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**Literature search results**

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| Audience – Nursing Lead | **Search date: 20/04/2020** | **Time Taken: 180 mins** |
| **Search query:** Supportive guidance on hospital visiting in adult services during Covid-19 pandemic | | |
| **Sources searched: Cinahl, Medline, Embase, PsychInfo, HMIC, Clinical Key, NICE Evidence, Google search** | | |
| **Limits: None** | | |
| **Search terms used:**  (covid-19 OR covid OR corona virus OR coronavirus OR pandemic) ti, ab AND  (((hospital\* OR inpatient\*) AND (visit\* OR visiting)) AND (famil\* OR relative\*)).ti,ab OR (hospital\* ADJ2 visit\*).ti,ab  (pandemic\* AND (hospital\* ADJ3 visit\*)).ti,ab  (palliative care AND (hospital\* ADJ3 visit\*)).ti,ab  **Please let us know if you would like any additional keywords added to the search or if the search requires amending.** | | |
| **Comments about the results:**  **How?** I have used the search terms that you provided in your original request, alongside further synonyms and alternative terminology, to formulate the search strategy. I have searched the above databases and used Boolean operators to ensure the highest success rate. I have also hand sifted the final results.  **What?** I was unable to find anything relevant in the health care databases, but have found the following documents that may be of interest to your search query. | | |
| **Requesting full text papers:** If you would like to consult the full text of any of the papers from the search, please email [library@uhbristol.nhs.uk](mailto:library@uhbristol.nhs.uk) with the full bibliographic details.  Please be aware that we cannot request full text papers for conference abstracts as the abstract you see is all that has been published. | | |
| **Disclaimer:** Every effort has been made to ensure that the information supplied is accurate, current and complete. However for various reasons it may not represent the entire body of information available. No responsibility can be accepted for any action taken on the basis of this information. Searching the literature retrieved the information provided. We also recommend checking the relevance and critically appraising the information contained within when applying to clinical decisions. | | |
| **Feedback:** It would be really useful for the future development of our literature search service if you could complete this short feedback survey: <https://www.surveymonkey.com/r/9PBVQKT>. | | |

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| [https://www.nice.org.uk/Themes/NICE.Bootstrap/Content/niceorg/nicelogo.png](https://www.nice.org.uk/guidance)[In-patient visitors and coronavirus: guidance to the NHS](https://gov.wales/sites/default/files/publications/2020-03/visitor-guidance-to-in-patient-health-settings-in-times-of-coronavirus-covid-19.pdf) [PDF] Source:  [Welsh Government](https://www.evidence.nhs.uk/search?om=%5b%7b%22srn%22:%5b%22Welsh%20Government%22%5d%7d%5d&q=covid+and+hospital+visiting&sp=on) - 25 March 2020  How the NHS should manage in-patient visitors during the coronavirus pandemic. |
| http://connect/NewTeachingandLearning/libraryandinformationservice/PublishingImages/clinical%20key%20trial%20connect.jpgAnaesthesia, Published April 7, 2020. Shanthanna H1, Strand NH2, Provenzano DA3, Lobo CA4, Eldabe S5, Bhatia A6, Wegener J7, Curtis K8, Cohen SP9, Narouze S10. Caring for patients with pain during the COVID-19 pandemic: Consensus recommendations from an international expert panel. [check full text access @ UH Bristol](https://5762691.odslr.com/resolver/full??url_ver=Z39.88-2004&url_ctx_fmt=info:ofi/fmt:kev:mtx:ctx&rft_val_fmt=info:ofi/fmt:kev:mtx:journal&rft_id=&rft.genre=article&rft.atitle=Caring%20for%20patients%20with%20pain%20during%20the%20COVID-19%20pandemic%3A%C2%A0Consensus%20recommendations%20from%20an%20international%20expert%20panel.