

Resources for Your Patients for Covid 19 Decision Making

Advance Care Planning and decision making in the time of Covid 19 is complex.

Here are 2 resources that you can *provide to your patients* to help them better prepare for conversations with you about their healthcare wishes and decision making related to Covid 19:

- Be Prepared in The Time of Covid 19
- What if I Get Seriously Ill with Covid 19? Life Support Treatment and Options

These documents can also be accessed electronically (along with the rest of our ACP/GCD Covid-19 Specific resources) on AHS’s external website:

www.albertahealthservices.ca – search ‘Advance Care Planning’

Advance Care Planning / Goals of Care

These two things are connected

Advisory

- [COVID-19 information](#)
- [ACP/GCD Specific COVID-19 Resources](#)

What Matters to You?

April 16th is [Advance Care Planning \(ACP\)](#) day across Canada. Alberta Health Services Advance Care Planning and the What Matters to You? initiative have partnered to encourage patients, families and staff to talk about what is important to them.

Having a What Matters to You? conversation is a great starter for more in-depth conversation about your future healthcare wishes in the event of injury or serious illness. Check out the [WMTY website](#) for more information.



Although Advance Care Planning conversations don’t always result in determining a Goals of Care Designation they are useful building blocks to conversations.

Advance Care Planning is a way to help you think about talk about and document wishes for health care.

Goals of Care Designation is a medical order used to describe and communicate the general aim or focus of care including the preferred location of that care.



Conversations Matter
It’s about decisions and how we care for each other

Be prepared in the time of COVID-19



During COVID-19, our health can change suddenly and without any warning.

If you became seriously ill from COVID-19, would your loved ones, caregivers and healthcare providers know how you would want to be cared for? Who would speak for you if you were too ill to speak for yourself?

It is important to start planning for your care now, before there is urgent need. Follow these steps:



THINK about what matters most to you

- What makes each day worthwhile for you?
- What gives your life meaning, joy and purpose?
- What cultural or spiritual beliefs are important to you?



THINK about your risk of becoming seriously ill with COVID-19

- Do you have any health conditions like diabetes, heart, lung, or kidney problems?
- Are you over the age of 65?
- Do you have an autoimmune disease or a weakened immune system from a medical condition or treatment such as chemotherapy?

If you answer yes to any of these questions, you are at higher risk for developing severe illness from COVID-19. Discuss your health care wishes with your doctor/healthcare team.



THINK about what abilities you can't imagine living without

Consider abilities such as getting dressed, toileting, feeding, walking, hearing, vision, talking with family and friends, driving and managing your finances.

What abilities are essential for **your** quality of life?

After treatment in an intensive care unit (ICU), people may experience problems with some of these abilities.



THINK about what **life-support treatments** you would accept or refuse

Some of these life-support treatments have been needed by people critically ill with COVID-19:

- Admission to hospital intensive care unit (ICU)
- A breathing tube connected to a ventilator
- Cardiopulmonary Resuscitation (CPR)

Read the companion resource **'What if I Get Seriously Ill with COVID-19? Life-support Treatments and Complications'** for more information about these life-support treatments.

Whatever options you choose, your healthcare team will do their best to control your symptoms and make you comfortable.



THINK about **where** you would want to be cared for if you became seriously ill

- Whatever the location (your home, a hospital, a facility such as long term care, hospice), you will always receive care and treatments to control your pain, manage your breathing and keep you comfortable.

It is important to ask about current visitation restrictions in the location you are considering as this may impact your decision.



CHOOSE the best **person to speak on your behalf** if you became unable

Choose someone who:

- You trust to make decisions that honour your wishes and instructions
- Is calm in a crisis and able to handle conflict

*You can complete a **Personal Directive** to legally name them to speak on your behalf (this person is called your **Agent**). More information on this below.*



TALK to your Agent, loved ones, and healthcare providers about your care wishes

Make a time to talk with your Agent and loved ones. You can start the conversation by saying:

"I'm not sick right now, but I want to share with you what matters most to me and how I would want to be cared for if I get very sick from COVID-19."

Book a time with your doctor or nurse practitioner to talk about your priorities and wishes for care if you get very sick from COVID-19.

Disclaimer: This information does not replace professional medical advice from doctors or nurse practitioners. It is strongly recommended that people speak to their healthcare providers after thinking and talking about the issues in this documents.



WRITE DOWN or **RECORD** your health care wishes and goals

How you can let others know about your wishes:

- **Complete a *Personal Directive*** to legally name someone as your Agent(s) and write down any wishes that are important to you. You do not need a lawyer or notary to complete it. If you are interested in a Personal Directive and to find a template you can use please visit www.alberta.ca/personal-directive.aspx.
- **Talk with your doctor or nurse practitioner** if there are specific treatments you would not want. They need to know and can write a medical order called a **Goals of Care Designation**. They can give you the completed form so that your wishes will be known in an emergency.

