ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

COVID-19
Code Status and Goals of Care Considerations

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Objectives

- **Empower people to have their voice and values heard before they become too sick to speak for themselves**
- Understand what an Advance Health Care Directive is
- Outline the difference between Advance Directive and Code Status
- Understand the basic statistics of CPR and mechanical ventilation to help people make informed decisions about their care

Preparation

"One must be wise in knowing what to prepare for and equally wise in being prepared for the unknowable."

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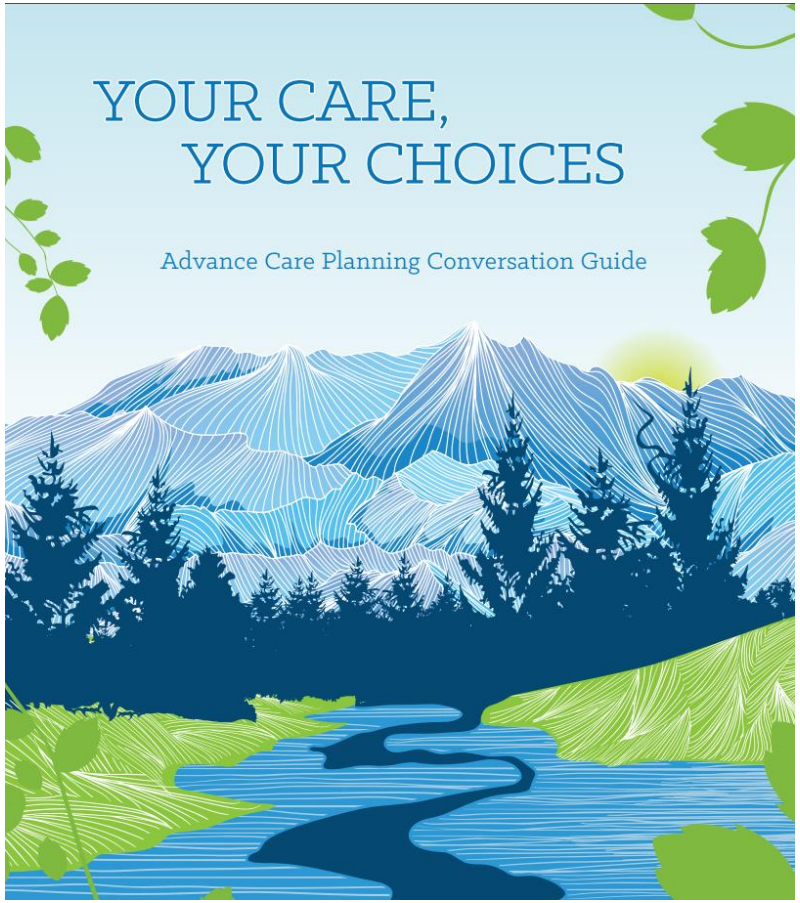
Always Getting Ready / Upterrlainarluta
by James H. and Robin Barker

A Personal Account

- It is very uncomfortable to think about our own death or death of our loved ones
- Having no plan means a family member has to make decisions when the time comes
- Talking about it beforehand can decrease stress on self and family
- Try to make the decision before there is an emergency
- Avoiding unnecessary pain, suffering and isolation

Advanced Care Planning vs Code Status

- Similar but different
- Goals of care vs what to do if the heart stops or you stop breathing
- Do Not Resuscitate does not mean “do nothing” or “give up”



https://anthc.org/wp-content/uploads/2017/02/AD-Conversation-Guide-LOW-RES.pdf

TO BE USED BY CLINICIANS

Respecting Choices®
PERSON-CENTERED CARE

Proactive Care Planning for COVID-19

What matters most to you matters to us

Note to User: This guide is **for use by clinicians to proactively help individuals at highest risk for complications associated with COVID-19** express their desires for care in the event they develop the infection. This information will allow clinicians to create plans for care that will honor each individual's preferences and decisions.

Include healthcare agent, if possible. This conversation could be delivered through telecommunication, video conference, in-person, etc. If a previous introduction conversation has occurred, start at #3 below.

