Table X. Four Essential Elements of Palliative Care in COVID-19 Pandemic Response

Element	*Key Services*			*Resources*
Communication and Treatment Decision-Making	*Identify surrogate decision maker for all patients *Elicit patient values, goals and preferences for care using a structured serious illness communication process *Anticipate key threshold decisions, and use patient-elicited values to provide recommendations whether to pursue: *Hospitalization *Acute support for organ failure (intubation, renal replacement, attempts to resuscitate after cardiac arrest) *Transition to chronic critical care (tracheostomy, long-term mechanical ventilation or dialysis) *Emphasize that high quality care will always be provided, regardless of care setting or transition to comfort focus *Provide support to loved ones remotely, maximizing use of interdisciplinary team (nursing, social work, spiritual care)			1, 2, 3
Symptom Management *(see Resources for more guidance, including medication dosing)*		*Non-Pharmacologic*	*Pharmacologic*	4, 5, 6, 7, 8, 9, 10
	Dyspnea	*Oxygen (if hypoxic) *Position upright or on side ('lung over lung'), prone only if tolerated *Slow, pursed-lip breathing *Avoid fans (aerosolizing)	*Low-dose opioids: morphine, oxycodone; if in renal failure use hydromorphone or fentanyl *Drug choice may be affected by local availability *Avoid benzodiazepines unless near end-of-life	
	Cough	*Increase fluids, warm liquids *Honey or sweet syrups, lozenges *Upright positioning	*Antitussives: dextromethorphan, benzonatate *Expectorant: guaifenesin *Low-dose opioids (see *Dyspnea* above)	
	Nausea	*Avoid noxious smells *Offer small amounts of preferred beverages and foods frequently *Eat upright and remain upright for 30 minutes after eating *Consider ginger, peppermint	*Start with PRN dosing, then consider scheduling *Trial drug by class, avoid duplicate therapy *Serotonin 5HTD antagonists* (e.g. ondansetron) *Dopamine antagonists* (e.g. prochlorperazine, olanzapine, haloperidol) *Prokinetic agents* (e.g. metoclopramide)	
	Delirium	*Evaluate and manage common reversible sources of delirium (e.g. hypoxia, secondary infection, constipation, pain, electrolyte imbalance, polypharmacy, etc)*		
		*Sleep protocols, noise control, reorientation, use glasses/hearing aids *Connect to loved ones (video or voice)	*Short-term antipsychotic therapy: haloperidol, olanzapine *For hypoactive delirium, trial methylphenidate	
	Anxiety	*Optimally manage dyspnea, which is a common source of anxiety*		
		*Brief cognitive behavioral therapy *Circular or Mindful breathing	*Short term benzodiazepine therapy: lorazepam (short-acting), clonazepam *(long acting)*	
	Isolation/ loneliness	*Connect to loved ones (video or voice) *Supportive presence (Doulas, interdisciplinary team) *Guided imagery, meditation	*Isolation may increase intensity of above symptoms, requiring treatment intensification	
Care of Patients Nearing End-of-Life	*If anticipating end-of-life care at home, in assisted living or in long-term care facility, then refer for hospice care *If anticipating end-of-life care in hospital, standardized protocols should be used to guide holistic care, in collaboration with hospital-based palliative care teams			11, 12
Bereavement	*Physical distancing at time of death may increase risk for complicated or prolonged grief, and post-traumatic stress *Short and intermediate-term bereavement support should be provided through internal resources (social work, spiritual care) or through partnership with community-based providers (hospices, mental health professionals, grief support centers)			13, 14

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