&rft.jtitle=Anaesthesia&rft.issn=13652044&rft.date=2020&rft.volume=&rft.issue=&rft.spage=&rft.epage=) Abstract Chronic pain causes significant suffering, limitation of daily activities and reduced quality of life. Infection from COVID-19 is responsible for an ongoing pandemic that causes severe acute respiratory syndrome, leading to systemic complications and death. Led by the World Health Organization, healthcare systems across the world are engaged in limiting the spread of infection. As a result all elective surgeries, procedures, and patient visits, including pain management services, have been postponed or cancelled. This has impacted the care of chronic pain patients. Most are elderly with multiple comorbidities, which puts them at risk of COVID-19 infection. Important considerations that need to be recognised during this pandemic for chronic pain patients include: ensuring continuity of care and pain medications, especially opioids; use of telemedicine; maintaining biopsychosocial management; use of anti-inflammatory drugs; use of steroids; and prioritising necessary procedural visits. There are no guidelines to inform physicians and healthcare providers engaged in caring for patients with pain during this period of crisis. We assembled an expert panel of pain physicians, psychologists and researchers from North America and Europe to formulate recommendations to guide practice. As the COVID-19 situation continues to evolve rapidly, these recommendations are based on the best available evidence and expert opinion at this present time and may need adapting to local workplace policies. Citation Caring for patients with pain during the COVID-19 pandemic: Consensus recommendations from an international expert panel.Shanthanna H, Strand NH, Provenzano DA, Lobo CA, Eldabe S, Bhatia A, Wegener J, Curtis K, Cohen SP, Narouze S - Anaesthesia - April 7, 2020; ();  MEDLINE is the source for the citation and abstract for this record Lessons learned from the coronavirus health crisis in Madrid, Spain: How COVID-19 has changed our lives in the last two weeks [Download PDF](https://www.clinicalkey.com/service/content/pdf/watermarked/1-s2.0-S0006322320314931.pdf?locale=en_US&searchIndex=) Article in Press: Accepted Manuscript   * [Celso Arango MD, PhD](https://www.clinicalkey.com/#!/search/Arango%20Celso/%7B%22type%22:%22author%22%7D)   Biological Psychiatry, Copyright © 2020  … A third group is in charge of the death process. Doctors call us when they know someone is going to die and we a) inform relatives, b) ask for verbal consent to administer sedation, c) organize a “farewell” visit — only one visitor is allowed, and that cannot be someone who is at risk or COVID-19 positive, so often there is no visit and patients die with no one there for them and, in these instances, we hold videoconferences to d) inform family about the death and provide counseling. No funerals are allowed. People die in the most unthinkable solitude... No hugs, no last words, no hand-holding. If they do not receive sedation, they die from suffocation. We have also a program to identify pathological grief and have a follow-up phone call 3 weeks after the death. Not having any rituals surrounding death and the circumstances of these events make us think that we will have many cases of delayed and pathological grief. Creating a Palliative Care Inpatient Response Plan for COVID19 – The UW Medicine Experience [Download PDF](https://www.clinicalkey.com/service/content/pdf/watermarked/1-s2.0-S0885392420301767.pdf?locale=en_US&searchIndex=) Article in Press: Accepted Manuscript   * [James Fausto MD, MHA](https://www.clinicalkey.com/#!