

## 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

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- 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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