COVID Conversations:

CCCC Decision Aids, Ventilators, CPR, Transfers, and Comfort Care
Many thanks to CCCC’s Sustaining Supporters who make it possible for us to continue to do this important work.
Thank you to our COVID Conversations Webinar Series Sponsors
COVID-19 pandemic makes the threat of becoming seriously ill frighteningly real — and greatly emphasizes the need to know each patient's values and wishes regarding treatment options. Conversations around serious illness and medical treatment options can be very empowering. Patients are often relieved to be asked about their values and wishes, family members avoid the anguish of guessing what the patient would want, and medical providers can move confidently in providing patient-centered care.

The Coalition for Compassionate Care of California is the respected voice for advance care planning and palliative care in California, with nearly 20 years of experience in creating a range of resources and educational materials to support healthcare providers and consumers. We’ve gathered together some of our best resources, as well as those of other respected leaders, in this COVID Communications Toolbox to provide easy access and support for healthcare providers and consumers as they navigate decision-making during these challenging times. We will be regularly updating this resource as additional materials are developed or identified.

Conversation Tools
Decision aids, COVID-specific scripts, conversation tips, and other tools to help facilitate conversations about care during serious illness and COVID-19.

Advance Directives
Downloadable advance directive forms, tools and resources to support creating advance directives.

POLST
Physician Orders for Life-Sustaining Treatment (POLST) form, FAQs, best practices, and other POLST resources.
Today's Presenters

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### Tools for Decision Making

## Revised Decision Aids

### CPR Decision Aid

**What is CPR?**
CPR (Cardiopulmonary Resuscitation) is an attempt to restart a person's heart when the heart stops beating or cardiac pump fails.

**How is CPR done?**

- **Hand**:
  - **Two hand chest compressions**: 2 compressions per 30 chest compressions, 150 compressions per minute (with at least 100 compressions per minute).
  - **Two hand ventilator**: 2 ventilations per 1 compression, 12 ventilations per minute (with at least 12 ventilations per minute).
- **Arm**:
  - **Two hand chest compressions**: 2 compressions per 30 chest compressions, 150 compressions per minute (with at least 100 compressions per minute).
  - **Two hand ventilator**: 2 ventilations per 1 compression, 12 ventilations per minute (with at least 12 ventilations per minute).

**What should I do next?**

- CPR: CPR is not a cure. In cases where CPR fails, the person should be sent to the nearest hospital for further treatment.

### Artificial Hydration Decision Aid

**What is artificial hydration?**
Artificial hydration is a medical treatment that gives water and sometimes salt to the body.

**When do people need artificial hydration?**

- **When a person is not able to drink water or rehydrate**.
- **When there is a need for increased hydration**.

**What are some of the benefits of artificial hydration?**

- **Increased energy levels.**
- **Improved mental function.**
- **Reduced risk of dehydration.**

### Tube Feeding Decision Aid

**What is tube feeding?**
Tube feeding is a medical treatment that provides liquid food directly into the body.

**When do people need tube feeding?**

- **When a person is unable to eat or swallow**.
- **When there is a need for increased nutrition**.

**What are some of the benefits of tube feeding?**

- **Increased energy levels.**
- **Improved mental function.**
- **Reduced risk of malnutrition.**

### Ventilator Decision Aid

**What is a ventilator?**
A ventilator is a device that provides breathing assistance to a person who cannot breathe on their own.

**What happens when a patient needs ventilator care?**

- **A ventilator is used to help a person who cannot breathe on their own.**
- **The ventilator works by opening and closing the patient's airway to allow air to enter and leave the lungs.**

**Why do people need ventilator care?**

- **When a person is unable to breathe on their own**.
- **When there is a need for increased breathing assistance**.

### Additional Resources

- [Coalition for Compassionate Care of California](https://www.coalitionccf.org)
- [Cardiopulmonary Resuscitation (CPR) Guidelines](https://www.heart.org)
- [Artificial Hydration and Nutrition](https://www.niddk.nih.gov/health-information/heart-blood-disorders/digestive-diseases/artificial-hydration-nutrition)
- [Tube Feeding and Enteral Nutrition](https://www.niddk.nih.gov/health-information/heart-blood-disorders/digestive-diseases/tube-feeding-ental-nutrition)
- [Ventilator Support and Mechanical Ventilation](https://www.niddk.nih.gov/health-information/heart-blood-disorders/digestive-diseases/ventilator-support-mecanical-ventilation)
Tools Relevant to COVID-19

CPR Decision Aid

What is CPR?
CPR (Cardio-Pulmonary Resuscitation) is an attempt to restart a person's heart when it has stopped beating or cannot pump blood.