"I know this is a lot to take in all at once. I want to support you any way I can. These can be tough decisions to make and talk about especially in these uncertain times. Think of these conversations as a gift of love to those close to you. Knowing your decisions, goals, and values will be a great comfort to them. They won't have to wonder if they are making a decision you would want them to make."

Goals of Care

PRIORITIES FOR MEDICAL CARE		
LIVING LONGER	**MAINTAINING CURRENT HEALTH**	**COMFORT**
• Live as long as possible, even if I do not know who I am or who I am with • Be in the hospital and receive all care my doctors think will help me, even if it means relying on machines to keep me alive	• Live longer, if quality of life and comfort can be achieved • Be in the hospital, if needed, for effective care • Stop treatment that does not work or makes me feel worse • Allow a natural death if my heart or breathing stops	• Live the rest of my life focusing on my comfort and quality of life • Avoid the hospital and being on machines • Allow a natural death if my heart or breathing stops

TREATMENT OPTIONS FOR SERIOUS ILLNESS		
FULL TREATMENT **Sustaining life by all medically effective means**	**SELECTIVE TREATMENT** **Maintaining health while avoiding burdensome treatments**	**COMFORT-FOCUSED TREATMENT** **Maximizing comfort through symptom management**
Includes: • Medication and treatment to keep you comfortable • Emotional and spiritual care	**Includes:** • Medication and treatment to keep you comfortable • Emotional and spiritual care	**Includes:** • Medication and treatment to keep you comfortable • Emotional and spiritual care
May include: • Being in the hospital and Intensive Care Unit (ICU) • A trial of full treatment, if desired, e.g., ventilator • IV medications and IV fluids • Long-term tube feedings • CPR, intubation, and/or ventilator	**May include:** • Being in the hospital but AVOIDING the ICU • Non-invasive positive airway pressure • A trial of select treatment, if desired, e.g., non-invasive positive airway pressure • IV medications and IV fluids • Short-term tube feedings	**May include:** • Being in the hospital ONLY if comfort needs not met • Oxygen, suction, and manual treatment of airway for comfort • Medications by mouth • Food and fluids by mouth, if able
	Does NOT include: • CPR, intubation, and/or ventilator	**Does NOT include:** • CPR, intubation, and/or ventilator

Code Status

Code Status

Advance Care Planning

- Who can make decisions for you?
  - Designated Health Care Agent
- Instructions for Care (Goals)
  - Length of life or quality of life?
  - Breathing tube?
  - Feeding tube?
  - Where to spend your final days? (home, hospital, etc)
  - What is most important? (family, last rites, pain management, etc)

