Advance Care Planning – COVID-19 Ready Script:

For Advanced Cancer, Chronically Ill or Elderly Patients

What they say	***What you say***
Initiating the Conversation	
	Hi, this is _____, I am calling from Dr. ____'s office (or list other clinical practice). I am wondering if this is a good time to talk about your health and plan for the future in the setting of the COVID-19 pandemic.
OK. I have been very worried about this virus.	**You are right to be concerned. Here's what you can do.** Please continue to limit your contact with others—we call it social distancing. You should strictly follow all of the recommendations that you have been getting from your doctors and public health professionals: Stay indoors. Avoid outside contacts. Make sure you have enough food and medicine…[add CDC guidelines for people who are at higher risk for severe illness] **Then you should pick a person who knows you well enough to talk to doctors for you if you did get really sick.** That person is your health care proxy. Finally, if you are the kind of person who would say, no thanks, I don't want to go to the hospital and end up dying on machines, you should tell us and your proxy. ***If the patient has strong beliefs about avoiding hospitalization or ICU level care, go to:*** **Responding to a patient who may want to opt out of hospitalization.**
Why do I have to think about this right now? Why is this necessary?	**It can be scary to think about what may happen, but this pandemic has left us no choice but to be proactive and share our concerns with you today and come up with a plan together**.
	Unfortunately, because of your cancer (or other chronic illness/immunocompromised state) **you are at high risk of getting really sick and dying** if you get infected.
What does that mean?	It means that even if you came to the hospital and received life support, like a ventilator, and received intensive care there is a high chance that you would not survive. It also means that you would be separated from your family since no visitors are allowed. **You could die alone in the hospital.**
I don't want that. I'm scared. Other strong emotion.	**I can hear how _____ (*scary, difficult, distressing, overwhelming, shocking…*) this must be for you and your family right now**. We want to make sure that we do what's right for you at this time. [Silence]

	If strong emotion, consider using **NURSE statements for articulating empathy **Naming** — "It sounds like you are scared." — In general, turn down the intensity a notch when you name the emotion **Understanding** — "This helps me understand what you are thinking" — Think of this as another kind of acknowledgment but stop short of suggesting you understand everything (you don't) **Respecting** — "I can see you have really been trying to follow our instructions" — Remember that praise also fits in here e.g. "I think you have done a great job with this" **Supporting** — "I will do my best to make sure you have what you need" — Making this kind of commitment is a powerful statement **Exploring** — "Could you say more about what you mean when you say that…" — Asking a focused question prevents this from seeming too obvious
	If you do get sick and prefer to stay at home we can make plans on how to best take care of you and make sure that you are comfortable. How does that sound?
Responding to a patient who may want to opt out of hospitalization	
I realize that I'm not doing well medically even without this new virus. I want to take my chances at home / in this long-term care facility.	Thank you for telling me that. **What I am hearing is that you would rather not go to the hospital if we suspected that you have the virus.** Did I get that right?
I don't want to come to the end of my life being kept alive on a machine. [or in a long-term care facility]	**I respect that. Here's what I'd like to propose. We will continue to take care of you.** The best case is that you don't get the virus. The worst case is that you get the virus despite our precautions**—and then we will keep you at home and make sure you are comfortable for as long as you are with us.**

I am this person's proxy/health care agent. I know their medical condition is bad—that they probably wouldn't survive the virus.	It is so helpful for you to speak for them, thank you. If their medical condition did get worse, we could arrange for hospice (or palliative care) to see them where they are. We can hope for the best and plan for the worst.

Documentation in Epic:

1. Create Smart Phrase (or can use Dr. Blinderman's Smart Phrase .ACPCOVID)
2. Open up **Advance Care Planning Tab** in Epic. Go to **ACP Notes**.
3. Create note.
4. Use .ACPCOVID Smart Phrase

Advance Care Planning in the setting of COVID pandemic:

Discussed the serious risks to elderly and chronically ill patients who become infected with COVID-19. Patient expressed understanding that his/her likelihood of survival given his/her age and chronic medical conditions is low.

