NHS Lothian

Name .....

CHI number .....

Patient information label here

Hospital Anticipatory / Ceiling of Care Plan (during COVID-19 emergency)

FOR ALL PATIENTS AT THE POINT OF ADMISSION TO HOSPITAL

This plan should be used for ALL admissions irrespective of their COVID status.
GOALS OF TREATMENT are based on the patient's pre-admission health status (the CONTEXT - see list below) and the possibility that certain interventions are likely to be FUTILE.

Consider these factors (for further information see Guidance Notes):

- Age.
- Patient has progressive / significant cardiac or respiratory disease; diabetes; other life-limiting co-morbidities; advanced cancer. Is the patient possibly in the last year of life?
- Frailty / poor performance status. Is the patient dependent for ADLs?
- Exercise tolerance; can walk only around home / less than 20 metres.
- Nursing home resident
- He / she has specific wishes regarding appropriate / inappropriate medical interventions.
- For suspected COVID+ patients – assess physiological status:
  1 = Not hypoxic incl. with O_2; 2 = hypoxic despite O_2; 3 = hypoxic with shock; 4 = moribund.
  For grade 3, prognosis = very poor. For Grade 4, prognosis = unlikely to survive; needs palliative care.
  If in doubt about future escalation / limitation options, then discuss with ITU staff.

Does the patient have Capacity? **YES** ❑ **NO** ❑

If not, then the provisions of the Adults With Incapacity Act (Scotland) 2000 apply.
Discussion / explanation of the Plan with patient or next of kin, welfare attorney or important others is important. This may be difficult if patient lacks capacity / NOK are not available / the patient is in isolation.
Documenting discussion or reasons for no discussion briefly / later is important.

REMEMBER TO COMPLETE PAGE 2 OF THIS FORM

This plan must ALWAYS be used when a DNACPR order is being put in place.

TREATMENT ESCALATION / LIMITATION

FOR FULL ESCALATION, INCLUDING CPR* ❑

DO NOT ATTEMPT CPR (sign red form)

ESCALATE / LIMIT TREATMENTS as below ❑

Standard ward-based care only, with no further escalation ❑

HDU level of care (not for COVID +ve patients) ❑

Standard ward-based care with ITU review if patient becomes hypoxic later on despite O_2 treatment (COVID+ patients) ❑

For end of life care. Symptomatic and comfort measures only ❑

* Other investigations, interventions or treatments considered appropriate or inappropriate
e.g. IV fluids, surgical procedure, imaging, antibiotics (NB not appropriate for terminally ill patients)

APPROPRIATE .....

INAPPROPRIATE .....

.....

Consider whether or not Early Warning Score monitoring (NEWS) is appropriate? NEWS Yes ❑ No ❑

Discussion and documentation

This plan has been discussed with: PATIENT Yes❑ No❑
FAMILY / CARERS Yes❑ No❑
ITU CONSULTANT Yes❑ No❑
RECEIVING SPECIALTY Yes❑ No❑

If discussion with patient / family has not been possible for any reason this should also be recorded:

……

Person completing this document

…….. (Signature) …… (Print Capitals)

…….. (Position) ..... (Date)

Consultant Responsible …… (Initials and date) ……

Guidance Notes

1. This plan is for use during the COVID-19 emergency. Treatment limitation / escalation: With limited resources, priorities will have to be considered, harms avoided, and APPROPRIATE treatments provided, including possible end-of-life care.

2. *Age.* For COVID patients, age is relevant to outcomes. However, there is no age cut-off for intervention / non-intervention. Together with pre-admission health status, age needs to be considered before setting the GOALS OF TREATMENT and the boundaries for ESCALATION / LIMITATION (blue boxes)

3. *Pre-admission health status.* The "yellow box" gives you a check list to be considered. The CONTEXT is critical for setting the boundaries.

Frailty. Some patients are frail without progressive disease or organ dysfunction. You may wish to refer to the Rockwood Clinical Frailty Score.
Frailty score of 5 (mildly frail) or more gives uncertainty regarding the likely benefit of critical care organ support, and critical care advice is needed to help the decision. https://www.nice.org.uk/guidance/ng159/resources/covid19-rapid-guideline-critical-care-pdf-66141848681413
Frailty score 7 (severely frail) or more- Escalation beyond "ward care" or "ward care with palliative treatments" is unlikely to achieve any benefits.

See: https://goodneighbourschorlton.files. wordpress.com/2014/08/frailty-scale-smaller.jpg (easy)

Co-morbidities The Gold Standards Framework: is the patient is likely to be in the last 12 months of life (prior to the present acute illness). Some material is already included in the "yellow box" If 2 or more of the following are true, then the patient is likely to be in the last 12 months of life:

Gold Standards Framework: Step 2		
•Increasing frailty •Dependence for ADLs •Unplanned hospital admissions •Progressive weight Loss (>10% in 6 months)	•Advanced disease •Multiple morbidities •Declining functional ability •Sentinel event e.g. transfer to nursing home, significant fall etc.	•Bed or chair bound >50% of day •Decreasing response to treatment •Decreasing reversibility •Serum albumin <25g/l

If the patient is likely to be in the last 12 months of life, then "ward-based care" or "ward-based care including palliative treatment", are likely to be appropriate without further escalation.

4. *Current disease severity* The plan provides information about whether to escalate or not in the event of further deterioration. Patients who are not frail / not likely to be in the last year of life and whose resp. status is stable (SaO2 >88%) on/off oxygen and should be discussed with ITU consultant if they deteriorate further. Patients who are already moribund are unlikely to benefit from escalation and should be given adequate palliative care.

5. Discussion with the patient or family may be difficult. The approach should be informed by this video (highly recommended): pic.twitter.com/B3SHupjzHm. The aim is to communicate prognosis and appropriate GOALS of TREATMENT on the basis of the hard facts. Avoid GOALS OF TREATMENT based on "the benefit of the doubt".

NHS Lothian March 23 2020