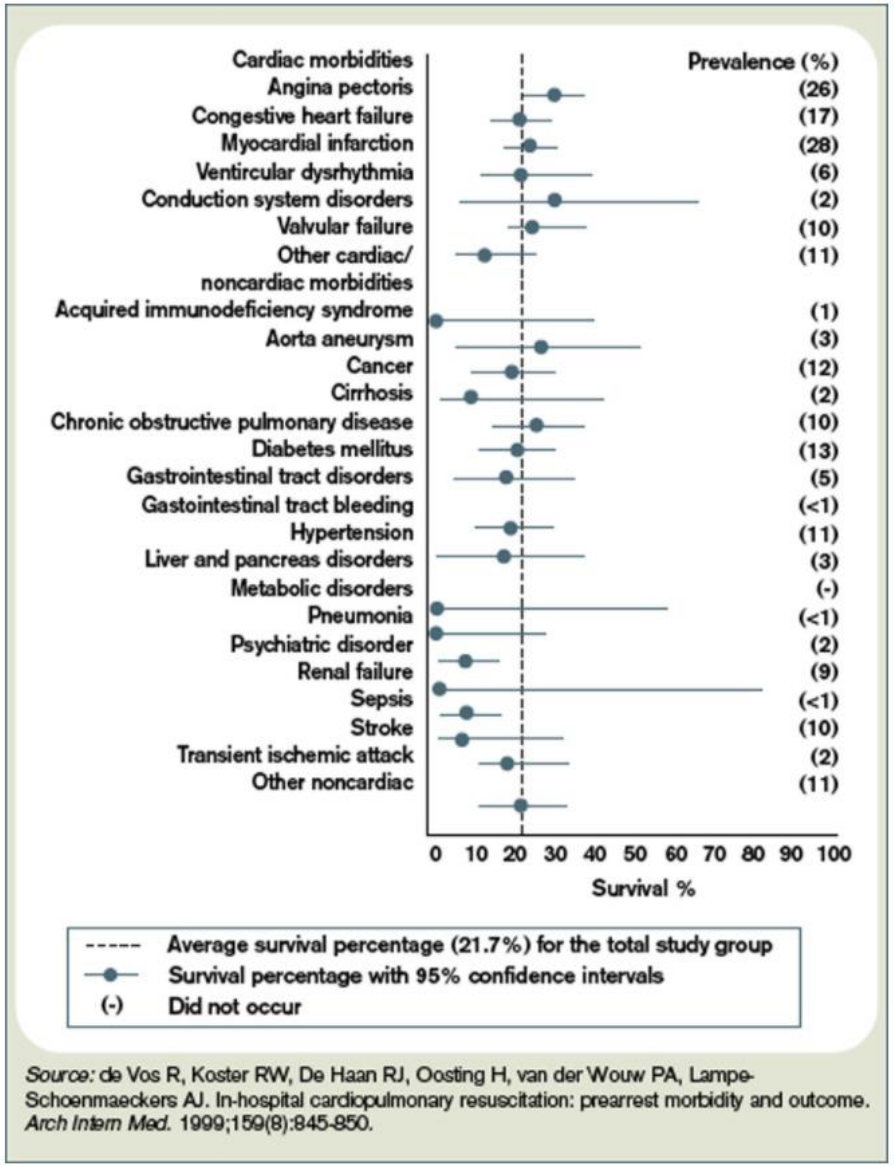
Alaska's Comfort One

I have a Living Will. Why do I need a DNR?

A Do Not Resuscitate order is different from an Advance Health Care Directive, sometimes called a Living Will. An Advance Health Care Directive is designed to allow the patient to express his or her wishes regarding life-sustaining treatment and other medical care for such time when he or she is unable to make treatment decisions. The patient's instructions, however, cannot take effect without a doctor's DNR order. In order to issue a DNR order, the doctor must first determine that the patient has a terminal condition or is in a state of permanent unconsciousness. EMS personnel cannot honor an Advance Health Care Directive or Living Will unless there is a Comfort One order in place and they are presented with the enrollment form, wallet card or bracelet.

Code Status

- <u>Cardiopulmonary Resuscitation (CPR)</u>
- Patients tend to overestimate resuscitation by 60%
- In-hospital arrest survival: 17-20%
  - 85 years and older: 6% survival
  - Potentially worse in patients with cancer
- Out-of-hospital arrest survival: 10-12%
- 30% of survivors end up in a rehabilitation facility



Source: de Vos R, Koster RW, De Haan RJ, Oosting H, van der Wouw PA, Lampe-Schoenmaeckers AJ. In-hospital cardiopulmonary resuscitation: prearrest morbidity and outcome. *Arch Intern Med.* 1999;159(8):845-850.

https://www.the-hospitalist.org/hospitalist/article/124220/what-are-chances-hospitalized-patient-will-survive-hospital-arrest#:~:text=Talking%20with%20patients%20about%20resuscitation,is%2017%25%20to%2020%25.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6482460/

Code Status

- Mechanical Ventilation
- COVID can cause Acute Respiratory Distress Syndrome (ARDS)
- PRo-VENT-COVID Trial
- ANMC: 14-21 days on ventilator

Ventilation management and clinical outcomes in invasively ventilated patients with COVID-19 (PRoVENT-COVID): a national, multicentre, observational cohort study