/search/Fausto%20James/%7B%22type%22:%22author%22%7D), [Lianne Hirano MD](https://www.clinicalkey.com/#!/search/Hirano%20Lianne/%7B%22type%22:%22author%22%7D), [Daniel Lam MD](https://www.clinicalkey.com/#!/search/Lam%20Daniel/%7B%22type%22:%22author%22%7D), [Amisha Mehta MD](https://www.clinicalkey.com/" \l "!/search/Mehta%20Amisha/%7B%22type%22:%22author%22%7D), [Blair Mills MHA](https://www.clinicalkey.com/#!/search/Mills%20Blair/%7B%22type%22:%22author%22%7D), [Darrell Owens DNP, MSN, MSHA](https://www.clinicalkey.com/#!/search/Owens%20Darrell/%7B%22type%22:%22author%22%7D), [Elizabeth Perry MSW](https://www.clinicalkey.com/#!/search/Perry%20Elizabeth/%7B%22type%22:%22author%22%7D) and [J. Randall Curtis MD, MPH](https://www.clinicalkey.com/#!/search/Curtis%20J.%20Randall/%7B%22type%22:%22author%22%7D)   Journal of Pain and Symptom Management, Copyright © 2020 AbstractIntroduction The COVID-19 pandemic is stressing healthcare systems throughout the world. Significant numbers of patients are being admitted to the hospital with severe illness, often in the setting of advanced age and underlying co-morbidities. Therefore, palliative care is an important part of the response to this pandemic. The Seattle area and UW Medicine have been on the forefront of the pandemic in the US. Methods UW Medicine developed a strategy to implement a palliative care response for a multi-hospital healthcare system that incorporates conventional capacity, contingency capacity, and crisis capacity. The strategy was developed by our palliative care programs with input from the healthcare system leadership. Results In this publication, we share our multi-faceted strategy to implement high-quality palliative care in the context of the COVID-19 pandemic that incorporates conventional, contingency, and crisis capacity and focuses on the areas of the hospital caring for the most patients: the emergency department, the intensive care units, and the acute care services. The strategy focuses on key content areas including identifying and addressing goals of care, addressing moderate and severe symptoms, and supporting family members. Conclusions Strategy planning for delivery of high-quality palliative care in the context of the COVID-19 pandemic represents an important area of need for our healthcare systems. We share our experiences developing such a strategy to help other institutions conduct and adapt such strategies more quickly. Intensive care management of coronavirus disease 2019 (COVID-19): challenges and recommendations Article in Press: Corrected Proof   * [Jason Phua MRCP](https://www.clinicalkey.com/#!/search/Phua%20Jason/%7B%22type%22:%22author%22%7D), [Li Weng MD](https://www.clinicalkey.com/#!/search/Weng%20Li/%7B%22type%22:%22author%22%7D), [Lowell Ling MRCP](https://www.clinicalkey.com/#!/search/Ling%20Lowell/%7B%22type%22:%22author%22%7D), [Moritoki Egi MD](https://www.clinicalkey.com/" \l "!/search/Egi%20Moritoki/%7B%22type%22:%22author%22%7D), [Chae-Man Lim Prof](https://www.clinicalkey.com/" \l "!/search/Lim%20Chae-Man/%7B%22type%22:%22author%22%7D), [Jigeeshu Vasishtha Divatia Prof](https://www.clinicalkey.com/" \l "!/search/Divatia%20Jigeeshu%20Vasishtha/%7B%22type%22:%22author%22%7D), [Babu Raja Shrestha Prof](https://www.clinicalkey.com/" \l "!/search/Shrestha%20Babu%20Raja/%7B%22type%22:%22author%22%7D), [Yaseen M Arabi Prof](https://www.clinicalkey.com/#!/search/Arabi%20Yaseen%20M/%7B%22type%22:%22author%22%7D), [Jensen Ng M Med Anaesthesiology](https://www.clinicalkey.com/#!/search/Ng%20Jensen/%7B%22type%22:%22author%22%7D), [Charles D Gomersall Prof](https://www.clinicalkey.com/#!