet lists other interventions, mainly based on the <b>BC Centre for Palliative Care: <a href="#">Symptom Management Guidelines</a></b><sup>(4)</sup></p>
<b>Breathlessness/ shortness of breath/dyspnea</b>	<ul style="list-style-type: none"> <li>• Feels very life threatening to people experiencing it</li> <li>• Continue with regular medications as long as possible, if underlying medical condition (examples: Digoxin for heart failure, or inhalers for COPD)</li> <li>• Non-pharmacological methods: <ul style="list-style-type: none"> <li>▪ Reposition: upright in bed with pillows under the arms or sitting in chair</li> <li>▪ rest from activity causing breathlessness</li> <li>▪ pursed lip breathing<sup>(4)</sup></li> </ul> </li> </ul>

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	<p>Patient Handout: <a href="#">Breathlessness at home during the COVID-19 pandemic</a> is a useful resource for positioning, breathing techniques and more.</p> <p><b>Opioids</b> are acceptable to help with this symptom; to increase the dose quickly to achieve relief, see <a href="#">end of life supportive care, outside of the ICU</a>.<sup>(5)</sup></p> <p><b>Sedatives</b> such as Midazolam may be required for symptom relief of breathlessness; discuss with family/patient if able.</p> <p><b>Oxygen</b> helps if oxygen saturation is low, or people have an underlying reason for using oxygen (i.e. on home oxygen for COPD). Normally, dying people do not require oxygen if they did not use oxygen before they were dying.<sup>(4)</sup></p> <p><b>Avoid the use of the following</b> (as they may generate aerosolized COVID-19 particles and infect healthcare workers and family members).<sup>(3)</sup></p> <ul style="list-style-type: none"> <li>• Fan</li> <li>• Oxygen flow greater than 6L/min</li> <li>• High-flow nasal cannula oxygen</li> <li>• Continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BiPAP)</li> <li>• All nebulized treatments (bronchodilators, epinephrine, saline solutions etc.)</li> </ul> <p>For more information, <b>see:</b> FNHA Fact Sheet: Symptom Management <a href="#">Shortness of Breath/Anxiety</a></p>
<p><b>Fever</b></p>	<ul style="list-style-type: none"> <li>• Treat with anti-pyretic medication: Acetaminophen (oral or rectal suppository)</li> <li>• Use cool cloths on the face</li> <li>• Hydration, as tolerated</li> <li>• Light bedding/clothing over person</li> <li>• Ice packs, if tolerated</li> </ul>
<p><b>Cough</b></p>	<p>Speech therapy strategies: pursed lip breathing, replace cough with swallow, relaxed throat breath, cough suppression education, and distraction<sup>(4)</sup></p> <p>Relaxation techniques; posture/position and anxiety reduction<sup>(4)</sup></p> <p>Encourage forced expiratory “huffing” to clear secretions and controlled breathing techniques to reduce cough<sup>(4)</sup></p> <p><b>Productive cough:</b> Expectorants: Guaifenesin to liquefy viscous mucous and promote expulsion<sup>(4)</sup></p> <p><b>Opioids</b> also provide cough suppression; see: <a href="https://palliativecare.med.ubc.ca/coronavirus/">end of life supportive care, outside of the ICU</a><sup>(5)</sup></p> <p><b>See:</b> FNHA Fact Sheet: Symptom Management <a href="#">Respiratory Secretions</a></p>

