

Content begins at 4 PM (PDT). All participants will be muted until Q&A at the end, so please use Chat for any questions/comments.

The Importance and Urgency of  
Considering the Unthinkable

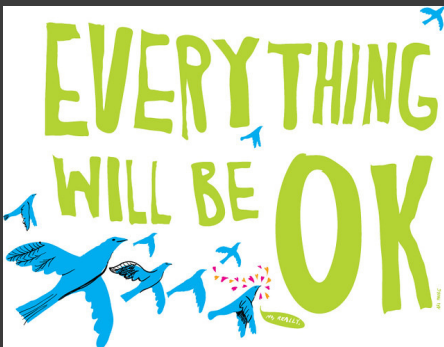
## ADVANCE PLANNING IN THE COVID-19 PANDEMIC

## What are we going to talk about?

Advance planning for decisions that may need to be made if we contract the COVID-19 virus

- Understanding
  - the course of the illness
  - the risk for severe illness
  - what to expect at home and in the hospital
  - communicating our wishes
  - preparation

First of all...TAKE A DEEP BREATH!

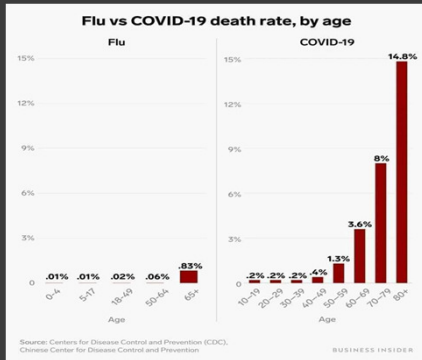


## Who is getting sick?

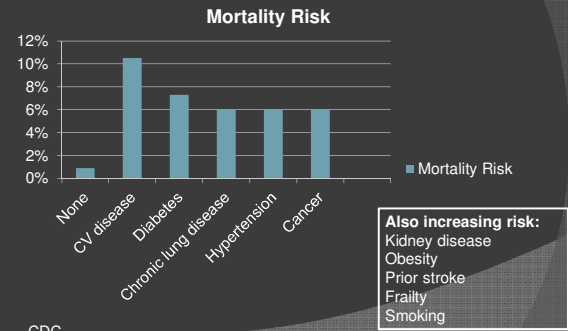
Age group	Cases	Ever hospitalized <sup>1</sup>	Deaths <sup>2</sup>
0 to 19	13	0	0
20 to 29	72	7	0
30 to 39	96	6	0
40 to 49	130	26	0
50 to 59	135	23	0
60 to 69	120	40	3
70 to 79	70	29	5
80 and over	52	23	10
Not available	2	0	0
<b>Total</b>	<b>690</b>	<b>154</b>	<b>18</b>

Oregon Health Authority 4/1/2020

Who is most at risk for serious illness?  
Age



Who is most at risk for serious illness?  
Underlying conditions



Determine your risk level

- **Highest:** > age 80 AND 1 or more chronic conditions
- **High:** age 70 – 79 AND 1 or more chronic conditions
- **Moderately high:** age > 60 AND/OR 1 or more chronic conditions

nhpco.org/coronavirus

Why should I think about this unpleasantness?

- Having a plan reduces your own anxiety
- Protects your loved ones from facing major decisions without any guidance from you
- Avoids unnecessary burden on exhausted healthcare professionals
- Allows pre-consideration of ethical dilemmas that could arise in a surge

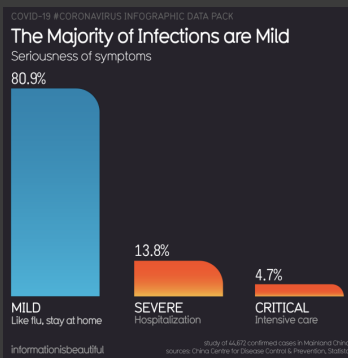
## Early Symptoms

- Appear 3-14 days after exposure
  - Virus able to spread before symptoms
- Fever
- Cough
- Flu-like aches, fatigue, feel bad
- Loss of appetite, smell, taste
- May resolve after several days, or progress to more serious symptoms