Visit www.conversationsmatter.ca for more information (click on 'Patients and Families' and then 'Resources').



KEEP all these documents together in a place that is easy to find

First responders know to check **on or near the fridge** for healthcare planning documents.

You may have been given a **Green Sleeve** by your healthcare provider in order to keep all the documents together. Keep it on or near the fridge.



TELL your Agent and loved ones **where to find** these documents (consider **giving copies**)

BRING these documents with you if you **go to the hospital** or to any medical appointments



REVISIT what you want for your care whenever there is a change in your health or living situation

Your healthcare wishes and values may change over time or if you become ill. Have ongoing conversations with your loved ones and healthcare team.

For more information visit:

www.conversationsmatter.ca and <http://www.alberta.ca/personal-directive.aspx>

Disclaimer: This information does not replace professional medical advice from doctors or nurse practitioners. It is strongly recommended that people speak to their healthcare providers after thinking and talking about the issues in this documents.

Document version: 2020-04-29. This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International Licence <https://creativecommons.org/licenses/by-nc-nd/4.0/>



What if I Get Seriously Ill with COVID-19?

Life-Support Treatments and Complications

This document goes with the “*Be Prepared in the Time of COVID-19*” guide, and provides additional information about life-support treatments related to COVID-19. The information is meant to help you think about how you would want to be cared for if you became seriously ill with COVID-19.

It is important to know that most people will not need these treatments if they become sick with COVID-19, but planning ahead and being informed about possible treatments is important.

Please speak with your doctor/healthcare provider if you have specific wishes about life-support treatments you would or would not want. They may write you a medical order called a **Goals of Care Designation** and give you the completed form so that your wishes are known in an emergency.

Visit www.conversationsmatter.ca for more information (click on ‘Patients and Families’ and then ‘Resources’).



What we know about people who get sick with COVID-19

- Most people with COVID-19 recover on their own while self-isolating at home
- A small number of people become sick enough to need care in a hospital. A few of them become seriously ill and may need to be admitted to hospital intensive care (ICU)
- Older adults and people with existing medical conditions are more likely to become seriously ill with COVID-19 and have a higher risk of dying

There is currently no cure for COVID-19.

The goal of treatment is to give your body the chance to fight the virus.



How does admission to an ICU help someone seriously ill with COVID-19?

Admission to ICU allows for care and treatments that are not available elsewhere in a hospital, including:

- Constant monitoring with machines and specialized healthcare providers
- A breathing tube connected to a breathing machine (a ventilator)
- A period of sedation (medically-induced coma) if needed



Possible complications following discharge from ICU

- Memory problems, concentrations problems, emotional changes
- Trouble performing simple tasks such as cooking, cleaning, making phone calls
- Permanent lung damage from being on a ventilator for a long period of time
- Infections



Why people seriously ill with COVID-19 may be treated with a ventilator

- People seriously ill with COVID-19 find it difficult to breathe on their own
- A ventilator pushes air through a tube directly into a person's lungs
- The ventilator may keep them alive long enough for their body to fight the disease

How well does ventilation work?

- Many people seriously ill with COVID-19 who are put on a ventilator do not survive
- Those who survive may never return to their previous health
- The longer people are on a ventilator the more likely they are to have a poor outcome or die



What is cardiopulmonary resuscitation (CPR)?

CPR is an emergency procedure used if you stop breathing or your heart stops beating. It can include:

- Pressing forcefully on your chest and possibly breathing into your mouth
- Electrical shock and drugs to try and start your heart

How well does cardiopulmonary resuscitation (CPR) work?

- Very few people of all ages survive CPR in hospital
- CPR can cause injuries, such as broken ribs or bruised lungs
- People who survive CPR often need ICU care and a ventilator afterwards
- About half of the people who survive CPR are left with brain damage and ongoing serious health issues



Who is most likely to be helped by a ventilator or CPR?

- People who were mostly healthy before becoming seriously ill with COVID-19
- Those who only need a ventilator for a short time (days or a week or two)

Who is less likely to be helped by a ventilator or CPR?

- Those who have heart, lung, liver, or kidney problems
- Those who have a terminal illness, such as advanced cancer or advanced dementia
- Those who are older or very frail

Talk with your doctor or healthcare provider about your own health, COVID-19, and how these treatments and their risks might impact you.

Disclaimer: This information is based on clinical studies and the experience of healthcare providers, it does not replace professional medical advice.



Document version: 2020-04-29. This work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International Licence <https://creativecommons.org/licenses/by-nc-nd/4.0/>