



Acute care resource addendum

Care of the dying patient with COVID-19 February 2021

Severe COVID-19 infection typically causes respiratory failure that is associated with breathlessness, delirium or agitation, and anxiety.^{1,2} Those dying from COVID-19 and respiratory failure outside ICU tend to have a rapid decline. Anecdotal evidence suggests that patients dying from COVID-19 also have a higher symptom burden than patients dying from all causes in hospital. Use of anticipatory strong opioids and benzodiazepines may need to be supplemented more often by continuous subcutaneous syringe pumps to ensure excellent symptom control.

The increased incidence of microemboli with COVID-19 infection increases the incidence of severe renal impairment, and alternatives to morphine such as alfentanil may be needed more often.

Agitation is a key symptom in those dying from respiratory failure secondary to COVID-19. As such, benzodiazepines or antipsychotics may be required more frequently and need to be escalated to higher doses than in patients not dying from COVID-19.

Although cough is a key symptom of COVID-19 infection, seriously ill patients tended not to complain of this symptom or require non-drug or drug treatment for it.

Fans should be avoided for COVID-19-infected patients, as they run the risk of disseminating the virus.

Due to necessary visiting restrictions for those important to the patient, it is more important than ever to ensure proactive, sensitive and regular telephone communication

to the next of kin about the patient's condition. Supporting virtual visits through tablets and the patient's mobile phone have also been valued, but must be done safely and securely. Some hospitals are allowing limited visiting at the bedside of a dying patient, but visitors must be counselled about their own risk, be supplied with and helped to wear appropriate PPE, and may need to be advised to self-isolate afterwards.

Finally, there are hospitalised patients with severe COVID-19 infection for whom the outlook is uncertain. The ceiling of treatment may be non-invasive ventilation (NIV), but they may be struggling to tolerate it. For these patients, low-dose strong opioids and/or benzodiazepines orally may provide good symptom control, which in some cases can allow NIV to be continued until the lungs start to recover. These patients benefit from both active and palliative management at the same time, in an approach that can be seen as treating for the best outcome, but also planning in case the worst occurs.

References

- 1 Hetherington L, Johnston B, Kotronoulas G *et al*. COVID-19 and hospital palliative care – a service evaluation exploring the symptoms and outcomes of 186 patients and the impact of the pandemic on specialist hospital palliative care. *Palliat Med* 2020;34:1256–62.
- 2 Alderman B, Webber K, Davies A. An audit of end-of-life symptom control in patients with corona virus disease 2019 (COVID-19) dying in a hospital in the United Kingdom. *Palliat Med* 2020;34:1249–55.