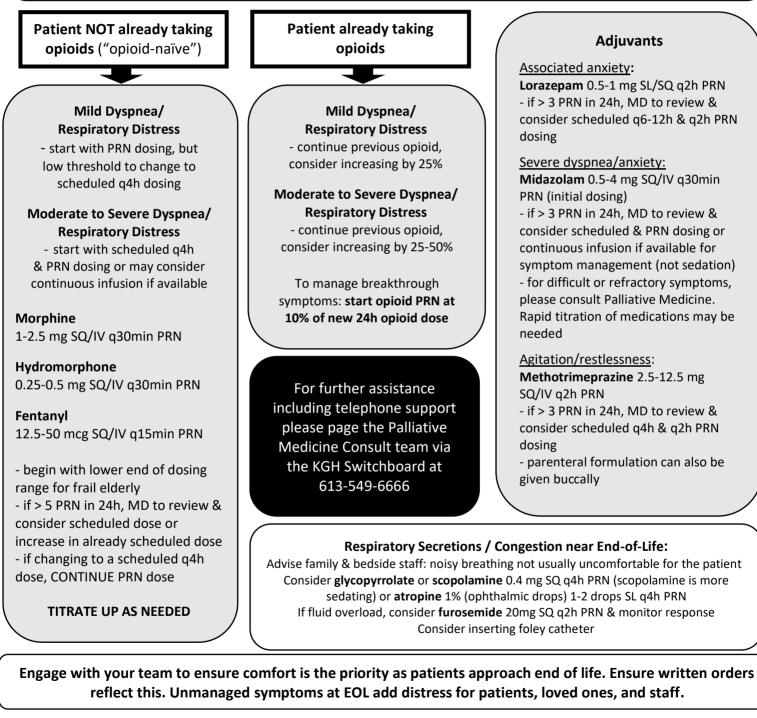
Palliative symptom management for adult patients with COVID-19 receiving end-of-life supportive care outside of the ICU

YOU MUST HAVE A GOALS OF CARE CONVERSATION WITH PATIENT/SDM PRIOR TO INITIATING GUIDELINES

- These recommendations are consistent with: DNR, no ICU transfer, and comfort-focused supportive care
- The most common symptoms of COVID-19 at the end of life are severe dyspnea and agitated delirium
- Please see the <u>COVID-19 Communication Tool</u> and/or the <u>Serious Illness Conversation Guide</u> to assist with conversation
- Opioids are the mainstay of dyspnea management, to treat acute respiratory distress & can be helpful for cough
- Mild symptoms: RR < 25, 5-10 word sentences; moderate: RR 25-30, 5 word sentences; severe: RR > 30, 1-2 word sentences



- * These recommendations are for reference and do not supersede clinical judgment
- * Evidence supports that appropriate opioid doses do not hasten death in other conditions like advanced cancer or COPD
- * Reassess dosing as patient's condition or level of intervention changes

Adapted with permission from BC Centre for Palliative Care Guidelines by the Division of Palliative Medicine, Queen's University and the South East Regional Palliative Care Network. Version April 1, 2020. Latest version of this document: <u>http://serpcn.ca/80/Clinical_Tools/</u>