

Anticipatory Care Planning Conversations During COVID-19 Emergency

During the COVID-19 emergency, NHS Lothian is asking staff to make hospital anticipatory care plans for all patients at the point of their admission to hospital.

This short document has been written to support staff in having anticipatory care planning conversations with patients and their relatives.

These conversations are extremely important but can feel daunting and uncomfortable.

The examples below provide suggestions for how to approach these conversations and how to convey the key messages clearly and sensitively.

Although both examples relate to a patient with COVID-19, the general principles apply to any anticipatory care planning conversation with any patient.

Example 1: Speaking to a patient with COVID-19 for standard ward-based care only, with no further escalation

I think it's very important that we take some time to talk about your health and care. Can we do that now?

We know that people like yourself, who have other significant problems with their health, can become very unwell with this virus.

How do you feel at the moment? What do you think is happening with your health?

I am concerned that we may not be able to get you better from this / I am concerned that you are sick enough to die.

So, it is important that we are honest and realistic with you about our options for your care and treatment.

Can I carry on? / Can we talk more about these options now?

Some treatments like oxygen, fluids and antibiotics may help and, if you tell me you want to try them, we can start this on the ward.

But, if your condition does not improve and you become sicker, we will not move you to an Intensive Care Unit for more aggressive treatment on a ventilator machine because we know that this will not work.

Instead, we will do everything we can to make sure you are cared for well on the ward and we will focus all of our efforts on ensuring that you are comfortable. This means looking after you, managing any symptoms that you may have, such as pain or shortness of breath, and supporting your loved ones.

Do you understand? What do you think about what I've just said?

There is something else that we should also think about. Have you heard about resuscitation or CPR? / You may have heard about resuscitation or CPR.

This is a treatment to restart the heart when the heart has stopped beating and the lungs have stopped breathing. We know that, while CPR can help some people, for many others, particularly those who are not in good health, it doesn't work and it doesn't help. If we reached the point that you were so unwell that your heart stopped beating, this would be a natural process as part of dying from this infection. So, instead of trying CPR, we would focus on ensuring that you died with comfort and dignity.

Example 2: Speaking to the daughter of a patient who is dying of COVID-19 and who requires end of life care

I am keen to speak to you about the current situation with your father's health and care. Can we do that now?

As you may realise, he is very unwell at the moment and, because of the severe infection/his other significant health problems, I am extremely concerned.

Are you worried about him? What are you worried about?

I do not expect him to recover from this illness and I think he will die/is dying.

Is this a surprise to you?

So, it is important that, together, we make a plan for his future care.

Can we talk more about this now?

Our usual treatments for this infection are oxygen, fluids and antibiotics. But we think he is so sick that these won't help and they may cause distress.

Instead, we should do everything we can to make sure he is cared for well on the ward and we should focus all of our efforts on ensuring that he is comfortable. This means looking after him, managing any symptoms he has, such as pain or shortness of breath, and supporting you.

There is something else that we should also think about. Have you heard about resuscitation or CPR? / You may have heard about resuscitation or CPR.

This is a treatment to restart the heart when the heart has stopped beating and the lungs have stopped breathing. We know that, while CPR can help some people, for many others, particularly those who are not in good health, it doesn't work and it doesn't help. As your father is dying, we will soon reach the point when his heart stops beating. When that happens, this will be the natural end to his life. CPR will not work in this situation, so instead of trying it, we should focus on his comfort and his dignity.

Key Points When Anticipatory Care Planning

- Begin by exploring the person's understanding of the situation
- If the person is sick enough to die, tell them this with compassion
- Use pauses to let the person take in information
- Be honest and realistic when discussing options - be clear about what may work and will what not
- Take time to emphasise the care that can be provided to make the person comfortable
- Give regular opportunities for the person to ask questions or clarify information