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<p><b>Anxiety, restlessness/ agitation, delirium</b></p>	<p>In addition to medication for <a href="#">end of life supportive care, outside of the ICU<sup>(5)</sup></a> try these non-pharmacological interventions:</p> <ul style="list-style-type: none"> <li>• One to one support by family, friend, if able: to maintain safety, reduce fear and support reorientation<sup>(5)</sup></li> <li>• Prevent over-stimulation; keep visitors/staff changes to a minimum<sup>(5)</sup></li> </ul> <p><b>See:</b> FNHA Fact Sheet: Symptom Management: <a href="#">Agitation/ Restlessness</a></p>
<p><b>Overall comfort</b></p>	<ul style="list-style-type: none"> <li>• Regular repositioning q 4 hours</li> <li>• Oral care, as tolerated; can use moist toothbrush, or facecloth</li> <li>• May require lubricating eye drops, if unable to close eyes</li> </ul>
<p><b>Psychosocial, spiritual &amp; cultural support</b></p>	<p>If they are able, ask the Patient Dignity Question. <b>Ask</b>, “What do I need to know about you as a person to give you the best care possible?”<sup>(6)</sup></p> <p><b>Ask</b>, “What cultural supports, or rituals are important to you and might help you?” (e.g., prayers, cedar brushing, smudging, visit from Elder)</p> <p>Preparing the spirit for transition into the next life (if they believe in an afterlife) by strengthening emotional, mental and spiritual wellness<sup>(4)</sup></p> <p>See more interventions within <b>BC Centre for Palliative Care: <a href="#">Symptom Management Guidelines</a></b><sup>(4)</sup>: Nurturing Psychosocial and Spiritual Well-Being</p>
<p><b>Funerals/ traditional protocols that involve gatherings</b></p>	<p>Public health advice is changing rapidly, during COVID-19 pandemic.</p> <p>Small gatherings may or may not be permitted before or after death of the individual.</p> <p>Assist families and communities about creative ways to honour, respect and value traditions, given current restrictions on size of gatherings.</p>
<p><b>Planning for death at home</b></p>	<p><a href="https://www.fnha.ca/Documents/FNHA-Palliative-Care-Checklist-for-Nurses.pdf">https://www.fnha.ca/Documents/FNHA-Palliative-Care-Checklist-for-Nurses.pdf</a></p>

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## References:

- (1) Public Health Agency of Canada: [Corona Virus Outbreak Update](#)
- (2) Center for Evidence Based Medicine: [Global COVID-19 Case Fatality Rates](#)
- (3) Canadian Association of Emergency Physicians. End-of-life care in the Emergency Department for the patient imminently dying of a highly transmissible acute respiratory infection (such as COVID-19): <https://caep.ca/covid-19/covid-19-clinical-flow-charts-guidelines-and-protocol/>
- (4) BC Centre for Palliative Care: [Symptom Management Guidelines](#)
- (5) UBC, Division of Palliative Care medicine website: <https://palliativecare.med.ubc.ca/coronavirus/>
- (6) Chochinov, MC: [Dignity and the essence of medicine: the A, B, C, and D of dignity conserving care](#)
- (7) Vancouver Coastal Health: Medication: Subcutaneous (Intermittent and Continuous): <http://shop.healthcarebc.ca/vch/VCHDSTs/D-00-12-30306.pdf>

## Further Reading:

UBC, Division of Palliative Care website: <https://palliativecare.med.ubc.ca/coronavirus/>

Pallium Canada: Palliative Approach to Care in the Coronavirus Pandemic (1h recorded webinar): [https://www.youtube.com/watch?v=mlf83Ddat\\_g&feature=youtu.be](https://www.youtube.com/watch?v=mlf83Ddat_g&feature=youtu.be)

Thunder Bay Regional Health Sciences: Video How to Insert a Subcutaneous Butterfly: <https://www.youtube.com/watch?v=li47l4861gY>

Worldwide Hospice and Palliative Care alliance COVID-19 resources: <http://www.thewhpca.org/covid-19>

## Resources specific to cough:

Airway clearance technique: <https://www.cff.org/Life-With-CF/Treatments-and-Therapies/Airway-Clearance/Airway-Clearance-Techniques/>

[Information for Families when End of Life is Near](#) (First Nations Health Authority brochure)

Northern Health Patient Handout: Grief During COVID-19:

<https://physicians.northernhealth.ca/sites/physicians/files/physician-resources/covid-19/grief-bereavement-during-COVID-19.pdf>