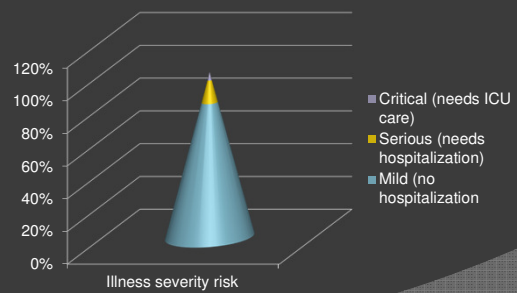
## Home care

- Isolation! Stay home in own room, preferably with own bathroom; use good hand/respiratory hygiene
- Stay in touch with PCP – don't go in unless advised
- Wear face mask whenever out of your room (including in transit to doctor/hospital)
- Analgesics/drink fluids/rest

## How sick will people get?



## Another view



## If you get better...

- ⦿ It might take more than a week
- ⦿ Remain in isolation until 72 hours after symptoms subside (or at least 7 days after they start)
- ⦿ You should now have built up immunity against COVID-19 and no longer be able to catch or spread it

## If you get worse...

Early symptoms don't improve - now develop:

- ⦿ Shortness of breath
  - Difficulty moving around because you can't catch your breath
  - Difficulty talking because you have to stop to breath during sentences
- ⦿ Low oxygen levels (via pulse oximeter)
- ⦿ Persistent pain or pressure in the chest
- ⦿ New confusion or inability to arouse
- ⦿ Bluish lips or face

## DECISION POINT



## Hospitalization - Pneumonia

- ⦿ Expect full PPE and isolation
- ⦿ Unlikely to be able to have family/friends/visitors of any kind during hospital stay
- ⦿ No proven treatments to "cure" virus, though experimental treatments may be offered
- ⦿ Treatment is to support for your body to build immunity and fight the virus off

## Hospitalization - Pneumonia

- ⦿ Oxygen administration – possible biPAP
- ⦿ Respiratory medications to assist with breathing
- ⦿ Antibiotics (secondary bacterial infections)
- ⦿ Pain medications
- ⦿ Monitoring for worsening symptoms
- ⦿ Likely to have infrequent in-person attention from hospital staff (lack of PPE supplies, short-staffed if surge)

## Hospitalization - Pneumonia

- ⦿ Often requires more than two weeks in hospital before able to return home
- ⦿ Illness may continue to worsen over time, leading to need for more intensive care 8-12 days into illness (30%)
  - Increased risk of major complications
  - Possible compromise of other organ systems

## Adult Respiratory Distress Syndrome and Cytokine Storm

- ⦿ ARDS: fluid builds up in the tiny, elastic air sacs (alveoli) in your lungs
  - keeps your lungs from filling with enough air, which means less oxygen reaches your bloodstream
  - deprives your organs of the oxygen they need to function
- ⦿ Cytokine Storm: Systemic inflammatory immune response syndrome
  - can overwhelm vital organs and cause shut-down

## DECISION POINT



## Intensive Care

- ⦿ Usually requires ventilator to assist with breathing
  - Most often with induced coma
- ⦿ Multiple medications/treatments to combat multi-organ failure
- ⦿ Usually requires prolonged stay
- ⦿ Treatment decisions made over phone by healthcare representatives/family
- ⦿ Mortality rate: 60-80%

## DECISION POINT



## CPR

- ⦿ If heart stops during ICU treatment, generally *full-code* is initiated
- ⦿ In case of COVID-19 infection,
  - greatly increases risk of infecting healthcare providers
  - requires abundant use of scarce PPE
  - has <5% chance of success

## Decision Point #1

### Would I want to go to the hospital?

#### Considerations:

- ⦿ More medical support available
- ⦿ Isolation from loved ones – perhaps from staff
- ⦿ May have scarcity of hospital beds and healthcare staff, if surge
- ⦿ **OPTION:** May be able to get home care with oxygen, tele-medicine support, palliative or hospice care – **if you have a care-giver**

## Decision Point #2

### Would I want Intubation/Intensive Care?

#### Considerations:

- ⦿ Induced coma likely
- ⦿ Loved ones isolated from you
- ⦿ ICU beds/ventilators may not be available for everyone who needs them
- ⦿ Increases risk of infections for healthcare providers

## Decision Point #2

### Would I want Intubation/Intensive Care?

#### Considerations:

- ⦿ Increased risk of mortality (>60%)
- ⦿ If dying, is this how you want it to end?

