Non-Pharmacological End of Life (EOL) Symptom Management Reference Tool for LTCHs During COVID-19

This information is intended to supplement usual care practices ***for all health care roles*** *and does not replace clinical judgement.*

All approaches to care must include considerations of Client goals of care and individual medical condition.

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Provide Resident & family with education and resources to support understanding and informed decision making about EOL: When Someone is Dying pamphlet.

Psychosocial and Spiritual Wellbeing	

Medication management may be required after careful assessment in conjunction with non-pharmacological approaches.	• **Nursing:** Screen Residents for psychological distress (i.e. depression, anxiety, poor wellbeing), using appropriate screening tools (e.g. ESAS-r, Geriatric Depression Scale). If positive, follow-up with appropriate assessments and management
	• **Therapeutic Communication:**
	  ○ Do not be afraid to start conversations around how they are coping with their illness, ask for permission to talk with them and explore their thoughts, fears, feelings, burdens, daily challenges etc.
	  ○ Video - For ideas on how to virtually support family members
	  ○ Provide therapeutic use of self: presence, touch, listening, silence etc.
	  ○ It is okay to not know what exactly to say in the moment
	  ○ Utilize communication tools such as SPIKES and CLASS Protocols
	  ○ Consider referrals to social work, spiritual care, geriatric mental health supports prn for more challenging cases
	  ○ Utilize the FICA Spiritual Assessment Tool
	  ○ Share Legacy Activities with residents & their families, and support their engagement in them, as needed

Grief and Loss	These resources are applicable to Residents, families and healthcare providers experiencing loss. • Regional Grief & Loss/Bereavement Supports for Waterloo and Wellington (resources near bottom of page) • Wellbeing Waterloo Region: Grief, Dying, and Death During a Pandemic • MyGrief.ca
Dyspnea (shortness of breath, breathlessness) & Anxiety Related to Dyspnea	
Medication management may include: • Opioids • Anxiolytics • COPD therapies • Heart Failure therapies such as diuretics • Oxygen therapy at low flow rate (<6 L/min only if dyspnea related to hypoxia)	• Exclude reversible causes: airway infection, pericardial or pleural effusions • Position for comfort • Open window** • Fan blowing air** **Not if COVID+ • Quiet calm uncrowded atmosphere • Cool cloth to face/upper extremities • Loosen or remove restrictive clothing and bedding • Having a window view • Cooler environment • Video - Exercises for Managing SOB
Cough	
Medications may include cough suppressants and/or opioids.	• Oral fluids as tolerated, warm beverages may help • Provide cough drops / hard candies if no choking risk exists • Elevate the head of bed as tolerated
Fever	
Medications may include oral or rectal acetaminophen.	• Cooler environment • Loosen or remove restrictive clothing and bedding • Cool cloth to face/upper extremities • Provide oral fluids as tolerated if appropriate
Dry Mouth	
	• Provide mouth care frequently using a soft bristle toothbrush Video: Helping with Mouth Care • Offer ice chips or hard candies if desired and no choking hazard exist • Provide artificial saliva if available (sprays, gels)

Delirium	
Identify and treat underlying cause(s) where possible. The delirium may be a direct symptom of COVID-19 therefore treatment options may be limited. Some other potential causes include rectal impaction, urinary retention, increase in pain, medications (opioids, corticosteroids), metabolic (diabetes, hypercalcemia), and dehydration, hypoxia and brain metastases etc. Medications to manage delirium may include antipsychotics, sedatives etc.	• Explain to the family that the symptoms are caused by the illness and are not within the Resident's control and will fluctuate • Encourage family members to provide gentle, repeated reassurance if present • Meet the Resident in their reality and avoid arguing • Utilize re-direction prn • Provide a quiet calm environment appropriately lit for the time of day • Families may benefit from the following resource: How to Prevent and Support Delirium in an Older Adult in Hospital or a Care Home, When You Can't Visit in Person – RGP
Nausea/ Vomiting	
Medications may include prokinetics, certain antipsychotics etc.	• **Nursing**: Complete comprehensive assessment aimed at identifying the cause of the nausea and vomiting to facilitate management • Assess for treatable causes such as oral thrush • Consider environmental impacts: reduce strong smells, use neutral air fresheners/favorite scents, cooler temperature • Maintain good oral hygiene, especially after episodes of vomiting
Pain	
Medications may include opioids and/or adjuvants.	• **Nursing:** Complete regular pain screening (i.e.: q shift) and complete a comprehensive pain assessment when pain screen >4/10 • Assess for nausea & vomiting, constipation, sedation, confusion, hallucinations, myoclonus • Position for comfort • Application of heat/ cold if appropriate • Consider Total pain • Consider complementary therapies (e.g. music therapy, massage, aroma therapy) • Consider referral to physio/ occupational therapy, as appropriate
Seizures	
Medication management includes anticonvulsant and/or benzodiazepines.	• During a seizure, clear the area of hard or sharp objects to prevent injury, maintain airway and provide privacy • When seizure is over, position Resident in a stable side position (recovery position) until he/she is alert • Maintaining calming environment for Resident and family if present
Terminal Secretions	
Medications management includes anticholinergic and/or antimuscarinic drugs.	• If family is present at bedside**,** provide health teaching to normalize the sound. (i.e. can be compared to snoring) • Reposition as tolerated for comfort. Positioning side lying with head slightly tilted to encourage drainage of secretions Pillows to support and towels on pillow/bed to absorb secretions • Periodic mouth care should be done for comfort. Video: Helping with Mouth Care • Do not suction as this promotes secretion production and stimulation of the gag reflex **
Terminal Bleeding	
Medication to provide sedation may be administered to reduce distress of seeing a large amount of blood.	• Ensure the Resident and family are aware ahead of time, *if this is a possibility related to their disease process* • Maintain calm presence • Use dark towels or bedding to minimize the appearance of blood. Do not cover nose or mouth • If bleeding is coming through the mouth, turn face to allow for posture drainage if helpful • **If sedation medication is not already prepared, and no one else available to stay with the Resident, remain with the Resident to comfort and reassure them rather than leaving them alone, as death will happen quickly**

****Important****

Where possible, avoid use of the following, as they may generate aerosolized COVID-19 virus particles and increase the risk of infecting healthcare providers, and family members:

- Oscillatory devices (Fans)
- Oxygen flow greater than 6L/min
- High-flow oxygen delivered via nasal cannula
- Continuous positive airway pressure (CPAP) or bilevel positive airway pressure (BiPAP)
- All nebulized treatments (bronchodilators, epinephrine, saline solutions, etc.)
- Oral or airway suctioning (especially deep suctioning)

Adapted from:

- *WW Symptom Management Guideline for the EOL Medication Order Set for LTC - May 2018*
- *OPCN Symptom Management for Adult Patients with COVID-19 Receiving End-of-life Supportive Care Outside of the ICU - 9 Apr 2020*
- *When Someone is Dying in LTCH - Pamphlet*