

COVID-19 CONVERSATION GUIDE

CONVERSATION FLOW

TALKING POINTS



SET UP THE CONVERSATION

- Introduce yourself and role
- State purpose of conversation today

"I'm and I'm part of the COVID response team"

"I'm here to talk about how COVID may affect you"



ASSESS CAPACITY AND UNDERSTANDING

- Assess patient's decision making capacity
- Identify surrogate decision maker

"What have you been told about COVID?"

"Who helps make your decisions if you cannot make them yourself?"



SHARE PROGNOSIS

- Ask permission
- Allow silence after giving serious prognosis
- Frame as a "I wish and I worry....." statements

"I want to share my understanding of where we are with your COVID disease....is this okay?"

If HIGH risk patient:

"The people who most often get a severe pneumonia with COVID are older and have other medical problems, like yourself."

"If your condition gets severe, you would likely die despite receiving the most aggressive care possible."



EXPLORE GOALS

- Explore how quality of life is defined
- Review Advanced Directive, Living Will, POLST
- Inquire about prior code status

"Is there any thing you want us to know if your COVID gets really bad?"

"If your condition worsens, what are you willing to go through for the possibility of gaining more time?"

"What abilities are so important to you that cannot imagine living without them?"



SUMMARIZE & DOCUMENT

- Summarize plan for patient and family
- Share with other team members
- Use .COVIDGOC smart phrase in H&P or progress note.

WHEN CPR WOULD BE INEFFECTIVE

"We want to provide the best care possible. I do not recommend CPR given we know it is unlikely to be successful in helping you recover. We would continue all other aggressive medical care, aimed at recovery. However if you have a natural death, CPR will not help."