/search/Gomersall%20Charles%20D/%7B%22type%22:%22author%22%7D), [Masaji ishimura Prof](https://www.clinicalkey.com/" \l "!/search/Nishimura%20Masaji/%7B%22type%22:%22author%22%7D), [Younsuck Koh Prof](https://www.clinicalkey.com/" \l "!/search/Koh%20Younsuck/%7B%22type%22:%22author%22%7D) and [Bin Du Prof](https://www.clinicalkey.com/#!/search/Du%20Bin/%7B%22type%22:%22author%22%7D)   Lancet Respiratory Medicine, The, Copyright © 2020 Elsevier Ltd  As coronavirus disease 2019 (COVID-19) spreads across the world, the intensive care unit (ICU) community must prepare for the challenges associated with this pandemic. Streamlining of workflows for rapid diagnosis and isolation, clinical management, and infection prevention will matter not only to patients with COVID-19, but also to health-care workers and other patients who are at risk from nosocomial transmission. Management of acute respiratory failure and haemodynamics is key. ICU practitioners, hospital administrators, governments, and policy makers must prepare for a substantial increase in critical care bed capacity, with a focus not just on infrastructure and supplies, but also on staff management. Critical care triage to allow the rationing of scarce ICU resources might be needed. Researchers must address unanswered questions, including the role of repurposed and experimental therapies. Collaboration at the local, regional, national, and international level offers the best chance of survival for the critically ill.  Visits to the ICU should be restricted or banned to prevent further transmission, except perhaps for the imminently dying. 63, 93. Where feasible, video conferencing via mobile phones or other interfaces can be used for communication between family members and patients or health-care workers.  63. Liao X, Wang B, Kang Y. Novel coronavirus infections during the 2019-2020 epidemic: preparing intensive care units – the experience in Sichuan Province, China. Intensive Care Med 2020; 46: 357-360  93. Gomersall CD, Tai DY, Loo S et al. Expanding ICU facilities in an epidemic: recommendations based on experience from the SARS epidemic in Hong Kong and Singapore. Intensive Care Med2006; 32: 1004-1013.    Gomersall CD, Tai DY, Loo S, et al: Expanding ICU facilities in an epidemic: recommendations based on experience from the SARS epidemic in Hong Kong and Singapore. Intensive Care Med 2006; 32: pp. 1004-101  Gomersall CD, Tai DY, Loo S, et al: Expanding ICU facilities in an epidemic: recommendations based on experience from the SARS epidemic in Hong Kong and Singapore. Intensive Care Med 2006; 32: pp. 1004-1013 |
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| **Google search**  **Marie Curie**  **Coronavirus and end of life care**  Marie Curie, together with the Scottish Academy of Medical Royal Colleges, the Royal College of Physicians of Edinburgh, and Scottish Care have co-produced [new guiding principles](https://www.rcpe.ac.uk/college/covid-19-allow-families-equal-access-visit-dying-relatives)designed to ensure that dying patients in Scotland are treated humanely, compassionately and with dignity during the coronavirus pandemic.  <https://www.mariecurie.org.uk/professionals/palliative-care-knowledge-zone/proving-good-quality-care/covid-19>  A statement from the Royal College of Physicians of Edinburgh and extract from the guidance included below:  **Royal College of Physicians of Edinburgh**  **15 Apr 2020**  The Scottish Academy of Medical Royal Colleges (the ‘Scottish Academy’), the Royal College of Physicians of Edinburgh (the ‘College’), Marie Curie and Scottish Care have co-produced new guiding principles, designed to ensure that dying patients in Scotland are treated humanely, compassionately and with dignity during the COVID-19 pandemic. They want the Scottish Government to adopt the guidelines as a matter of urgency.  