A Note About These Guidelines:

These are unprecedented times. There is no roadmap yet. We are facing situations that we never expected or wanted to. Working together we can make it through with empathy, compassion and sense of service intact.

These guidelines have been rapidly assembled and should be seen as an acute response to a fast-moving pandemic. The situation is fluid, and best practice is likely to need to change quickly. As we learn more about the specific needs of people dying with COVID-19, these guidelines will be constantly updated, and we welcome your input and experience in helping to keep these as useful and relevant as possible.

End of Life Nursing Considerations – COVID-19 Patients

Purpose

To provide guidance on the end of life nursing care needs of patients with COVID 19 infection. These patients may be dying because of COVID-19, or dying from other causes while infected with COVID-19. The COVID 19 pandemic is a rapidly evolving and exceptionally challenging health care crisis within New Zealand. This document will therefore require regular review as health outcomes and care needs of affected patients and their whānau are better understood.

The health and safety of the nursing and health care teams caring for these patients remains paramount, and local infection control policies must be consulted, and their specialist advice supersedes any infection control information contained within this guideline.

Scope

Includes:	COVID-19 positive patients who are identified as requiring end of life care, where the goal of care is symptom-based comfort care. This is a DHB wide policy, written particularly for adult patients.
Excludes:	The contents of this guideline should be used with caution with patients less than 16 years of age, and local guidelines may need to be developed for these patients.

Definitions

COVID 19:

Coronaviruses (CoV) are a large family of viruses that cause illness ranging from the common cold to more severe diseases. Coronavirus disease (COVID-19) is caused by a new strain of virus officially named SARS-Cov-2 that was discovered in 2019 and has not been previously identified in humans.

Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death (World Health Organisation, 2020).

End of life Care:

Care given to people who are near the end of life and have stopped treatment to cure or control their disease. End-of-life care includes physical, emotional, social, and spiritual support for patients and their families. The goal of end-of-life care is to control pain and other symptoms so the patient can be as comfortable as possible (National Cancer Institute, 2020).

Guidelines

Relevant equipment/resources:

- Personal protection equipment must be worn for all patient interactions as per current advice from local Infection Control services
- Blunt fill filter needles
- Syringes
- Saf-t intima cannula (acknowledging SC injections as last resort)
- Niki T34 syringe drivers if 24-hour continuous medication infusion required
- There are prescribing and care guidelines for common last days of life symptoms (pain/breathlessness/nausea & vomiting, agitation and delirium, respiratory secretions available in the guidance document 'Te Ara Whakapiri) available via the Ministry of Health website
- 'When Death is Near' - Te Ara Whakapiri – a supportive brochure resource for family of those at the end of life

Symptom management:

- Careful attention to symptom management at the end of life
- Assess for any distressing contributory causes (continence issues, anxiety)
- For patients experiencing respiratory distress, refer to Palliative Care Symptom Control Guidelines for People with COVID-19
- For patients with acute and distressing symptoms, it may be appropriate to keep IV/central venous access where already in-situ to allow for quick titration of medications
- Fever management may include Paracetamol (PO/IV where appropriate). Cool flannels and warming/cooling with appropriate bedding to support patient comfort
- In clinical areas where Te Ara Whakapiri, Last Days of Life have been implemented, it is appropriate to commence this care-plan and assessment tool following discussion with the primary medical team
- Please note: Fans and nebulisers should not be used in patient rooms

Mouth cares:

- Ensure appropriate PPE is worn whilst undertaking oral cares as there is risk that these procedures may induce patient coughing
- Continue to offer sips of drinks/ice-chips/ice-blocks as patient is able to tolerate for comfort
- For dry mouth – use lubricating mouth gels where available, brushing of teeth where able/appropriate
- Moistened mouth swabs, or gentle brushing of the teeth/tongue/inner cheeks per local practice
- Use moistening lip balm/creams (ie: Vitamin A cream or similar) to prevent dry/chapped lips.

Secretion management:

- Suctioning should be avoided where possible. If suctioning is absolutely required – ensure appropriate PPE is being worn, and that patient is being cared for in a negative pressure room
- Nursing the patient in a semi-fowlers position may support postural drainage of secretions
- Cloths may be used to wipe the mouth of any visible sections
- Further support for management of excessive secretions is available via the Palliative Care Symptom Control Guidelines for People with COVID-19

Visitation/communication:

- This is likely to be a very distressing time for both patients and their whānau, particularly with visiting restrictions impacting on their ability to be with their loved ones
- Ensure that you are up to date with the current local visitation policy with regards to visitors who may be under self-isolating restrictions or even suffering from Covid-19 themselves, including any available special arrangement for end of life patients. Issues are protection of an uninfected visitor, and protection of staff from a potentially infectious visitor
- Where possible, explore how you may be able to support patient/whānau to maintain communication ie: with mobile devices, through video calling/skyping where able, or putting the phone on speaker phone so that whānau are able to speak to the patient, even if they are unable to respond.
- This may also include a video/speaker phone call with patients' spiritual carers to perform prayer, blessings or spiritual practices
- Explore with the patient's whānau how we can best support them with timely communication regarding their loved one's condition (ie: an update phone call regarding their loved one's condition each shift where possible, providing the ward/clinical area telephone number to allow for direct contact, ensuring that contact details including email addresses are up to date, so that supportive documents can be shared with family electronically where appropriate)
- Discuss whether there are personal items that the family would like to provide for their loved one (ie: a familiar quilt/blanket, a favourite radio station or piece of music that they might want played). It is important to note that due to infection control considerations, staff will do their very best to return these items wherever possible. This may require items to be cleaned where possible, and being placed into a sealed bag and returned after a 14-day period whereby the risk of any transmission would be very low

Skin/pressure area cares:

The priority of care is patient comfort and maintaining staff safety. Careful assessment of a patient's likely prognosis is needed to inform decision making regarding their pressure area management. If a patient is actively dying, then it is not appropriate to swap them onto a pressure relieving mattress in the ward environment

- For patients being cared for outside of ICU: It may be more appropriate to nurse the patient on their standard hospital mattress, with the priority of care being turns/repositioning as appropriate to ensure they do not develop uncomfortable pressure areas

- It may be important to have slide sheets left underneath the patient which may reduce number of staff required for turning cares, depending on size of patient.
- For comfort, prophylactic dressings such as mepilex border may be applied over the sacrum or identified vulnerable pressure areas
- Where patients are being cared for in ICU, it is recommended that turn sheets can be used where available to minimise staff risk with turning. Turn functions available on ICU beds should be utilised wherever possible. Please consider ordering a pressure relieving mattress for patients who are transferring from ICU to a general ward for end of life care to reduce patient pressure area care needs

- Ensure patient dignity and comfort is upheld with appropriate continence support (ie: bed pan/urinal if unable to mobilise, uridome/IDC/full continence pad for patients with decreased mobility/consciousness)

Medication administration:

- Where patients require continuous administration of medications subcutaneously for symptom management a Niki T34 syringe driver should be used. If for any reason there are issues with sourcing a Niki T34 driver, regularly administered subcutaneous medications may instead need to be administered until an appropriate infusion device can be sourced. Please call the local palliative care team for further advice, and consult the Palliative Care Symptom Control Guidelines for People with COVID-19
- Where possible, the subcutaneous access device of choice is the 22 or 24-gauge Saf-T intima. If these devices are not available, an Insuflon device, or a Nexiva 22 or 24g standard length IV cannula inserted subcutaneously (ie: inserted into subcutaneous tissue at an angle of 30̊) may need to be utilised

General:

- All patients must have appropriate ID bracelet on at all times to ensure correct identification throughout their healthcare experience. Correct identification must be checked with the patients when/where able. This will need to be carefully checked again for deceased patients where there are no family visitors present in the care facility at the time of death

Post-mortem nursing care:

- Refer to Post-mortem Care of COVID-19 Positive Patients guidelines

Relevant policies:

Niki T34 syringe driver policy and administration record
Death pack documents
Death Docs NZ

References

National Cancer Institute. (2020). Retrieved from https://www.cancer.gov/publications/dictionaries/cancer-terms
Organisation, W. H. (2020). Retrieved from https://www.who.int/health-topics/coronavirus.

Review
This document has been reviewed by the CCDHB Infectious Diseases team, Hospital Palliative Care team, Wound Care CNS, Intravenous CNS, ICU, ED and General Medicine senior nursing teams.

Guidance document written by Gabrielle Driscoll Palliative Care Nurse Practitioner.
Many thanks to Capital and Coast DHB for allowing us to adapt this resource.

Some principles of all COVID-19 guidelines produced by the Collaboration:

As with all guidelines, they are designed to support decision making and best practice alongside individual assessment and ongoing reassessment as possible.

No one size fits all, and the guideline recommendations should be tailored to individual circumstances. If local guidelines are available, these guidelines can be used in addition as appropriate. In some instances, these guidelines may not necessarily be appropriate or fitting.

Whilst these guidelines are aimed specifically for people with COVID-19, the principles may also apply to people who are dying of other conditions too during a crisis.

Please do not share these guidelines on social media: the information may be sensitive to the public if not given the appropriate context.

Please feedback with your experience, and what else needs to be added or changed, as we learn more about how best to help people needing palliative care in a COVID-19 pandemic. Please email rachel@hospice.org.nz