Symptom Management for Adult Patients with COVID-19 Receiving END-OF-LIFE SUPPORTIVE CARE Outside of the ICU

YOU MUST HAVE A GOALS OF CARE DISCUSSION WITH PATIENT/SDM PRIOR TO INITIATING RECOMMENDATION
These recommendations are consistent with comfort-focused supportive care
Please refer to: https://www.speakupontario.ca/ for resources to support Goals of Care Discussions

All below are STARTING doses. COVID-19 symptoms may advance quickly. Be prepared to escalate dosing. Consider dose ranges to give frontline staff capacity for urgent clinical decision-making as needed.

For further assistance including telephone support please contact your local Palliative Care team

Grief and bereavement support: Consider involving Social Work, and/or spiritual care.

WARNING
Where possible, avoid use of the following as they may generate aerosolized COVID-19 virus particles and increase the risk of infecting healthcare providers, and family members.
- Oscillatory devices (Fans)
- Oxygen Flow greater than 6L/min
- High-flow nasal cannula oxygen
- Continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BiPAP)
- All nebulized treatments (bronchodilators, epinephrine, saline solutions, etc)
- Oral or airway suctioning (especially deep suctioning)
- Bronchoscopy and tracheostomy

* These recommendations are for reference and do not supersede clinical judgment
* Evidence supports that symptom-guided opioid dosing does not hasten death in other conditions like advanced cancer or COPD
* Reassess dosing as patient’s condition or level of intervention changes
Adapted with permission from the BC Centre for Palliative Care Guidelines.
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