Lothian Critical Care Directorate Guideline for the provision of End of Life Care in Critical Care patients with COVID19

- The following is intended as a guideline to ensure optimal and personalised care is provided to patients with **COVID19** for whom withdrawal of life sustaining treatment (WLST) is believed to be an appropriate clinical decision.
- COVID19 may be the primary diagnosis in patients reaching WLST but also may be concurrent diagnosis in patients with another primary pathology (eg ICH)
- All decisions to provide end of life care must be made by Consultant staff and discussed fully with the patient's family/next of kin.

WLST in patients with COVID19 should follow the same principles as described in the current Lothian Critical Care Directorate Guideline for the provision of End of Life Care in Critical Care patients, with the following considerations:

Family/NOK discussions

- May not be possible to have this 'face to face' due to potential COVID19 status of Family/NOK and risk to staff.
- Aim to have discussion by phone or Video Conference (VC), with nursing staff present

Process of withdrawal of treatment

- Provision of Anticipatory Care Prescriptions (ACP) should follow normal practice to maintain comfort and alleviate distress
- Management of withdrawal of respiratory support should follow the usual practice with the considerations below:
    - Visiting can occur for a set period of time before WLST or after terminal extubation
    - Decision to perform terminal extubation should be at the discretion of the clinician
    - If terminal extubation performed this is an Aerosol Generating Procedure (AGP) and therefore Enhanced PPE (EPPE) is required for staff performing this
    - Visitors should wear a surgical face mask and apron. They are not required to wear gloves
        - The risk of COVID19 transmission should be discussed with NOK regarding visiting both before WLST and if terminal extubation performed, and they choose to be present after this
    - Any disconnection from the ventilator circuit without extubation to place the patient on an alternative system (C-Circuit, T-piece, Swedish nose) is also an AGP and the above precautions apply
    - Patient can be maintained on the ventilator circuit until after PLE if desired. At time of disconnection from ventilator circuit and/or removal of ETT, this is an AGP and EPPE should be worn and sufficient time given for the required air changes before patient movement
- Patient face and hands should be cleaned immediately before family/NOK presence to enable family/NOK to touch patient

Visitors (at time of WLST)

- If possible the patient should be managed in a side room
- Cannot visit if symptomatic of COVID19
- Only immediate family/NOK at time of WLST.
- Maximum 2 visitors in total
- Must wear PPE- Surgical face mask, apron, and perform hand hygiene. They do not have to wear gloves.
- Must enter and leave Critical Care directly without using any public areas

- Are not required to self-isolate after visiting unless they develop symptoms

Organ donation

- Referral for potential organ donation should follow the normal pathway with a discussion with the SNOD. Patients with COVID19 will be screened as unable to proceed with organ donation.

Last offices

- The principles of Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) continue to apply whilst deceased individuals remain in the care environment.
- Where the deceased was known or suspected to have been infected with COVID-19, there is no requirement for a body bag, and viewing, hygienic preparations, post-mortem and embalming are all permitted. Within Critical Care, the use of a body bag is routine practice for most patients.

Death notification

- COVID19 is a notifiable disease but as per the guidance from the Chief Medical Officer on 24/3/20, deaths from COVID19 **do not require** to be reported to the Procurator Fiscal. Deaths that are covered by Section 3 of COPFS guidance, with co-existing COVID19 still require to be reported to the Procurator Fiscal as per usual practice.

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