

## COVID-19 ADVANCE CARE PLANNING CONVERSATION SCRIPT EXAMPLE FOR HIGH-RISK, AT-RISK PATIENTS

As you are aware, COVID-19 infection leads to poor outcomes for our older, high risk patients and those with certain existing medical problems. This COVID-19 Advance Care Planning Script is an outline that you can adapt for your own use to guide your conversations about COVID-19 with this particular patient population and/or with their family/health care agents. Starting these conversations earlier, will provide you with the opportunity to check in on how your patients are doing, allow for more time for thoughtful decision-making based on medical co-morbidities and goals, and show how you are hoping for the best with them and also planning how they would want to be cared for if worst case scenario happens.

The content of this script has been adapted from the Vital Talks and Respecting Choices communication tools which you can find on <https://www.capc.org/toolkits/covid-19-response-resources/>

### Key Points:

- Older, frailer, multi-comorbidity patients have higher mortality with COVID-19 infection.
- We can care for patients in the home setting if they choose not to go to the hospital for their care if they develop the infection.
- If they choose to go to the hospital, know that they will likely be going alone given the visitation restrictions.
- If they choose to go to the hospital, knowing about their goals of care, types of treatments acceptable to them (ie. ventilator), and quality of life that they would find acceptable or not acceptable would be helpful to define.
- Filling out a POLST form or keeping a POLST form updated is important. However, it can also be kept updated for the general situation and a caveat placed in the chart specific to wishes for the COVID-19 situation.
  - For example, a patient may want to have DNAR, *Limited interventions*, no long term artificial nutrition for their POLST. However, in the COVID-19 situation, he/she may want DNAR, *Do Not Hospitalize-Comfort*, no long term artificial nutrition if that situation occurs.
  - When writing the telephone call update, one can also write an order for “DNAR” and detail out the COVID-19 situation wishes in the comments section. This will then show up in the Code Status section in EPIC.

**SAMPLE CONVERSATION POINTS WITH HIGH RISK PATIENT  
OR HEALTH CARE PROXY (if patient does not have capacity)**

<b>INTRO:</b>	<b>ASKING FOR PERMISSION TO SPEAK ABOUT THE SUBJECT WITH THEM</b>
	Are you familiar with COVID-19 or the coronavirus infection?
	How are you doing during this time with all the changes?
	Is it OK if we talk about what the COVID-19/Coronavirus means for you/loved one? While this may be difficult to think about, given how the situation can change suddenly with this infection, talking about this earlier will allow time to be thoughtful about what you/he/she may want.
<b>INFORMATION GATHERING/ SHARING:</b>	<b>ASKING FOR THEIR UNDERSTANDING SO YOU KNOW WHERE TO BEGIN IN PROVIDING INFORMATION FOR DECISION-MAKING</b>
	What is your understanding of how COVID-19/Coronavirus infection can affect the body?
	<b>Most people who get COVID-19/Coronavirus have a mild or moderate illness and don't need the hospital.</b> The people who have a higher risk of getting a severe pneumonia with COVID-19/Coronavirus are unfortunately older and/or have certain existing medical problems.
	We are doing our best to contain the infection and prevent our patients from getting it. That would be the best-case scenario.
	If our patients do become infected, we hope that they have mild cases and can recover at home. We can make sure they get all the treatments they need. This is what we are recommending for ALL patients with mild COVID infection.
	While we always hope for the best, it is important for us to also be prepared for how to take the best possible care of our patients if they become sicker.
	<b>Unfortunately, if you/your loved one has a COVID-19/Coronavirus infection that becomes severe, there is a very high likelihood it could take your/his/her life.</b>  (Studies have shown 15-22% mortality for those > 80 years old and 67% mortality for patients (all ages) on vents in ICU,)  <a href="https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/#pre-existing-conditions">https://www.worldometers.info/coronavirus/coronavirus-age-sex-demographics/#pre-existing-conditions</a>  <a href="https://www.hopkinsguides.com/hopkins/view/Johns_Hopkins_ABX_Guide/540747/all/Coronavirus_COVID_19_SARS_CoV_2">https://www.hopkinsguides.com/hopkins/view/Johns Hopkins ABX Guide/540747/all/Coronavirus_COVID_19_SARS_CoV_2</a>
	In this worst-case scenario, the infection makes it difficult for the lungs to work which causes shortness of breath and low oxygen levels. Even when support is given with a breathing machine, most of those who are older, frailer, and have underlying medical problems, may pass away/die.

	What makes this even more tragic is that our hospitals are not allowing patients to have visitors due to concerns about the infection spreading. So, people have had to die alone in the hospital.
SHOWING EMPATHY	I know this is not an easy topic/situation to think about and there is a lot to digest and think about.
IF THERE NEEDS TO BE A DISCUSSION ABOUT FULL CODE/FULL SUPPORT	There are some people though, that despite these poor odds, would like to be supported with a breathing machine if needed. While providing good and aggressive care, is sometimes effective, other times there is not much improvement. Decisions may then have to be made about further care or removal of the breathing machine. This is often a very difficult conversation for families to have if your wishes about what you would want are not known to them
<b>ASKING FOR THOUGHTS/DECISIONS</b>	<b>DECISION-MAKING THOUGHTS EXPLORED</b>
	<b>Given this information, it is important for us to know what you/your loved one's wishes would be in the event of a severe COVID infection.</b>
	If the worst-case scenario were to happen and as you/your loved one may have a very high likelihood of not improving from the infection, would you want to be cared for at home or would you want to be cared for in the hospital? (Review POLST, determine options for Do Not Hospitalize/treat, Do Not Hospitalize/comfort care, Hospice)
	Some people are curious about what care at home would look like. We would be able to bring in medications and treatments, like morphine and oxygen, that would help to keep your breathing comfortable. You would have care providers checking in on how you are doing.
CLARIFYING HEALTH CARE PROXY	(If talking with patient) Who would you trust to make medical decisions for you if you were unable to do so yourself? OR Can we reconfirm that XXX is your power of attorney for healthcare and can make medical decisions for you? (Review DPOA)
<b>CLOSING</b>	<b>OFFER SUPPORT AND CONTACT INFORMATION</b>
	Thank you for your time and honesty in having this discussion. I will make a note of what we discussed in your chart. Would you like me to also inform anyone else of this discussion? If you have any further questions or want to discuss anything else, please call the office and let us know. We are here for you.

## **DOCUMENTATION in EPIC**

Smartphrase created – COVID19ACPDOCUMENTATION

COVID-19 ADVANCE CARE PLAN TELEPHONE NOTE

NAME: @NAME@

MRN: @MRN@

DOB: @DOB@

AGE: @AGE@

SEX: @SEX@

Phone call with {PTorHCP:15503} to discuss COVID-19 and review advance care plans.

{ACPDdocuments:15504} was reviewed and confirmed.

{PTorHCP:15503} endorses {Code Status POLST:15176}.

In the event of severe COVID-19 infection, patient would opt for  
{COVIDPOLSTAdvanceCareOptions:15505}.

Health Care Proxy/DPOA is \*\*\*

@SIGCRED@