How is CPR done?
Many people have seen CPR on television. TV often makes CPR look quick and easy. But it is not.

During CPR:
- The chest is pushed down two (2) or more inches many times each minute to make the heart pump.
- Strong electrical shocks may be given through the chest to make the heart beat at a normal rate.
- Medicines may be given, usually through an IV (intravenous) line.
- A mask may be placed on the face or a tube in the windpipe (trachea). These are often used to assist with breathing.

When do people need CPR?
It is needed when someone’s heart stops. When this happens, healthcare professionals must do CPR unless the person has completed a DNR (Do-Not-Resuscitate) or Physician Order for Life-Sustaining Treatment (POLT) that says they do not want CPR.

How might CPR help a person whose heart has stopped?
- The goal of CPR is to restart a person’s heart.
- CPR can pump blood and support the body’s organs, like the brain.
- CPR may give the medical team time to keep the heart beating after restarting.
- CPR may give the medical team time to try to fix and try to treat the medical problem that caused the heart to stop pumping.

Ventilator Decision Aid

What is a ventilator?
A ventilator (also called a breathing machine) does the work for the lungs when someone is unable to breathe on their own.

What happens when someone is attached to a ventilator? How is it done?
- A tube is placed through the mouth or nose down into the person’s windpipe (trachea).
- A machine (the ventilator) pushes air through a tube into the lungs.
- Medicines are often given in an IV (intravenous) line to make a person sleepy so they feel less pain or discomfort.

When do people need a ventilator?
It may be needed for people who cannot breathe normally on their own. Breathing problems may be short-term (temporary) or long-term (permanent).

It is standard medical practice to use a ventilator to treat people who cannot breathe on their own, unless the person has chosen not to have it.

Reasons for short-term ventilator use may include:
- Surgery with anesthesia (medicine that makes you sleep)
- A sudden, serious illness, or a severe injury
- Problems caused by serious lung disease, such as COVID (chronic obstructive pulmonary disease), emphysema, asthma, or pneumonia
- Fluid in the lungs from heart problems or swelling

Reasons for long-term ventilator use may include:
- Extreme weakness, when the breathing muscles do not work well.
- Being in a coma, when the brain and nerves that control breathing do not work normally.
- Damage to the muscles or nerves, injuries to the spinal cord, or severe lung damage.

Some people might permanently lose the ability to breathe on their own.

Who should use this guide?
This decision aid is for people with serious illness. It can be used to support medical decision-making and conversations about treatment with a ventilator.

Note: This document does not discuss options for non-invasive breathing support. That means ways to help you breathe without using a ventilator.
CPR Tool

CPR Decision Aid

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CPR (Cardio-Pulmonary Resuscitation) is an attempt to restart a person’s heart when the heart has stopped beating or cannot pump blood.

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CPR Tool

When do people need CPR?

It is needed when someone’s heart stops. When this happens, healthcare providers will try CPR unless the person has completed a DNR (Do-Not-Resuscitate) order or a POLST (Physician Order for Life-Sustaining Treatment) that says they do not want CPR.

How might CPR help a person whose heart has stopped?

• The goal of CPR is to restart a person’s heart.
• CPR can pump blood and support the body’s organs, like the brain.
• CPR may give the medical team time to keep the heart beating after restarting.
• CPR may give the medical team time to try to find and try to treat the medical problem that caused the heart to stop pumping.

Who should use this guide?

This decision aid is for people with serious illness. It can be used to support medical decision-making and conversations about CPR.
CPR Tool – Potential Harms & Benefits

How might CPR cause harm?

- Over half of people who live after CPR will have problems with thinking (brain damage).
- For some who get CPR, brain damage and disability may be long-lasting.
- Many people will have broken ribs or breastbone (sternum).
- Often there will be bruising to the chest.
- Burns on the chest from electrical shocks are common.
- People may vomit during CPR. This may go into the lungs and cause pneumonia.

Does CPR help people to get better?