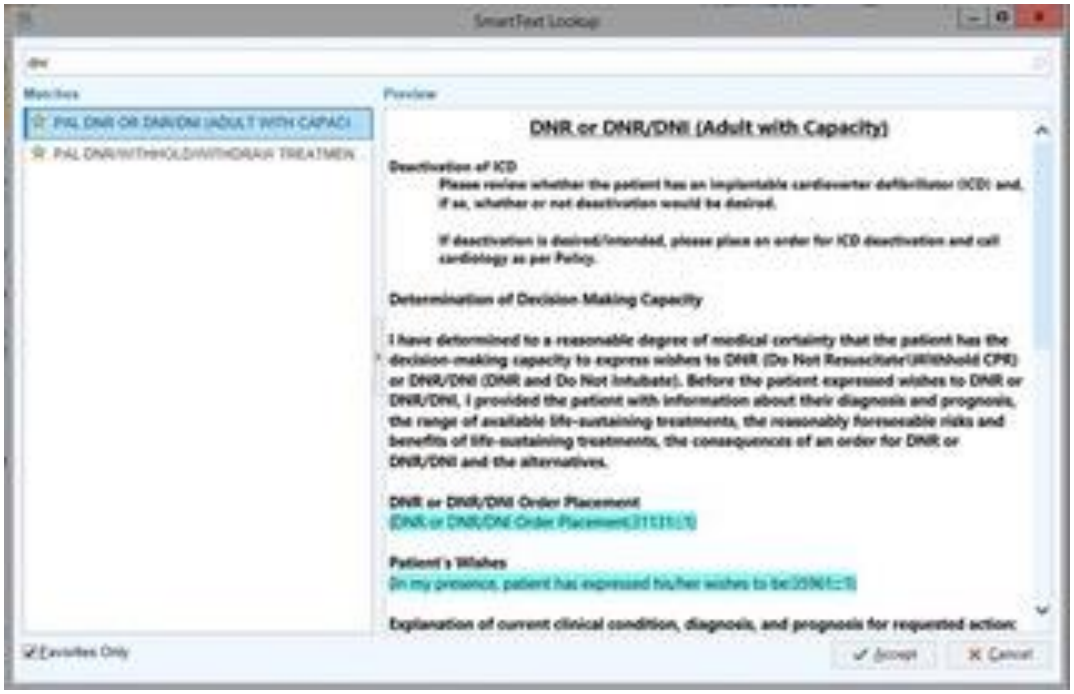
Advanced care planning was discussed to include patient's wishes regarding resuscitation and intubation. @name@ understands the risks to his/her health if he/she should become infected or have serious symptoms.

In considering the tradeoffs of being isolated from family, the low likelihood of recovery, @name@ would prefer to stay at home rather than go to the hospital if signs and symptoms of COVID infection develops or @name@ becomes acutely ill.

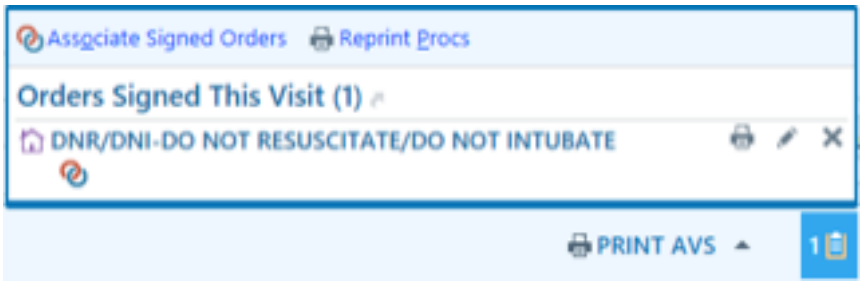
If @name@ were to decompensate and need symptom relief, he/she elects to have hospice services arranged or appropriate comfort measures at home , e.g. morphine, lorazepam, haloperidol.

MOLST form reviewed. Patient is DNR/DNI, focus on comfort measures, no transfer to the hospital.

5. Start DNR/DNI Documentation



If patient does ultimately come to the hospital, these pending DNR/DNI orders can be signed (or we can create other way of indicating ACP documentation is complete)



Preparations for patients who may die at home

1. Call local hospice to enroll ASAP.
2. **If no hospice services or hospice services delayed** (and not on opioids or benzodiazepines already):
    a. Morphine concentrate 20mg/mL solution 5-10mg SL q1hr prn shortness of breath or pain
        i. For patients on high dose opioids, please contact palliative care for appropriate dosing.
    b. Lorazepam (Ativan) 1mg tabs (or liquid lorazepam), Start 0.5-1mg SL q2hrs prn anxiety
    c. Haloperidol liquid (2mg/mL), 1-2mg SL q2hrs prn agitation
3. **If hospice is not yet engaged when these meds will be used**, assure caregiver knows to call Palliative Care for guidance in use.