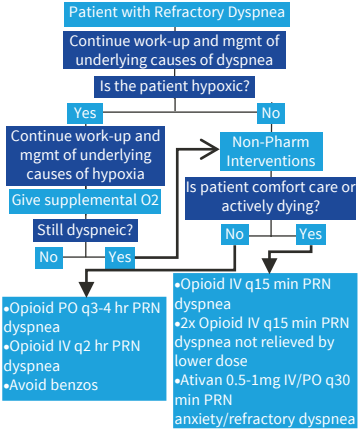
Primary Palliative Care for Hospitalized COVID-19 patients

UAMS
Division of Palliative Medicine

Palliative Management of Dyspnea



Non-Pharmacologic Interventions:

- Bring patient upright or to sitting position
- Consider mindfulness, mindful breathing

Pharmacologic Interventions:

- Opioids are treatment of choice for refractory dyspnea
- For symptomatic patients, using PRN or bolus dosing is more effective and safe compared to starting an opioid infusion

Dosing Tips:

- For opioid naïve patients
  - PO Morphine 5-10mg solution
  - PO Oxycodone 2.5-5mg solution or pills
  - IV/SC Morphine 2-4mg
  - IV/SC Hydromorphone 0.4-0.6mg
- Consider smaller doses for elderly/frail

Opioid Quick Tips

Pharmacodynamics of Opioids:

- **Time to peak effect / Duration of Action**
- **PO Opioids: 30-60 minutes / 3-4 hours**
- **IV Opioids: 5-15 minutes / 1-2 hours**
- Time to peak effect is the same for analgesia, relief of dyspnea, and sedation

Other Opioids Principles:

- **If initial dose of IV opioid is ineffective** after 2 doses at least 15 minutes apart, double the dose
- Typically **need 8-12 hours of controlled symptoms via IVP or PCA to calculate a continuous opioid infusion**
- **If starting a continuous infusion**, should not change more than every 8 hours. Should adjust based on the use of PRNs

Relative Strengths & Conversion Table

Opioid Agent	Oral Dose	IV Dose
Morphine	30	10
Oxycodone	20	--
Dilaudid	7.5	1.5
Fentanyl	--	100mcg

*For single dose IV push (NOT patch) conversion only

If Using Opioids, Start a Bowel Regimen:

- Goal is 1 BM QD or QOD, no straining
- Senna 2 tabs qHS, can increase to 4 tabs BID
- Add Miralax 17gm daily, can increase to BID
- Dulcolax 10mg suppository if no BM in 72hrs

COVID Goals of Care Guide

Proactive Planning	*What You Say*
C – Check in	*Take a deep breath (yourself). These conversations are not easy.* "I want to take a moment to see how are you doing with all of this."
A – Ask about COVID	"What have you been thinking about COVID and your situation?" "What do you understand about the complications of COVID-19 given your medical condition(s)?"
L – Lay out issues	"Here is something I want us to be prepared for . . ." "Because of your health issues, you are at high risk of getting really sick, and even dying, if you tested positive for COVID." (*This is bad news!* **PAUSE** *and check in "How does that sit with you?" or respond to emotion (see below)*)
M – Motivate to choose a proxy and talk about what matters	"If things took a turn for the worse, what would you say now that could help your family/loved ones?" **Choose a surrogate**: "Who would make healthcare decisions for you if you couldn't make decisions for yourself?" **What matters:** We're in an extraordinary situation. Given that, what matters to you? (About any part of your life? About your health care?)" "What worries you most?"
E – Expect emotion	Name the emotion: "It can be scary to think about what may happen." Understand and support: "I know this is a lot to take in all at once. I want to support you any way I can."
R – Recommend a plan	If they are able to hear it. "Based on what I've heard, I'd recommend [this]. What do you think?"
R - Record	Document conversation in the EMR and discuss with extended team.

Code Status for COVID-19	Example language for informed assent
Approach when your clinical judgement is that a patient would not benefit from resuscitation	"Given your overall condition, **I worry that if your heart or lungs failed, a breathing machine or CPR won't be able to help you live longer or improve your quality of life.** My recommendation is that if we get to this point, we use medications to focus on your comfort and allow you to die peacefully. This means we would not have you go to the ICU, be on a breathing machine or use CPR. **I imagine this may be hard to hear. What do you think?"**
If in agreement	I'm sorry you're going through this. These are hard conversations. **I think this plan makes the most sense for you.**
If not in agreement	These are hard conversations. I'm sorry you're going through this. **We may need to talk about this again. Would that be alright?**

When/How to Call for Help

UAMS Palliative Care Inpatient Consult Pager: **501-688-6222**

We are here to help. We've got your back.

Please consult us if:

Goals of Care discussions / Emotional support for pts and families with serious illness / Complex symptom management / End of Life Care

Additional Resources

www.capc.org/toolkits/covid-19-response-resources/

Download these apps (Google Play or App Store) for more palliative care resources:

VitalTalk Tips (Communication)

Fast Facts (Symptom Management)

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