
*Please note that this advice is for clinicians.* It describes situations and procedures which may be distressing for the general reader. All questions within each section are linked to each other and should be read in conjunction. Below each question are the weblinks to the sources of evidence to support the guidance recommendation.

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| How do we best manage end of life care in suspected/confirmed COVID-19 positive patients on the ward? | In general, the treatment of physical symptoms in patients suffering from COVID-19 may be orientated towards:  
  - Supportive measures – for example, provision of fluids and/or oxygen.  
  - Targeted treatment – for example, provision of antibiotics to treat pneumonia.  
  - Organ support – for example, ventilator support, renal replacement therapy, etc.

These are aimed at preserving and prolonging life. It is important to remember that most people with COVID-19 will survive and recover.

Patients also have the option to complete a ‘COVID-19 Advance Care Plan’ – a summary of preferences for a patient’s care if they develop severe COVID-19 symptoms. (Note that this does not replace an advance care plan, advance decision to refuse treatment (ADRT) or a ‘living will’. Any decision to refuse advance treatment would need to be made separately. Further details on ADRT or DNACPR can be found here).

However, **if there is a risk of acute deterioration or cardiac arrest, this should be identified early**. Appropriate steps to prevent cardiac arrest and avoid unprotected CPR should be taken. Use of physiological track-and-trigger systems (e.g. NEWS2) will enable early detection of acutely ill patients.

Patients for whom a ‘do not attempt cardiopulmonary resuscitation’ (DNACPR) and/or other similar decision is appropriate should also be identified early.

Where CPR is appropriate and required, **follow specific guidance for resuscitation procedures in the context of COVID-19**.

For those who are dying as a consequence of COVID-19 and/or who do not wish to have active or invasive treatments, **the switch in focus to high quality, compassionate, palliative care at the end of their life is equally important**.

In this case, consider whether referral to specialist palliative care is appropriate if:

  - The patient is already known to specialist palliative care.  
  - Symptoms are not responding to clinical guidelines, including when a patient is imminently dying.  
  - Complex symptoms require specialist advice.  
  - There is a decision not to escalate treatment in the face of deterioration or uncertain prognosis.
• There are other complexities, for example, young children or other dependents who rely on the patient.

Consider management of the most common symptoms of COVID-19:
- breathlessness
- cough
- fever
- delirium

according to PHE guidance

Management of other symptoms, including pain, should be treated in accordance with local guidelines and policies.

Some medication strategies for symptom management may not be possible or may be difficult to manage on mental health wards (for example subcutaneous infusions via a syringe driver). Consider alternative routes of administration or medication regimes (see an example of guidance in Oxford University Hospitals Health NHS Foundation Trust).

The summary below is derived from the Association for Palliative Medicine of Great Britain and Ireland (22/03/20). Information from WHO guidance (24/03/20) is contained in footnote 1.

In summary:

**General points**
- The utmost consideration and care must be given to the safety of other patients, visitors and staff by maintaining infection control procedures at all times.
- Bereavement Offices, mortuary teams and Coroners Offices can be contacted for additional support and guidance.
- Clear and complete documentation should be completed,
- Open, honest and clear communication with colleagues and the deceased’s family/significant others.
- Consider the emotional/spiritual/religious needs of the deceased & their family/significant others.
- Consider using the SWAN model of care.

**Before death**
- Decisions regarding escalation of treatment should be made on a case by case basis.
- Take into account relevant ethical considerations as well as patient and family preferences and wishes.
- Consider appropriate symptom control and medication (see the RGCP website for resources).
- If death is imminent and the family wish to stay with their loved one staff must advise them that they should wear full PPE.

**At the time of death**
- Inform and support the family and/or next of kin.
- Appropriately trained professional should complete the Verification of Death process wearing PPE and maintaining infection control measures.
- Appropriate doctor completes MCCD (Medical Certificate of Cause of Death) as soon as possible.
  - COVID-19 is an acceptable direct or underlying cause of death for the purposes of completing the MCCD.
  - COVID-19 is not a reason on its own to refer a death to a coroner under the Coroners and Justice Act 2009.
Footnote 1: General considerations after death from the WHO (24/03/20).

- To date there is no evidence of persons having become infected from exposure to the bodies of persons who died from COVID-19.
- Hasty disposal of a dead from COVID-19 should be avoided.
- Authorities should manage each situation on a case-by-case basis, balancing the rights of the family, the need to investigate the cause of death, and the risks of exposure to infection.
- Ensure that personnel who interact with the body (health care or mortuary staff, or the burial team) apply standard precautions, including hand hygiene before and after interaction with the body, and the environment; and use appropriate PPE according to the level of interaction with the body.
- If there is a risk of splashes from the body fluids or secretions, personnel should use facial protection, including the use of face shield or goggles and medical mask.
- Ensure that any body fluids leaking from orifices are contained.
- Keep both the movement and handling of the body to a minimum.
- Wrap the body in cloth and transfer it as soon as possible to the mortuary area.
- There is no need to disinfect the body before transfer to the mortuary area.
• Body bags are not necessary, although they may be used for other reasons (e.g. excessive body fluid leakage).
• No special transport equipment or vehicle is required.