Planning Ahead with Vulnerable Patients During COVID-19: A Conversation Tool for Clinicians
Adapted from AriadneLabs.org “Serious Illness Conversation Guide”

Use this guide to discuss, **ahead of time**, potential outcomes of COVID-19 infection with at risk, vulnerable adults. Vulnerable adults include adults who are living with frailty, chronic conditions (e.g., heart/lung/diabetes) or are immunocompromised (e.g., cancer, transplant recipients). The intention is to listen to our patients wishes and introduce the possible limitations to critical care interventions – e.g., may not be a candidate for ventilation, or transfer to hospital. This guide is imperfect but it’s a starting point. **Adapt to your patient, setting, and availability of resources.**

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<th>Conversation Flow</th>
<th>Guided Language</th>
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<td><strong>1. Set Up the Conversation</strong></td>
<td>“I’d like to talk with you about COVID-19 and what may be ahead for you and your care. I would also like to do some thinking in advance about what is important to you, so that we can make sure we provide you with the care you want if you get sick with COVID-19 – <strong>is this okay?</strong>”</td>
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<tr>
<td>• Introduce purpose</td>
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<td>• Prepare ahead</td>
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<td>• Ask permission</td>
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<td><strong>Normalize</strong> “I’m having this conversation with everybody.” Transition conversation to step 2.</td>
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<th><strong>2. Assess COVID-19 Understanding and Information Preferences</strong></th>
<th>“What is your understanding about your current health issues and how COVID-19 may impact your health?” “How much information would you like from me about COVID-19 and what is likely to be ahead if you get sick with it?”</th>
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<td>Transition conversation to step 3. <strong>Titrate what you share to their preference for information.</strong></td>
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| **3. Share Prognosis**                                           | “COVID-19 is a virus that spreads like the flu. We know that it is particularly serious for vulnerable people, especially for those who have other medical conditions. “I want to share with you our current understanding of COVID-19 and how it affects people at risk, specifically those like you with______________________(specific health condition (s), e.g., lung disease, cancer, diabetes, etc.) “It can be difficult to predict what will happen if you get sick with COVID-19. I **hope** it would not be severe and that you’d recover. But I’m **worried** that with your other heath conditions, you could get sick quickly and that you are at risk of dying. I think it is important for us to prepare for that possibility.” |
| • Share prognosis                                                 |                                                                          |
| • Frame as a “wish…worry”, or “hope…worry” statement             |                                                                          |
| • Allow silence, explore emotion                                  |                                                                          |
| **Allow silence. Acknowledge emotion. Refer to SIC Clinicians Reference Guide for responding to (e.g. sadness anger, denial) or COVID-19 Ready Communication Skills: A playbook of VitalTalk Tips.** Transition to step 4. |
5. **Explore Key Topics**
   - Meaning
   - Best Care
   - Fears and Worries
   - Sources of Strength
   - Family

   **“If you were to become very sick with COVID-19 what would be most important to you?”**
   - “What are your biggest fears or worries about your health?”
   - “What gives you strength as you think about the future?”
   - “If you become sick, how much are you willing to go through for the possibility of gaining more time?”
   - “How much does your family know about your priorities and wishes?”
   - “What else would I need to know about you so I could give you the best care possible?”

   *Listening is therapeutic, acknowledge someone’s worries, you do not have to “fix” them. Transition to step 5.*

6. **Make a recommendation:**
   - a. Summarize what you’ve heard
   - b. Suggest plan
   - c. Check in with patient

   “Thank you for all you’ve shared with me. I think it’s important now that we talk specifically about decisions around hospital care and how that may or may not benefit you if you get ill with the virus. **Is that OK?**”
   - “When people become sick enough with COVID-19 to require hospital, they may just need support with oxygen or IV fluids (medical measures), or aggressive care with a breathing machine (resuscitative measures). “I’d like to make a recommendation but first can you tell me what you are thinking?”
   - **Based on persons answer and what is clinically possible, choose from the three below:**

   **IF Person expresses comfort-focused goals (does not want hospital):**
   - “Thank you for sharing with me. What I am hearing is that you would prefer to be cared for here if you get sick with the virus. Did I get that right?”
   - “I respect that. Here’s what I’d like to propose. We will continue to take care of you. I hope that you won’t get the virus, but if, despite our precautions, you do get sick – then we will keep looking after you here and will make sure you are comfortable for as long as you are with us. For example, if you have a cough, fever or shortness of breath, we will always offer you medications to help with these.” **How does that plan sound to you?**

   **IF Person expresses desire for Medical or Resuscitative treatments but is not expected to benefit from hospitalization:**
   - “I wish things were different but I’m worried that if you get very sick with COVID-19, moving you to the hospital or using a breathing machine is unlikely to help you survive and get back to the quality of life that is important to you. I wonder if we can talk about other ways that we could look after you here?”
   - “I want you to know that my main priority is that you will be comfortable and cared for if you do become sick. We will always provide medicine and treatments we have here to help you feel better. For example, if you have a cough, fever or shortness of breath, we will always offer you medications to help with these.” **How does that plan sound to you?**

   **IF Person expresses desire for Medical or Resuscitative treatments and is expected to benefit from hospitalization:**
   - “What I’m hearing you say is that if we think there is a reasonable chance that you can survive COVID-19 using hospital treatments (or would be able to get off a breathing machine again if it was needed) then you are willing to try those things?”
   - “As things unfold I don’t know if going to hospital will be an option for you, but I want you to know whatever happens we will always provide medicine and treatments we have here to help you feel better. For example, if you have a cough, fever or shortness of breath, we will always offer you medications to help with these.” **How does that plan sound to you?**

6. **Affirm Commitment**
   - “Thank you for talking with me. I know this is an uncertain time for all of us. We will do everything we can to prevent you getting COVID-19 and help you through this.”

7. **Document on ACP GCD Tracking Record**
   - “I’m going to write down what we’ve discussed, so that everyone looking after you will know what we’ve talked about today.” **Complete appropriate GCD order, Tracking record and put in their green sleeve**