

Guide for Serious Illness Conversations with High Risk, Community-Based, COVID-19 Patients

CONVERSATION FLOW	SUGGESTED LANGUAGE
1. SET UP THE CONVERSATION	“I’d like to talk about what may be ahead for you with this illness and do some planning about what is important to you so that I can make sure we provide you with the best possible care, is this okay? ”
2. ASSESS UNDERSTANDING AND PREFERENCES	“ What is your understanding of how COVID-19 is affecting people like you? [people who are older and/or frail, people with significant comorbidities] “ What information about what is ahead would you like from me? ”
3. SHARE INFORMATION & PROGNOSIS: * Frame as a “ wish...worry ” or “ hope...worry ” statement * Allow silence & explore emotion	E.g., “COVID-19 is a viral illness that spreads like the flu. We know it’s particularly serious in patients like you. I wish we were not in this situation, but I’m worried that you could get much sicker very quickly. If that happens you’re at risk of dying in a short period of time.”
4. EXPLORE KEY TOPICS: a. Goals b. Fears c. Sources of strength d. Family e. Notify	“If things get worse, what would be most important to you? ” “ What are you most afraid of right now?” “ What gives you strength as you think about what may be ahead with this illness?” “ How much does your family know about what’s important to you?” “ Is there anyone you would like me to contact? ”
5. CLOSE THE CONVERSATION	“ I’ve heard you say that _____ is important you right now. Keeping this in mind, and what we know about this illness, I recommend that _____.” “ How does this plan seem to you? ” “ We will do everything we can to help you through this.” E.g., “I’ve heard you say that not suffering, if you become short of breath, is important to you. Keeping in mind what we know about this illness, and what you’ve shared with me, I worry sending you to hospital will prolong your suffering without extending your life meaningfully. I recommend we continue to care for you in your home with medications to aggressively manage your symptoms and ensure you remain comfortable. How does this sound?”
6. DOCUMENT & COMMUNICATE WITH KEY CLINICIANS	1. DOCUMENT in your Electronic Medical Record (EMR) or patient’s chart. 2. Ensure a provincial No CPR form is completed or NH MOST form (10-111-5171). https://www2.gov.bc.ca/assets/gov/health/forms/302fil.pdf https://www.northernhealth.ca/sites/northern_health/files/health-professionals/palliative-care/documents/medical-orders-scope-treatment.pdf 3. Complete BC Palliative Care Benefits https://www2.gov.bc.ca/assets/gov/health/forms/349fil.pdf 4. Personally inform provider(s) who should know. (i.e. community/primary care nursing). 5. Ensure family is updated if appropriate.