People requiring palliative care and COVID-19
This population includes people with COVID-19 whose prognosis due to co-existing advanced progressive disease is limited or uncertain, or people with critical COVID-19 illness where recovery is not expected.
Managing delirium, anxiety and agitation

If goals of care include active disease management, please see recommendations for the treatment of COVID-19 in our living guidelines. Of particular note are recommendations for respiratory support and disease modifying treatments.

EBR [Taskforce]

Treat potentially reversible causes of symptoms (e.g. delirium), such as urinary retention, pain or constipation and prevent and/or treat these causes. PP [ANZSPM]

Recognise that treatment may be required for other illnesses, not only for COVID-19. PP [Taskforce]

COVID-19 SPECIFIC

Delirium may be the sole presenting symptom in some patients. PP [Taskforce/ANZSPM]

Prevention of delirium, as per usual practice, is critical. In people with COVID-19, delirium can increase risk to other patients and staff as it may impact on the person’s capacity to understand and follow infection control measures and maintain isolation. PP [Taskforce]

Early detection of delirium to allow timely treatment requires regular screening. Delirium usually has multiple causes or contributing factors, and other aetiologies other than COVID-19 should be also considered. PP [Taskforce]

There are other additional factors which can promote anxiety, distress and agitation of patients, including clinicians wearing PPE, isolation and limitation of visitors. PP [ANZSPM]

If possible, optimise environment (within infection control restrictions):
- manage in a low-stimulus environment
- provide support with sleep hygiene
- use reorientation strategies (e.g. clock, calendar, radio, room board etc)
- avoid unnecessary patient movement between wards/rooms. PP [ANZSPM]

GENERAL TREATMENT

For non-pharmacological prevention and management of delirium and agitation, follow guidance as per usual care. PP [Taskforce]
For further advice go to SIGN delirium guidelines and ACSQHC delirium clinical standard.

For pharmacological prevention and management of delirium and agitation, follow guidance as per usual care. PP [Taskforce]
For further advice go to SIGN delirium guidelines and ACSQHC delirium clinical standard.

For further advice go to The Australian & New Zealand Society of Palliative Medicine.

COVID-19 SPECIFIC

Avoid fans and nebulised medications due to potential for aerosol generation. PP [Taskforce/ANZSPM]

GENERAL TREATMENT

Non-pharmacological measures to manage breathlessness should be considered; these include positioning, relaxation techniques, wiping the face with cool wipes, reduce room temperature. PP [Scottish Palliative Care Guidelines/NHS UK]

For further advice go to The Australian & New Zealand Society of Palliative Medicine.

When considering treatment options, take into account individual decision-making around goals of care. This includes decisions around proceeding to more invasive forms of ventilation, transfer to ICU and cardiopulmonary resuscitation. PP [Taskforce/ANZSPM]

The net clinical benefit for each patient should be considered on a case-by-case basis, people requiring palliative care may have reduced benefit and increase potential harms when escalating treatment. PP [Taskforce]

Decisions around proceeding to more invasive forms of ventilation should be discussed with the patient or their substitute/medical treatment decision-maker. PP [Taskforce/SIGN]

If a person has symptoms such as breathlessness or delirium which are difficult to manage, and/or is imminently dying, specialist palliative care support and advice should be sought. PP [Taskforce/SIGN]

Sources


NHS Scotland - Scottish Palliative Care Guidelines. Supportive and Palliative Care Temporary Guideline. End of Life Care Guidance when a Person is Imminently Dying from COVID-19 Lung Disease. 29 April 2020.

NSW Health - NSW Health, Palliative Care Community of Practice. Bereavement care guide. 2 June 2020.


Taskforce – Current guidance from the National COVID-19 Clinical Evidence Taskforce.