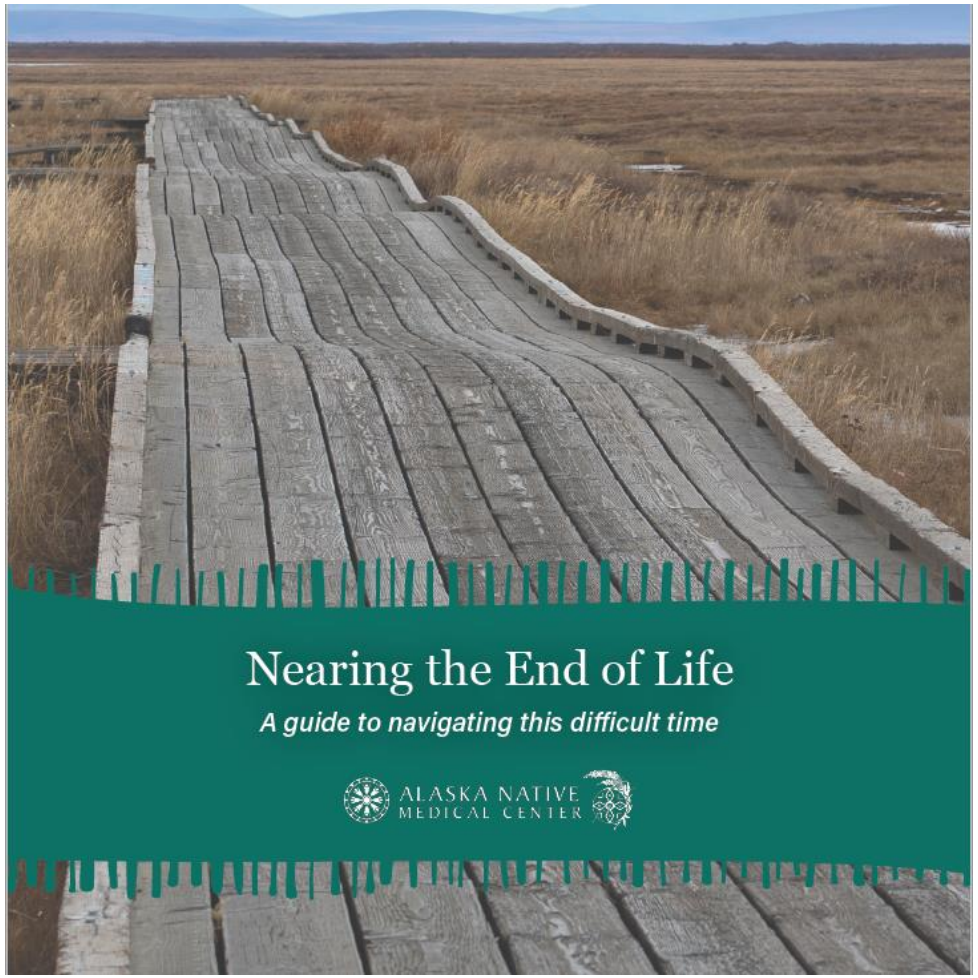
*Michela Botta, Anissa M Tsonas, Janesh Pillay, Leonoor S Boers, Anna Geke Algera, Lieuwe D J Bos, Dave A Dongelmans, Marcus W Hollmann, Janneke Horn, Alexander P J Vlaar, Marcus J Schultz, Ary Serpa Neto, Frederique Paulus, for the PRoVENT-COVID Collaborative Group**