The principles say that all patients in Scotland who are judged to be dying from COVID-19 or other terminal conditions - within hours or days - must receive equal access to visits from family or friends.  Deaths from COVID-19 and other diseases and illness occur across the entire range of care facilities in Scotland. Patients die at home, in nursing and residential homes, in hospices, community hospitals, general wards of acute hospitals, emergency departments, and high dependency and intensive care units.  Although a national approach to end of life visiting is essential, current UK Government guidance on travel from home during COVID-19 does not explicitly specify that visits to a dying family member is allowed.  As a consequence, inconsistent interpretations of this guidance mean that variable policies are in place. Some are more stringent, and limit or may entirely exclude access of family to a patient dying of COVID-19. Other approaches are more lenient and permit exceptions sometimes without explicit consideration of the wider implications of population harm or PPE limitations.  The new principles therefore set out a path to allowing family or friends to safely visit dying patients using the correct personal protective equipment, treating all dying patients equally with dignity and compassion, while protecting other patients, visitors and healthcare workers.  **Patients and Family at the End of Life Implications of COVID-19.**  Extract from guidance. Full guidance available at link below.  Concerns about visiting are legitimate but responses to them should not only be governed by principles of infection control at local and population level, but also by moral and ethical principles. We therefore suggest how a simple ethical framework can be applied to the issue of family presence at the time of death. (Family in this context means those related by blood, through marriage, or close friends.)  2. Fairness Family presence should be considered equally across all care settings, and for patients dying with and without COVID-19 3.  3. Minimising Harm Harm from visiting can occur to the visitor, to those they subsequently come in contact with, or to others in the care facility. The patient themselves may experience harm if they feel guilt about exposing family visitors to the infection. That harm must however be balanced against harm to the dying person occasioned by absence of family, harm to family who are unable to be present (both immediate and longer term in bereavement), and harm caused to care staff who substitute themselves for absent family and undertake difficult telephone communication.  <https://www.rcpe.ac.uk/sites/default/files/sa_statement_-_patients_and_family_at_end_of_life_care_final_0.pdf> Management of Visitors to Healthcare Facilities in the Context of COVID-19: Non-US Healthcare Settings. Centres for Disease Control and Prevention. This document provides guidance to healthcare facilities on the management of visitors to reduce the risk of transmission of SARS-CoV-2, also known as COVID-19 virus, to visitors of patients with suspected or confirmed COVID-19. This document also considers preventing introduction of SARS-CoV2 into healthcare facilities by visitors during periods of community transmission; the risk of introduction into facilities increases as community transmission becomes more widespread. Facilities should establish policies and procedures for managing, screening, educating, and training all visitors.  <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/hcf-visitors.html> Creating a Palliative Care Inpatient Response Plan for COVID19 – The UW Medicine Experience [Download PDF](https://www.clinicalkey.com/service/content/pdf/watermarked/1-s2.0-S0885392420301767.pdf?locale=en_US&searchIndex=) Article in Press: Accepted Manuscript   * [James Fausto MD, MHA](https://www.clinicalkey.com/#!