It depends on a few things:

- The reason the person’s heart has stopped pumping.
- How healthy or sick the person was before the heart stopped pumping.
- How long the heart was stopped before CPR was started.

Only some of the people who get CPR will live through it. Living through CPR does not always mean the person will get well or go home again.
CPR Tool: different populations

Who is most likely to be helped by CPR?
- People who were mostly healthy and active before their heart stopped.
- Those who have CPR started within only a few seconds after their heart stops.
- People who have a type of heartbeat that responds to electrical shocks (not all do).

Who is less likely to be helped by CPR?
- People who are seriously ill from heart, lung, liver, or kidney failure.
- Those who have a terminal illness, such as advanced cancer or advanced dementia.
- People who are older, weaker, or very frail.

People need to ask their doctors about the possible help or harm they might get from CPR, based on their own medical needs.

* If someone suffers cardiac arrest because of COVID-related respiratory complications, extremely unlikely to survive CPR
CPR Tool: Graphic of survival numbers

When CPR is attempted, how many adults survive beyond 30 days?

- 1.7% Adults living in a nursing facility
- 5-10% Adults with serious chronic illness
- 10-13% Adults living independently
- 17-24% Adults in a hospital
CPR Tool: What if I don’t get it?

What happens to people who decide NOT to try CPR?

They can still get other treatments.

People who decide ahead of time that they don’t want to try CPR if their heart stops can still get other treatments they might need. This may include surgery or time in the intensive care unit. Help with pain is always available.

- People who do not want CPR should also talk to their doctor about a ventilator or breathing machine. This is because people who need CPR often need a breathing machine for a period of time.

They may not be able to prolong life.

If the heart stops beating and CPR is not attempted, then death will not be delayed.
CPR Tool: How do I decide?

* If someone suffers cardiac arrest because of COVID-related respiratory complications, extremely unlikely to survive CPR, much less to regain their previous level of cognition/functional status
## CPR Tool – Patient Characteristics

<table>
<thead>
<tr>
<th>Who chooses to try CPR?</th>
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</thead>
<tbody>
<tr>
<td>- People who are more likely to survive, to recover, and have an acceptable quality of life after CPR.</td>
</tr>
<tr>
<td>- People whose main goal is to live as long as possible may choose to try CPR, even if it may cause other medical problems.</td>
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<td>- Some people with a serious or life-limiting illness may choose not to try CPR because they may want to:</td>
</tr>
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<td>- Avoid being hooked up to tubes and machines after CPR.</td>
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<tr>
<td>- Avoid possible harms such as broken ribs, brain damage, or disability.</td>
</tr>
<tr>
<td>- Avoid dying in a medical facility.</td>
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*Advance health care directive forms are available at CoalitionCCC.org or from your healthcare provider.
What feels right for you?
When thinking about yourself and your choices, it may help to talk with:
• Anyone who might make medical decisions for you in the future.
• Any person for whom you are the medical decision-maker.
• Your doctors and medical team.
• Family or friends.
• Your spiritual or faith leaders.
• Others who have chosen CPR in similar situations.

If you do not want CPR attempted, ask for special medical orders to be written by your medical provider.
CPR Summary

- CPR is not as effective in real life as on TV.
- Nursing home residents in general, and those with COVID-related respiratory failure in specific, have a dismal prognosis after arrest.
- DNR/No CPR on POLST does not mean “just let me die”! Some may choose vent, but no CPR.

![POLST Form](image-url)
Ventilator Tool

Ventilator
Decision Aid

What is a ventilator?
A ventilator (also called a breathing machine) does the work for the lungs when someone is unable to breathe on their own.

What happens when someone is attached to a ventilator? How is it done?
• A tube is placed through the mouth or nose down into the person’s windpipe (trachea).
• A machine (the ventilator) pushes air through a tube into the lungs.
• Medicines are often given in an IV (intravenous) line to make a person sleepy so they feel less pain or discomfort.
Ventilator Tool: Reasons for ventilation

When do people need a ventilator?
It may be needed for people who cannot breathe normally on their own. Breathing problems may be short-term (temporary) or long-term (permanent).

It is standard medical practice to use a ventilator to treat people who cannot breathe on their own, unless the person has chosen not to have it.

