

## Palliative Care Screening Process

### Scripting:

1. Introduce self and say what your role is (social worker, RN, etc.).
2. Acknowledge that the resident has been tested for COVID-19.
3. *I would like to have a conversation with you regarding your wishes should you test positive for COVID-19, or your symptoms worsen. As we have seen with cases of COVID-19 locally and around the world, you are in the age group with underlying medical conditions. If you are diagnosed with COVID-19, you should expect a rapid decline in your overall health. This decline in your health may lead to progressive respiratory failure, prolonged hospitalization and ventilator support. Respiratory failure happens when fluid builds up in the lungs and the lungs are no longer able to exchange oxygen normally. As a result, enough oxygen is not able to reach the heart, brain, or the rest of the body. We have seen that up to 80% of people who die from COVID-19 related symptoms were in the same age group that you are in.*
4. *Alternatives to hospitalization include comfort medications and compassionate treatment at the end of life while remaining at the nursing facility. This includes medications to keep you comfortable and ease symptoms that you may be experiencing.*
5. **CPR:** *In the event something catastrophic happens to you, our ability to have success with things like CPR is minimal. Using CPR will likely cause more harm than good. CPR can cause broken ribs, especially in the elderly who have frail bones. It can also lead to a collapsed lung (when air escapes the lungs and enters the chest causing the lung to collapse). If you have a collapsed lung, you will require a tube to be placed into your lungs that passes through the ribs, and is attached to a container outside of your body to help drain fluid on the lungs. This will result in an extended hospital stay. An extended hospital stay will place you at risk for many hospital acquired infections. Even if you were to survive with CPR, some of your vital organs can be damaged. You may not return to your original state of health prior to CPR. Brain cells can be severely damaged during CPR due to lack of oxygen. CPR is something we are not recommending. We do not feel CPR will be successful in helping you survive.*

6. **DNI:** *If you start having trouble breathing, we will take care of you (give you oxygen and medication to help ease your breathing as mentioned above). People of your age and health status that have been intubated and on life support have not done well. Most of these individuals have died. The survivors are typically those who are younger.*
- a. *What it is like to be on a vent? You will be placed in a medically induced coma, which means you will be heavily sedated. You will not be able to talk or tell staff if this is the care you really want. The amount of sedation needed for COVID-19 patients can cause muscle and nerve damage. This may make it hard for those who do survive to walk, move, or even think.*
  - b. *You will be confined to a bed for days or weeks. This will put you at risk for additional infections and bed sores.*
  - c. *Being on a ventilator can make your lungs worse. This is because too much oxygen being administered by the ventilator can damage your lungs.*
  - d. *When deciding if you want to be hospitalized and placed on a ventilator, you should consider these questions: What do I value about my life? Do I want to be put in a medical coma and placed on a ventilator to save my life knowing that it may not work or cause permanent damage? If I do choose to be placed on a ventilator, how far do I want to go? Do I want to continue on the machine if my kidneys shut down and I need to be on a dialysis for my kidneys to work? Do I want tubes feeding me so I can stay on the ventilator for weeks? Remember that you won't be able to answer these questions once you have been placed on a ventilator.*
7. **Preferences:** *We should talk about your preferences:*
- a. *Open up the conversation for patient and family to talk.*
  - b. *Have a decision made to either perform CPR or be DNR/DNI/Do not hospitalize for COVID-19.*
8. *Thank you for having this difficult, but necessary conversation with me. Now we know how to best care for you going forward.*

**Documentation:**

Clear documentation and easy to see in the patient's chart and/or EMR stating DNR/DNI AND DO NOT HOSPITALIZE DUE TO COVID-19.