/search/Fausto%20James/%7B%22type%22:%22author%22%7D), [Lianne Hirano MD](https://www.clinicalkey.com/#!/search/Hirano%20Lianne/%7B%22type%22:%22author%22%7D), [Daniel Lam MD](https://www.clinicalkey.com/#!/search/Lam%20Daniel/%7B%22type%22:%22author%22%7D), [Amisha Mehta MD](https://www.clinicalkey.com/" \l "!/search/Mehta%20Amisha/%7B%22type%22:%22author%22%7D), [Blair Mills MHA](https://www.clinicalkey.com/#!/search/Mills%20Blair/%7B%22type%22:%22author%22%7D), [Darrell Owens DNP, MSN, MSHA](https://www.clinicalkey.com/#!/search/Owens%20Darrell/%7B%22type%22:%22author%22%7D), [Elizabeth Perry MSW](https://www.clinicalkey.com/#!/search/Perry%20Elizabeth/%7B%22type%22:%22author%22%7D) and [J. Randall Curtis MD, MPH](https://www.clinicalkey.com/#!/search/Curtis%20J.%20Randall/%7B%22type%22:%22author%22%7D)   Journal of Pain and Symptom Management, Copyright © 2020   AbstractIntroduction: The COVID-19 pandemic is stressing healthcare systems throughout the world. Significant numbers of patients are being admitted to the hospital with severe illness, often in the setting of advanced age and underlying co-morbidities. Therefore, palliative care is an important part of the response to this pandemic. The Seattle area and UW Medicine have been on the forefront of the pandemic in the US. Methods UW Medicine developed a strategy to implement a palliative care response for a multi-hospital healthcare system that incorporates conventional capacity, contingency capacity, and crisis capacity. The strategy was developed by our palliative care programs with input from the healthcare system leadership. 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WHO, 21 March 2020  Extract: Visitors In areas where COVID-19 transmission has been documented, access to visitors in the LTCFs should be restricted and avoided as much as possible. Alternatives to in-person visiting should be explored, including the use of telephones or video, or the use of plastic or glass barriers between residents and visitors. All visitors should be screened for signs and symptoms of acute respiratory infection or significant risk for COVID-19 (see screening, above), and no one with signs or symptoms should be allowed to enter the premises. A limited number of visitors who pass screening should be allowed entry to long-term care only on compassionate grounds, specifically if the resident of the facility is gravely ill and the visitor is their next-of-kin or other person required for emotional care. Visitors should be limited to one at a time to preserve physical distancing. Visitors should be instructed in respiratory and hand hygiene and to keep at least 1 meter distance from residents. They should visit the resident directly upon arrival and leave immediately after the visit. Direct contact by visitors with residents with confirmed or suspected COVID-19 should be prohibited. Note that in some settings, complete closure to visitors is under the jurisdiction of local health authorities.  <https://apps.who.int/iris/bitstream/handle/10665/331508/WHO-2019-nCoV-IPC_long_term_care-2020.1-eng.pdf> |
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| **Dynamed/BMJ Best Practice** |
| Nothing to add |

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| **Database results** |
