

# Nursing Considerations for End of Life Supportive Care for Residents with Confirmed/Suspected COVID-19 in ISFL

This document is a supplement to: LTC/ SL COVID-19 Infection Medical Management Pathway

REFERENCE: <https://www.albertahealthservices.ca/assets/info/ppih/if-ppih-covid-19-symptom-management-eol-care-outside-icu.pdf>

**BEFORE enacting these recommendations PLEASE confirm that the Most Responsible Physician (MRP) has reviewed the Goal of Care Designation with the resident and/or alternate decision maker. These recommendations are intended for residents with a Comfort designation (C1 or C2) where the resident wishes to receive care IN PLACE with a focus on SYMPTOM MANAGEMENT.**

## Dyspnea

- Consider discontinuing vital sign monitoring and focus on how the resident looks and feels
- Oxygen for comfort based on oxygen saturation and resident report/appearance. \*For COPD oxygen for comfort at end of life is appropriate\*
- Optimize all inhaled medications (nebulized medications should be discontinued for confirmed/suspected COVID-19 infection)

Persistent dyspnea requiring pharmacological intervention for comfort.

Opioids are GOLD STANDARD for dyspnea at end of life. If no order in place contact MRP to request:

- Hydromorphone
- If already on opioids MRP to adjust based on tolerance
- **If >2 PRN doses/24 hours contact MRP to adjust dosing**

Dyspnea unrelieved by opioids OR associated anxiety

- **Mild-Moderate:** Lorazepam
- **If >2 PRN doses/24 hours contact MRP for scheduled dosing**
- **Severe:** Midazolam
- If severe persistent distress unrelieved by opioids/prn Midazolam may require ATC dosing. Contact MRP to discuss.

## Delirium

- May present as fluctuating LOC, agitation, restlessness, somnolence, hallucinations, pain not correlated with known cause, calling out, marked change in behavior. *\*Frail/elderly will be at higher risk of delirium secondary to causes such as infection, medications (opioids, benzodiazepines)*
- Assess for possible causes:
  - Drugs, dehydration (opioids, benzodiazepines)
  - Electrolyte imbalance (dehydration)
  - Liver failure
  - Infection
  - Reduced sensory input (lack of sleep, change in environment)
  - Intracranial (trauma, brain metastases, stroke)
  - Urinary/fecal retention
  - Metabolic

Do not delay symptom control while possible causes are being investigated/treated.

Contact MRP for orders:

- **Mild:** Haldol ( Haloperidol)
- **Moderate – Severe:** Nozinan ( Methotrimeprazine)

## Respiratory Secretions/Congestion near End-of-Life

- Secretions are caused by resident's weakness and inability to clear. Only intervene if distressing to resident.

Consider intervention if resident is uncomfortable or distressed due to secretions.

Contact MRP for orders:

- **Mild:** Try repositioning \*for residents with COVID-19 consider **full** side lying position\*
- **Moderate:** Atropine ophthalmic drops under tongue
- **Severe:** Atropine
- *\*If administering Atropine ensure mouth care as this will be dehydrating\**

**For any support/ recommendations but especially with SEVERE/REFRACTORY symptom management contact the Palliative Consult Service.**

- Business hours: 403-944-2304
- Evenings/weekends: RAAPID @ 403-944-4486
- For urgent support for symptom management in place call 911 and request EMS PEOLC ATR.