Reasons for short-term ventilator use may include:
• Surgery with anesthesia (medicine that makes you sleep).
• A sudden, serious illness, or a severe injury.
• Problems caused by serious lung disease, such as COPD (chronic obstructive pulmonary disease), emphysema, asthma, or pneumonia.
• Fluid in the lungs from heart problems or swelling.

Reasons for long-term ventilator use may include:
• Extreme weakness, when the breathing muscles do not work well.
• Being in a coma, when the brain and nerves that control breathing do not work normally.
• Diseases of the muscles or nerves, injury to the spinal cord, or severe lung damage.

Some people might permanently lose the ability to breathe on their own.

Who should use this guide?
This decision aid is for people with serious illness. It can be used to support medical decision-making and conversations about treatment with a ventilator.

Note: This document does not discuss options for non-invasive breathing support. That means ways to help you breathe without using a ventilator.
Ventilator Tool: Benefits vs. Harms

How might using a ventilator help a person?
- In sudden illness, a ventilator might help to keep a person alive while the medical team treats them.
- A ventilator works to support breathing and get oxygen to the body’s organs.
- A ventilator can support breathing during surgery or other serious medical procedures.
- A ventilator can allow some people to improve after a trauma or spinal cord injury, and to live longer.

How might using a ventilator cause harm?
- People on a ventilator can get lung infections that may be hard to treat.
- The ventilator can damage the lungs and make breathing muscles weak.
- People on a ventilator in the hospital often cannot speak or swallow. These may be long-lasting side effects.
- Some people become confused or scared while on a ventilator.

Does using a ventilator help people to get better?
It depends on the type of medical problems they have and why they need a ventilator.
## Ventilator Tool: Whom does it help?

### Who is most likely to be helped by being on a ventilator?
- People who were mostly healthy before the illness or injury and have the physical strength to recover.
- Those who only need a ventilator for a short time (days or a week or two).
- People who feel they can have an acceptable quality of life with a ventilator. For example, a younger patient with a serious spinal injury, or a person with a disability.

### Who is less likely to be helped by being on a ventilator?
- People who are seriously ill from heart, lung, liver, or kidney failure.
- Those who have a terminal illness, such as advanced cancer or advanced dementia.
- People who are older, weaker, or very frail.
Ventilator Tool: What is it like?

What is it like being on a ventilator?
Most people on a ventilator can’t talk, drink, or eat, and are usually not awake. People on a ventilator are often given medication to keep them relaxed. When they are awake, some people may feel uncomfortable or anxious. The medical team is careful to treat these symptoms.

Once someone is on a ventilator, can they come off?
Yes, people can come off the ventilator when they can breathe on their own or any time they decide to stop using it, such as when their treatment plan changes. People who are unsure about a ventilator may want to try it for a short time (a trial period) to see if it helps.
Ventilator Tool: LTAC, tracheostomy?

What happens if someone needs a ventilator for a long time?

- After about two (2) weeks, the medical team will make the breathing tube more secure and comfortable. A hole for the breathing tube is made by surgery in the neck and windpipe (trachea).
- A person who needs long-term ventilator support might need to move to a different hospital. It may be a long-term acute care hospital (LTAC), a skilled nursing facility (nursing home or SNF), or they may require special in-home care.
Ventilator Tool: What if I don’t want it?

What happens to people who decide NOT to try a ventilator?

They can still get other treatments.

People who decide ahead of time that they don’t want to try a ventilator can still get other treatments they might need. This may include surgery or time in the intensive care unit. Help with pain is always available.

• Breathing may be supported in other ways.
  » Ask about options for non-invasive breathing support.

• Medicines can be given to help with shortness of breath.

• People who do not want to be on a ventilator should also talk to their doctor about CPR because people who get CPR often need a ventilator for a period of time.

They may not be able to prolong life.

If a ventilator is needed for breathing and is not used, then death may not be delayed.
Ventilator Tool: How to decide?

How do people decide whether or not to try a ventilator?

They talk with their doctor about how a ventilator might affect their health or quality of life. They think about the benefits or possible harms of a ventilator to see if it is right for them.

Talk with your doctors and medical team about:

- How a ventilator might help you to reach your goals, such as getting back to a certain level of health or ability.
- Whether the ventilator might be needed for a short time or a long time.
- What kind of harms the ventilator might cause.
- How long you might live with a ventilator or without it.
- What life might be like during and after using a ventilator.
Ventilator: Decisions and whom to tell

Who chooses to try a ventilator?
- People who are able to get better or are expected to live well and to have an acceptable quality of life.
- Some people whose main goal is to live as long as possible may choose to try a ventilator, even if it may cause other medical problems.

