

## **Guidelines for Palliation of COVID-19 Patients (positive and presumed positive) in Long-term Care (LTC) Facilities**

1. Patients are determined to require palliation from COVID-19 infection.
2. Patient declines transfer to a higher level of care, and is informed of limitations in LTC.
3. Patients are Do Not Resuscitate (DNR) and designated M1/M2 status on [MOST form](#) (10-111-5171). Refer to [Medical Orders for Scope of Treatment Clinical Practice Standard](#).
4. Focus is on comfort and aggressive symptom management.
5. Consideration of grief and bereavement and impact on patient/family is a priority (for more information, see [Guide for Serious Illness Conversations with Patients in Long-term](#)
6. [Care at Risk of COVID-19](#)).
7. Family members are permitted (with limitations) to have compassionate visitation for end of life (for more information, see [COVID-19 Essential Visitors for Compassionate Care](#)).

In the event of an outbreak (two or more cases in residents and/or staff within a twelve-day period, with at least one case identified as a resident OR any one resident or staff is lab confirmed with COVID-19), the Medical Health Officer would inform operational decisions regarding the ability to manage COVID-19 palliative patients in facility. For more information, see the [Guideline for COVID-19 Outbreak Prevention and Management in Long-term Care Facilities](#).

### **Limitations/challenges in regards to palliating residents in a LTC facility**

We respect the rights of patients to choose to die in the location they wish; this is a cornerstone of palliative care. In saying that, studies have shown that patients being palliated with a COVID-19 infection have rapid deterioration. Often, clinicians have significant challenges in managing symptoms and patients may require high doses of opioids, sedatives and anxiolytics.

Significant precautions will need to be taken in order to prevent the spread of the COVID-19 infection to other vulnerable people in the facility. Considerations must be made to avoid the overlap of staff (both nursing and other staff) who are caring for COVID-19 positive residents and other residents who are not infected.

If the decision is made to palliate COVID-19 positive resident(s) in the LTC facility, it is recommended the facility plan include access to:

- 24-hour physician on-call for symptom management/crisis management
- Dedicated nursing staff who are assigned to work with covid19 palliative residents in the facility.
  - These nurses are able and willing to learn the nursing skills required to care for a dying resident (e.g. symptom assessment and management, knowledge of when to administer PRN medications, butterfly insertions, management of infusion pumps etc.)
- Medications for symptom management available in contingency stock:
  - Opioids
  - Anxiolytics
  - Anti-emetics
  - Neuroleptics
- Parenteral medication administration supplies
- Availability of CADD Pump/Infusion pump (if required)

- Connect with the pharmacy team to determine medication supports needed, particularly related to parenteral products
- Oxygen concentrators/tanks
- Personal protective equipment (with training) for all facility staff and family members
- Technology with working/reliable Wi-Fi or cellular data connection – phones/tablets to allow connections for patients and families, as well as staff
- Standardized symptom guidelines and resources
- Facility nursing staff/leadership with palliative care experience
- Specialist support for virtual guidance and consultation
- Virtual support for grief/bereavement for residents and families