

## **Guiding Principles for Palliation of COVID-19 Patients (positive and presumed positive) in Community**

1. Patients are determined to require palliation from COVID-19 infection.
2. Patient declines admission to health care facility and is informed of limitations in community.
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. Where facility palliation is being considered, ensure patient is cared for as close to their home community as possible.
6. Consideration of grief and bereavement and impact on patient/family is a priority.

### **Limitations/challenges in regards to palliating patients at home**

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.

We have significant concerns about the ability to provide a “good death” in the home setting. These deaths could be traumatic and patients and their caregivers may experience high levels of suffering and distress. Nursing support may be limited due to an increasing demand on community resources.

If the plan is in place for a death at home in the community, the following is recommended to be in place.

### **Access to:**

- 24-hour family physician on-call for symptom management/crisis management
- A family member who is competent and willing to learn the nursing skills required to care for a patient at home (e.g. administering subcutaneous injections, butterfly insertions, drawing up medications)
- Medications for symptom management:
  - Opioids
  - Anxiolytics
  - Anti-emetics
  - Neuroleptics
  - Palliative Sedation Therapy
- Parenteral medication administration supplies
- CADD Pump/Infusion pump (if available and required)
- Oxygen concentrators/tanks
- Personal protective equipment (with training) for community 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
- Community nursing staff with palliative care experience
- Specialist support for virtual guidance and consultation
- Virtual support for grief/bereavement for patients and families