Older people (> 65 years) living with frailty and/or cognitive impairment

This population includes older people (usually > 65 years) with impairments of physical, cognitive and/or physiological function, or who have frailty. Frailty is a multifaceted syndrome that includes physical impairments and higher susceptibility to disease. Comorbidities are often present, such as cerebrovascular disease, dementia, heart failure and chronic lung disease [Hilmer 2017].

**General Principles**

Early specialist advice should be considered in older people living with frailty and/or with cognitive impairment. PP [Taskforce]

Ensure multidisciplinary collaboration amongst the health and social/community care teams within the decision-making process when managing people with multimorbidity, cognitive impairment and functional decline. PP [Taskforce/WHO]

Provide opportunities for people to maintain activity, such as placing a chair beside the bed and delivery of rehabilitation interventions via virtual means where possible. PP [Taskforce]

**Polypharmacy**

A review of medication prescriptions is recommended to reduce polypharmacy and prevent medicine interactions and adverse events. PP [WHO]

Consider reducing polypharmacy or reaffirming clear indications for each medication. [Notes: polypharmacy is common and often harmful. In patients with COVID-19, every interaction (such as providing medication) has an important opportunity cost for nursing staff, and many medications can be omitted, stopped or converted to a once daily formulation (for some drugs given more than once a day) during COVID-19 illness.] PP [Taskforce]

**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, reducing room temperature. PP [Scottish Palliative Care Guidelines/NHS UK]

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

For management of the symptoms of breathlessness or cough, use opioids as per usual care. Consider the addition of a benzodiazepine (for example midazolam) if breathlessness persists. PP [Taskforce]

For further advice go to The Australian & New Zealand Society of Palliative Medicine.
### COVID-19 SPECIFIC

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, as older people with frailty and/or cognitive impairment may have reduced benefit and increase potential harms when escalating treatment. PP [Taskforce]

### Escalation of care

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

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]

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