Palliative Care COVID-10 Protocol

UNIVERISTY WASHINGTON Medical Center

We have just finished a campus medical provider leadership and hospitalist / ED meeting. Below are the plans approved by the campus medical leadership and in place as of now. The Ethics Consultant has also been involved and will continue to be as needed.

**The role of PC on the NW Campus during this unprecedented time will be to manage all patients comfort care and hospice patients (hospice patients are already admitted and managed by palliative care on this campus). Through direct management of comfort care and hospice patients, we are providing critical support to our ED, Inpatient Medicine, and ICU physician colleagues by freeing up their time to care for other medical patients.**

In addition to the above, we have implemented the ED screening process outlined below.

The point of ED screening is to help clarify goals of care immediately for those at highest risk of death from COVID-19 or associated respiratory complications. At the same time we must assist with insuring that critical care resources are available for those who will likely benefit the most.  We have reviewed the morbidity and mortality data available from the CDC and China. At this point, the greatest risk of poor M and M is for patients over the age of 60 with multi-morbidity (80% of all deaths have been in this category). These patients are at risk for ARDS and prolonged ICU stays which will likely result in death at some point. The data for frail elders with ARDS alone reflects poor overall outcomes. The data from China found that only 5% of patients intubated survived.

The point of palliative care assessment / intervention is to established realistic goals of care immediately.  A proscriptive approach related to outcomes for this patient population in terms of intubation and CPR in the event of death will be utilized. The screening will also provide the opportunity to provide family and caregiver support.

1. **Palliative Care contacted for anyone over the age of 60 with multi-morbidity and concern for COVID-19 or ARDS.**
2. Upon receiving the call palliative care will perform chart review and screening over the phone for the following:
   1. Severity of current symptoms, level of frailty (using Clinical Frailty Scale), functional status, and PMH.
   2. Current code status:

                                                               i.      DNR, DNI

                                                             ii.      Full code and risk for ICU, intubation, critical care

* 1. Based on results of screening the one of the following will happen: a. I will see the patient within 24 hours b. I will come to the ED to see the patient (or if legal decision maker not present, will call them via phone) c. I will put a note into Sorian.

1. It would be helpful if the ED provider would let the legal decision maker know that a provider from palliative care will be contacting them. It is understood that this is not always be possible.

Things are constantly evolving, I may end up picking up other duties or changing some of the above, I will remain flexible and take things as they arise.

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