Who chooses NOT to try a ventilator?
Some people with a serious or life-limiting illness may choose not to try a ventilator because they may want to:
- Avoid being in a hospital or other facility.
- Avoid being hooked up to tubes and machines.
- Avoid possible harms from being on a ventilator.
- Avoid delaying death.

What feels right for you?
When thinking about yourself and your choices, it may help to talk with:

Making Your Decisions Known
- Tell your family, close friends, and your doctor about your decision.
- Create an Advance Directive* and choose someone to speak for you when you cannot speak for yourself.
- Talk with your medical provider about whether your decision should be recorded in a special medical order. (Learn more at POLST.org.)
- Give copies of these forms to your family, to your doctors, and to your hospitals.
- Keep important documents in an easy-to-find place.

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Ventilator: Whom to discuss it with?

What feels right for you?

When thinking about yourself and your choices, it may help to talk with:

- Anyone who might make medical decisions for you in the future.
- Any person for whom you are the medical decision-maker.
- Your doctors and medical team.
- Family or friends.
- Your spiritual or faith leaders.
- Others who have chosen to use a ventilator in similar situations.

If you do not want a ventilator, ask for special medical orders to be written by your medical provider.

*Advance health care directive forms are available at CoalitionCCC.org or from your healthcare provider.*

This decision aid was made possible through a grant from the California Health Care Foundation.

References, copies, and additional aids are available online at CoalitionCCC.org or by email to info@CoalitionCCC.org.

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Ventilator Summary

- COVID patients who require mechanical ventilation do poorly—SNF residents worse
- Prolonged ventilation and high pressures with COVID have adverse consequences
- People who might do reasonably well on a ventilator for another acute problem are unlikely to have good outcomes with COVID-19.
- Some patients may wish to have COVID-specific treatment preferences
Ventilator Summary – POLST Section B

- Trial period of full treatment is a good option
- Selective tx with “do not transfer” (unless comfort needs cannot be met) may be appropriate for long-term care SNF residents

**MEDICAL INTERVENTIONS:**

- **Full Treatment** – primary goal of prolonging life by all medically effective means.
  - In addition to treatment described in Selective Treatment and Comfort-Focused Treatment, use intubation, advanced airway interventions, mechanical ventilation, and cardioversion as indicated.
  - **Trial Period of Full Treatment.**

- **Selective Treatment** – goal of treating medical conditions while avoiding burdensome measures.
  - In addition to treatment described in Comfort-Focused Treatment, use medical treatment, IV antibiotics, and IV fluids as indicated. Do not intubate. May use non-invasive positive airway pressure. Generally avoid intensive care.
  - **Request transfer to hospital only if comfort needs cannot be met in current location.**

- **Comfort-Focused Treatment** – primary goal of maximizing comfort.
  - Relieve pain and suffering with medication by any route as needed; use oxygen, suctioning, and manual treatment of airway obstruction. Do not use treatments listed in Full and Selective Treatment unless consistent with comfort goal. **Request transfer to hospital only if comfort needs cannot be met in current location.**

Additional Orders: ____________________________
Additional Discussion Considerations

• Everyone gets comfort care, even if they don’t specify “comfort-focused treatment”
• All of us need to advocate for generous comfort care—opioids, benzodiazepines, usual PC meds
• Some providers may need education on this, as not “comfortable” with comfort meds
• Selective tx with “do not transfer” (unless comfort needs cannot be met) may be appropriate for long-term care SNF residents
• In assisted living/RCFE, “do not transfer” is difficult to achieve unless resident on hospice
Summary

- More important than ever to discuss treatment preferences in advance, in light of COVID-19
- CPR unlikely to be effective in frail, multi-morbid, geriatric population (with or without COVID-19)
- COVID-19 patients who require mechanical ventilation also carry poor prognosis for recovery
- “Do not resuscitate”/DNAR does not mean “just let me die.”
- Everyone gets comfort treatments
- Simple, graphic, low-health-literacy tools are helpful before, during and after ACP conversations
Thanks for all you do!