OPTION: May choose palliative care in hospital instead of intensive care

May want to relinquish bed/vent to someone more likely to survive (in a surge situation)

## Decision Point #3

### Would I want CPR if my heart stops?

#### Considerations:

- ⦿ Increases risk to healthcare workers
- ⦿ Uses scarce resources
- ⦿ Highly unlikely to succeed
- ⦿ May not be the way you'd prefer to die

OPTION: Choose to allow "natural death" if heart stops

## Planning for Decision Points

- ⦿ Consider your wishes/values – what is most important to you in this kind of potentially life-threatening situation?
- ⦿ Talk with your loved ones – bounce your thoughts off of them and get feedback
  - Are they willing to support your decisions?

## Planning for Decision Points

- ◉ Review your Advance Directive
  - Are your Healthcare Representatives the right people for making hard decisions in this kind of situation?
  - Does the AD adequately cover your COVID-19 decision points? (probably not)
- ◉ Write a *supplemental statement* about your COVID-19 decision points plan – what you do and don't want
  - sign, date, and attach it to your Advance Directive
- ◉ Send a copy to your PCP to scan into your electronic medical record

## Planning for Decision Points

- ◉ If you have a POLST, review it to make sure that it is consistent with your COVID-19 decision points plan.
  - If not, call your PCP office and ask to revise POLST.
- ◉ If you don't have a POLST and think it's time, call your PCP to discuss.

Note: it's likely to be difficult to have a face-to-face visit with your PCP about this.

## Talking with your Family

- ◉ Share your plan, including supplemental AD statement (and POLST, if applicable) with your family/loved ones
- ◉ Explore the challenges of having your HCR/loved ones make difficult decisions without being able to be with you
  - Most decisions will be over the phone, in consultation with intensivist/hospitalist.
  - Ask "can you make hard decisions for me, respecting my wishes, even if it mean letting me go?"

## If the worst happens...

- ◉ Last face-to-face goodbye
- ◉ Last digitally-communicated goodbye
  - "Please forgive me,"
  - "I forgive you"
  - "Thank you"
  - "I love you"

*The Four Things that Matter Most, Ira Byock*



## Preparing

- ◉ Get your life in order – take care of loose ends, unfinished business *now*, before you get sick
- ◉ Plan for isolation at home – where will you be? who can help you? what do you need to take care of in advance?

“If I woke up tonight with a fever and couldn’t leave my home for 2 weeks, am I ready?”

## Preparing

- ◉ Know how to use communications technology so you can communicate with loved ones during isolation
- ◉ Communicate your decision point wishes clearly both in conversation and in writing as completely as you can with your family/loved ones
- ◉ Prepare copy of Advance Directive and COVID-19 supplement statement to take to hospital, if that becomes necessary

## Preparing

- ◉ Build immunity
  - Eliminate unhealthy substances/habits
  - Eat nutritious whole-food diet
  - Get plenty of sleep
  - Move your body
  - Get sunlight and fresh air
  - Reduce stress – find joy

## Preparing

- ◉ Hope for a mild illness, but be as ready as you can be for a more difficult journey
- ◉ Do what you can to prepare, then let go of the rest.

Worrying never makes the future any better, but can definitely ruin your present moment.

**GRANT ME  
THE SERENITY**  
TO ACCEPT THE THINGS  
I CANNOT CHANGE,  
THE COURAGE TO CHANGE  
THE THINGS I CAN, AND  
THE WISDOM TO KNOW  
THE DIFFERENCE.  
-NEELGAR

## QUESTIONS

- ⦿ Put your question in Chat, or raise hand or “yes” in Participant box
- ⦿ Caveat: I’m not a COVID-19 expert, not a physician, and cannot offer medical advice.
- ⦿ Helpful resources will be posted on my website: <http://codaconversations.com/>



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