COVID-19 INPATIENT

Before talking with patient/family, be prepared by picking the most appropriate recommendation scenario (below)

	In person OR via telemedicine/phone link
ESTABLISH	
RELATIONSHIP	As we walk through this COVID illness together, we want to take care of Would it be allow if we
Getting started	in a way that makes sense to Would it be okay if we talked about that now?
Getting started	tained about that now.
	IF ANSWER IS "YES" PROCEED
ASK	In ALL scenarios (below), ALWAYS ask question #1
PATIENT STORY	
	 Can you tell me in your own words what you know about medical condition at this point? (Assesses health literacy and
	expectations)
	To further assess values/triage, ask this question for additional information.
	2. In the past 6 months has there been any change in strength and
	ability to do daily life?
	SCENARIO ONE Time trial of escalation with ventilator if needed
	Time that of escalation with ventuator if needed
	 ASK: Can we talk about what we are seeing medically?
TELL	ALIGN: We continue to hope that things will improve
TELL MEDICAL STORY	DELIVER HEADLINE: We are worried that with the trend we're seeing,
AND MAKE	's condition is getting worse • SILENCE
RECOMMENDATION	RESPOND TO EMOTION: This is hard.
	RECOMMENDATION:
	Can I make a recommendation?
	Since recovery is still possible, ifworsens it would be appropriate to
	consider placingon a ventilator for additional support. Do you think this
	would be OK with?
	COLLABORATIVE DECISIONS:
	Set up time trial with SPECIFIC expectation of how improvement looks and the time
	frame for this to occur.
	Ex. Improving oxygen levels with less need for ventilator support in next days

SCENARIO TWO Time trial of care escalation without ventilator **ASK:** Can we talk about what we are seeing medically? • **ALIGN:** We continue to hope that things will improve TELL MEDICAL • **DELIVER HEADLINE:** We are worried that with the trend we're seeing, STORY AND MAKE 's symptoms are getting worse RECOMMENDATION SILENCE **RESPOND TO EMOTION:** This is hard **RECOMMENDATION:** Can I make a recommendation? I/we recommend that the current aggressive treatment be continued. If worsens we believe that the best possible care will be to redirect our efforts to keeping _____comfortable through the dying process. We do not feel that attempting CPR or being on a ventilator will be of benefit. Set SPECIFIC expectations about how improvement looks and the time frame for this to occur. **SCENARIO THREE** No escalation of care/Patient is dying • **ASK:** Can we talk about what we are seeing medically? **TELL MEDICAL** ALIGN INTENTION/DELIVER HEADLINE: We are worried that in spite of all STORY AND MAKE our efforts _____ is dying RECOMMENDATION SILENCE **RESPOND TO EMOTION:** This is hard **RECOMMENDATION:** Can I make a recommendation? I recommend that we redirect all our efforts toward keeping comfortable, allowing for natural dying. Attempting CPR or putting _____ on machines would cause more suffering and would not be of benefit. **COLLABORATIVE DECISIONS:** We will keep you informed about how is doing. Is there anything you want me to convey? (FaceTime?)

	SCENARIO FOUR
	Patient WILL NOT receive additional escalation of care because of limited resources
DELIVER SERIOUS	ASK: Can we talk about what we are seeing medically?
NEWS	 ALIGN: We have all been working hard to get better. DELIVER SERIOUS NEWS HEADLINE
	's condition is critical, and in this terrible situation, we are faced with no available ventilators.
	At this point we have what we need to keepas comfortable as possible and allow for natural dying.
	• RESPOND TO EMOTION: This is hard/ I can't imagine/this is a terrible situation.
	NOTE: In this worse case situation, you will be informing the family rather than asking their permission. Sadly, there would be no choice.
	COLLABORATIVE DECISIONS: In this situation ask for a Chaplain or other support staff to check in with family later in the day.