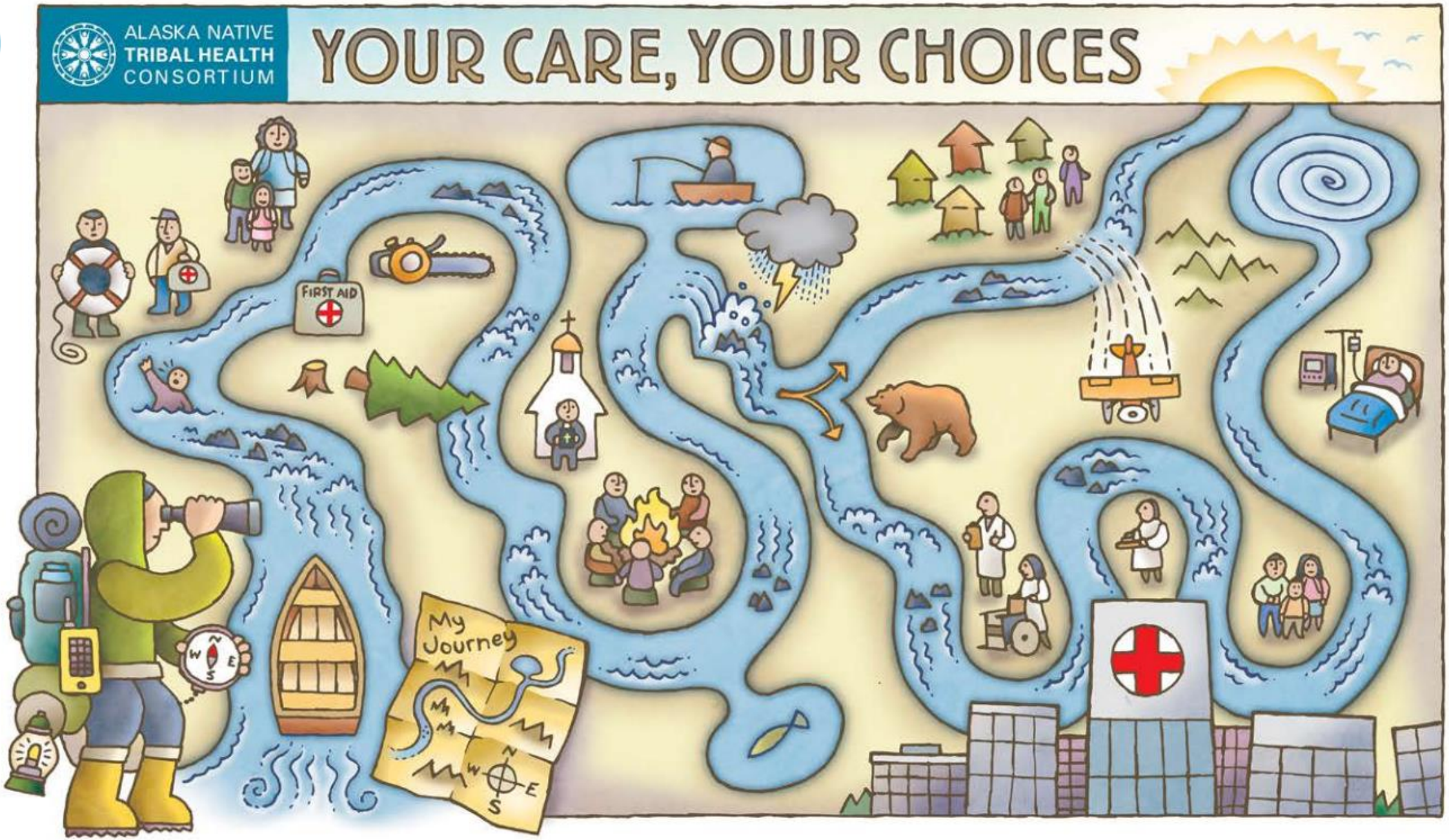
Clinical outcomes	
ICU length of stay, days	14·0 (8·0–24·0)
In survivors at ICU discharge, days	18·0 (10·0–30·0)
Hospital length of stay, days	21·0 (11·5–33·0)
In survivors at hospital discharge, days	29·0 (20·0–43·0)
Mortality	
Day 7	81/533 (16%)
Day 28	186/530 (35%)
Day 90	214/495 (43%)
ICU	203/530 (38%)
Hospital	210/496 (42%)

https://www.thelancet.com/action/showPdf?pii=S2213-2600%2820%2930459-8

Comfort Care

- Comfort care focuses on care of the mind, body and spirit of each person
- Can be provided in the hospital, a care facility or in a home.
- Aggressive treatment but with a goal of symptom management, not cure of disease




ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM
YOUR CARE, YOUR CHOICES
FIRST AID
My Journey
N
W
E
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Action Plan

- Initiate these conversations prior to an emergency with high risk individuals, especially if COVID positive
- Establish who the decision maker is and what his/her contact information is so health care providers can contact him/her easily
- Consider these decisions for yourself and your loved ones
- Remember, this is a gift to our loved ones