

COVID Script for High-Risk Patients in Primary Care

This script is intended as a guide for providers in Primary Care who will be having advance care planning conversations with patients at high risk for complications of COVID, both in the setting of disease and for patients who are at high risk but have not contracted COVID. As with all scripts, it is intended only as a guide, and providers should adapt it to their own approach to these conversations and to the individual patient with whom they interact.

Ask permission:

“I’d like to check in with you about the COVID virus, and do some thinking in advance about what is important to you so that I can make sure we provide you with the care you want – is this okay?”

“It’s important that we discuss your medical wishes so that we can plan for an emergency. This is a conversation that we routinely have with all of our patients but because of the coronavirus pandemic, it’s even more important that we discuss these issues.”

Elicit patient understanding:

“What is your understanding of your illnesses, and how COVID could affect you?”

Explore their understanding of their comorbidities (particularly important in patients at exceedingly high risk, e.g. immunosuppression, active cancer, pulmonary disease):

- “Just so we are all on the same page, what is your understanding of [comorbidit[ies] predisposing to severe disease] ...?”
- “What have other providers told you about your underlying illnesses?”
- “How do you feel like things are going with your underlying illnesses?”

Explore their understanding of how COVID is affecting people and the strain it is putting on the health system:

- “What have you heard about how COVID is affecting people?”
- “What have you heard about how COVID is affecting people with diseases like yours?”
- “What have you heard about hospitals and COVID?”

“Is it ok if I share what I know about how COVID is affecting people like you?”

- “How much information about what might happen would you like to know?”
- “Some people like to know about time, some like to know what to expect, some like to know about both.”

Share prognosis:

“It can be difficult to predict what will happen if you are infected. I hope the COVID virus won’t affect your health, but I’m very worried it could make you so sick that you might need life support and even die from it, and I think it’s important to prepare for that possibility. For many

patients who have COVID-19 infections, symptoms are mild and flu-like. There are some patients however for whom the infection can cause much more serious symptoms. These patients often require admission to the hospital for oxygen, and they sometimes are requiring even more aggressive care, like being put on a ventilator, and using strong medications to keep them sedated. While older patients and those with underlying chronic illnesses such as [patient's comorbidities] are more at risk of having severe symptoms, it is important to know that anyone regardless of their age or even those without underlying medical conditions can still develop severe symptoms that they need to be hospitalized for."

"We're in an extraordinary time. Right now many people are getting very sick and going to the hospital, which has been quickly filling up. Visitors are not allowed and our healthcare workers are being stretched in a way they have never been. Many hospitals are having a difficult time taking care of patients in the ways we would want because of the number of patients with COVID. It is a hard place to be. "

Exploration of fears, goals, and values:

"Sometimes, when people think about what would happen to them if they became sick, they decide that there are certain things they would not want to happen. For instance, some people say they would not want to die in the hospital. Others say that they would not want to be on a ventilator. Right now, knowing what is happening in hospitals, some patients are saying that it would make more sense for them to stay out of the hospital if possible and as comfortable as possible, if they were to get so sick. Given all of that, if you were to get very sick what would matter most to you?"

- Goals:
 - "When you think about the future, what are things you want to do?"
 - "What makes life worth living for you?"
 - "What do you mean by [not being a vegetable, etc.]?"
- Fears/tradeoffs:
 - "What are you worried about when it comes to your health?"
 - "Would there be circumstances under which you would find life not worth living?"
 - "What if you had an illness that would only get worse or could kill you?"
- Experiences with serious illness:
 - "What was your last hospitalization like for you?"
 - "Do you have any family members who have been in the hospital?"
 - "Have you been around someone who has had a particularly good or bad death?"

COVID and serious illness -- turning points:

"Is there anything you would NOT be willing to go through to try to survive a COVID infection?"

It is specifically important to address: desire for hospitalization, desire for intubation, desire for CPR. Depending on the patient, it may be more appropriate to start with CPR and intubation, and then address hospitalization, particularly for patients who want "everything." For patients who would not desire hospitalization, it is not appropriate to address CPR and intubation.

“We talked earlier about what a hospitalization might look like. If you were to get very sick, would you want to go to the hospital?”

“The two emergencies that we as physicians always discuss with patients are what to do if they develop difficulties breathing or if their heart stops. If it's okay with you, I'd like to discuss these issues further with you.”

Intubation and ventilation:

“First, let's discuss what we would do if you developed difficulties breathing. When a patient has trouble breathing, we can give oxygen and medications to help relieve their symptoms but if they don't respond to these treatments, then we have to intubate patients by putting a tube down their throats. That tube is then connected to a ventilator machine which then helps to take over the work of breathing. Our goal is to try to fix the underlying problem so that patients can then have the breathing tube removed and breath on their own again. However, many patients with underlying medical conditions become so sick that we can't take them off the ventilator. At that point, some families will ask for the patient to be taken off the ventilator. Providers will continue to provide care to make sure patients are comfortable and their symptoms are addressed.”

CPR:

“If it's okay, I'd like to now discuss what we would do if your heart stops. If a patient's heart stops, we initiate CPR. CPR involves doing compressions, where we press on a patient's chest with enough force to pump the heart. The intention is to keep blood circulating and carrying oxygen to the brain and other major organs while we give medications or electrical shocks to restart normal cardiac function. I always explain to patients that CPR in real life is not like CPR on TV and in movies. In real life, CPR involves doing compressions and using enough force that there is a risk of breaking ribs, causing internal bleeding, and causing pain. I don't mention that to scare you but it's important that you understand.”

Sample script for people who want “everything”:

“That is good to know. It is important to understand if life sustaining treatments, like a ventilator, are available and your doctors think they would help you, they will take that step. And at the same time, it is important for you to know that right now, the hospital is likely to have to start using special rules for all patients to determine how to do the most good for the most patients. This may mean that such aggressive care will not be available. Still, if you do get very sick and going to the intensive care is not an option, your team will do everything they can to help you be comfortable, and not in pain, during that time.”

Share clinician opinion:

“I've heard you say that _____ is really important to you. Keeping that in mind and what we know about you, I recommend _____. What do you think about what I've suggested?”

Health care proxy, advance care planning documentation, and MOLST:

“Who should we speak to if you’re unable to speak for yourself? Do they know what you’ve told me?”

- “Have you thought about who you would like to make healthcare decisions for you if you want help making them or if you can’t make them because you are too sick?”
- “Is this a person you feel comfortable talking to about end of life issues?”
- “Can you talk to this person about your values and goals?”
- “Is this a person who can make decisions under pressure?”

Consider completing (per patient preference):

- Health care proxy
- Advance care planning document (e.g. Five Wishes, or free state document)
- MOLST (can be completed by phone with a witness)
- Plan to remain at home -- SmartSet forthcoming