| |  |  |  |  | | --- | --- | --- | --- | |  | Nothing specific found. Search strategy included below. Further searches can be carried out if needed |  |  | |  |  |  |  |   Top of Form   |  | **Database(s)** | **Search Term** |  |  |  | | | | --- | --- | --- | --- | --- | --- | --- | --- | | 1 | [CINAHL](https://hdas.nice.org.uk/strategy/839760/1/#CINAHL-panel) | (covid-19 OR covid OR corona virus OR coronavirus OR pandemic).ti,ab | [View Results (9,330)](https://hdas.nice.org.uk/strategy/839760/1/#show-results) |  | Edit |  |  | | 2 | [CINAHL](https://hdas.nice.org.uk/strategy/839760/2/#CINAHL-panel) | (((hospital\* OR inpatient\*) AND (visit\* OR visiting)) AND (famil\* OR relative\*)).ti,ab | [View Results (4,459)](https://hdas.nice.org.uk/strategy/839760/2/#show-results) |  | Edit |  |  | | 3 | [CINAHL](https://hdas.nice.org.uk/strategy/839760/3/#CINAHL-panel) | *(1 AND 2)* | [View Results (16)](https://hdas.nice.org.uk/strategy/839760/3/#show-results) |  |  |  |  | | 6 | [Medline](https://hdas.nice.org.uk/strategy/839760/6/#Medline-panel) | (covid-19 OR covid OR corona virus OR coronavirus OR pandemic).ti,ab | [View Results (36,701)](https://hdas.nice.org.uk/strategy/839760/6/#show-results) |  | Edit |  |  | | 7 | [Medline](https://hdas.nice.org.uk/strategy/839760/7/#Medline-panel) | (((hospital\* OR inpatient\*) AND (visit\* OR visiting)) AND (famil\* OR relative\*)).ti,ab | [View Results (7,842)](https://hdas.nice.org.uk/strategy/839760/7/#show-results) |  | Edit |  |  | | 8 | [Medline](https://hdas.nice.org.uk/strategy/839760/8/#Medline-panel) | *(6 AND 7)* | [View Results (29)](https://hdas.nice.org.uk/strategy/839760/8/#show-results) |  |  |  |  | | 9 | [EMBASE](https://hdas.nice.org.uk/strategy/839760/9/#EMBASE-panel) | (covid-19 OR covid OR corona virus OR coronavirus OR pandemic).ti,ab | [View Results (40,780)](https://hdas.nice.org.uk/strategy/839760/9/#show-results) |  | Edit |  |  | | 10 | [EMBASE](https://hdas.nice.org.uk/strategy/839760/10/#EMBASE-panel) | (((hospital\* OR inpatient\*) AND (visit\* OR visiting)) AND (famil\* OR relative\*)).ti,ab | [View Results (17,358)](https://hdas.nice.org.uk/strategy/839760/10/#show-results) |  | Edit |  |  | | 11 | [EMBASE](https://hdas.nice.org.uk/strategy/839760/11/#EMBASE-panel) | *(9 AND 10)* | [View Results (58)](https://hdas.nice.org.uk/strategy/839760/11/#show-results) |  |  |  |  | | 12 | [HMIC](https://hdas.nice.org.uk/strategy/839760/12/#HMIC-panel) | (covid-19 OR covid OR corona virus OR coronavirus OR pandemic).ti,ab | [View Results (1,380)](https://hdas.nice.org.uk/strategy/839760/12/#show-results) |  | Edit |  |  | | 13 | [HMIC](https://hdas.nice.org.uk/strategy/839760/13/#HMIC-panel) | (((hospital\* OR inpatient\*) AND (visit\* OR visiting)) AND (famil\* OR relative\*)).ti,ab | [View Results (434)](https://hdas.nice.org.uk/strategy/839760/13/#show-results) |  | Edit |  |  | | 14 | [HMIC](https://hdas.nice.org.uk/strategy/839760/14/#HMIC-panel) | *(12 AND 13)* | [View Results (7)](https://hdas.nice.org.uk/strategy/839760/14/#show-results) |  |  |  |  | | 15 | [CINAHL](https://hdas.nice.org.uk/strategy/839760/15/#CINAHL-panel) | (hospital\* ADJ2 visit\*).ti,ab | [View Results (6,358)](https://hdas.nice.org.uk/strategy/839760/15/#show-results) |  | Edit |  |  | | 16 | [CINAHL](https://hdas.nice.org.uk/strategy/839760/16/#CINAHL-panel) | *(1 AND 15)* | [View Results (25)](https://hdas.nice.org.uk/strategy/839760/16/#show-results) |  |  |  |  | | 17 | [Medline](https://hdas.nice.org.uk/strategy/839760/17/#Medline-panel) | (hospital\* ADJ2 visit\*).ti,ab | [View Results (11,133)](https://hdas.nice.org.uk/strategy/839760/17/#show-results) |  | Edit |  |  | | 18 | [Medline](https://hdas.nice.org.uk/strategy/839760/18/#Medline-panel) | *(6 AND 17)* | [View Results (45)](https://hdas.nice.org.uk/strategy/839760/18/#show-results) |  |  |  |  | | 19 | [EMBASE](https://hdas.nice.org.uk/strategy/839760/19/#EMBASE-panel) | (hospital\* ADJ2 visit\*).ti,ab | [View Results (20,243)](https://hdas.nice.org.uk/strategy/839760/19/#show-results) |  | Edit |  |  | | 20 | [EMBASE](https://hdas.nice.org.uk/strategy/839760/20/#EMBASE-panel) | *(9 AND 19)* | [View Results (66)](https://hdas.nice.org.uk/strategy/839760/20/#show-results) |  |  |  |  | | 21 | [HMIC](https://hdas.nice.org.uk/strategy/839760/21/#HMIC-panel) | (hospital\* ADJ2 visit\*).ti,ab | [View Results (331)](https://hdas.nice.org.uk/strategy/839760/21/#show-results) |  | Edit |  |  | | 22 | [HMIC](https://hdas.nice.org.uk/strategy/839760/22/#HMIC-panel) | *(12 AND 21)* | [View Results (3)](https://hdas.nice.org.uk/strategy/839760/22/#show-results) |  |  |  |  | | 23 | [PsycINFO](https://hdas.nice.org.uk/strategy/839760/23/#PsycINFO-panel) | (covid-19 OR covid OR corona virus OR coronavirus OR pandemic).ti,ab | [View Results (1,704)](https://hdas.nice.org.uk/strategy/839760/23/#show-results) |  | Edit |  |  | | 24 | [PsycINFO](https://hdas.nice.org.uk/strategy/839760/24/#PsycINFO-panel) | (hospital\* ADJ2 visit\*).ti,ab | [View Results (1,164)](https://hdas.nice.org.uk/strategy/839760/24/#show-results) |  | Edit |  |  | | 25 | [PsycINFO](https://hdas.nice.org.uk/strategy/839760/25/#PsycINFO-panel) | *(23 AND 24)* | [View Results (1)](https://hdas.nice.org.uk/strategy/839760/25/#show-results) |  |  |  |  | | 26 | [PsycINFO](https://hdas.nice.org.uk/strategy/839760/26/#PsycINFO-panel) | (((hospital\* OR inpatient\*) AND (visit\* OR visiting)) AND (famil\* OR relative\*)).ti,ab | [View Results (1,555)](https://hdas.nice.org.uk/strategy/839760/26/#show-results) |  | Edit |  |  | | 27 | [PsycINFO](https://hdas.nice.org.uk/strategy/839760/27/#PsycINFO-panel) | *(23 AND 26)* | [View Results (0)](https://hdas.nice.org.uk/strategy/839760/27/#show-results) |  |  |  |  | | 28 | [EMBASE](https://hdas.nice.org.uk/strategy/839760/28/#EMBASE-panel) | (pandemic\* AND (hospital\* ADJ3 visit\*)).ti,ab | [View Results (72)](https://hdas.nice.org.uk/strategy/839760/28/#show-results) |  | Edit |  |  | | 29 | [CINAHL](https://hdas.nice.org.uk/strategy/839760/29/#CINAHL-panel) | (pandemic\* AND (hospital\* ADJ3 visit\*)).ti,ab | [View Results (22)](https://hdas.nice.org.uk/strategy/839760/29/#show-results) |  | Edit |  |  | | 30 | [Medline](https://hdas.nice.org.uk/strategy/839760/30/#Medline-panel) | (pandemic\* AND (hospital\* ADJ3 visit\*)).ti,ab | [View Results (34)](https://hdas.nice.org.uk/strategy/839760/30/#show-results) |  | Edit |  |  | | 31 | [HMIC](https://hdas.nice.org.uk/strategy/839760/31/#HMIC-panel) | (pandemic\* AND (hospital\* ADJ3 visit\*)).ti,ab | [View Results (3)](https://hdas.nice.org.uk/strategy/839760/31/#show-results) |  | Edit |  |  | | 32 | [PsycINFO](https://hdas.nice.org.uk/strategy/839760/32/#PsycINFO-panel) | (pandemic\* AND (hospital\* ADJ3 visit\*)).ti,ab | [View Results (2)](https://hdas.nice.org.uk/strategy/839760/32/#show-results) |  | Edit |  |  | | 33 | [CINAHL](https://hdas.nice.org.uk/strategy/839760/33/#CINAHL-panel) | (palliative care AND (hospital\* ADJ3 visit\*)).ti,ab | [View Results (143)](https://hdas.nice.org.uk/strategy/839760/33/#show-results) |  | Edit |  |  | | 34 | [CINAHL](https://hdas.nice.org.uk/strategy/839760/34/#CINAHL-panel) | *(1 AND 33)* | [View Results (0)](https://hdas.nice.org.uk/strategy/839760/34/#show-results) |  |  |  |  | | 35 | [Medline](https://hdas.nice.org.uk/strategy/839760/35/#Medline-panel) | (palliative care AND (hospital\* ADJ3 visit\*)).ti,ab | [View Results (118)](https://hdas.nice.org.uk/strategy/839760/35/#show-results) |  | Edit |  |  | | 36 | [Medline](https://hdas.nice.org.uk/strategy/839760/36/#Medline-panel) | *(6 AND 35)* | [View Results (0)](https://hdas.nice.org.uk/strategy/839760/36/#show-results) |  |  |  |  | |  |  |  | Viewing ( 84) |  | Edit |  |  |   Bottom of Form |