

# Guide to Non-Pharmacological Interventions in the Palliative Care of Persons Deteriorating and Dying with COVID19

## Background

*\*This document pre-anticipates, recommends and encourages the holistic palliative approach to management of patient and family / significant others in terms of engagement, goal setting, care planning and communication<sup>1</sup>. Appropriate social, cultural and spiritual supports are paramount at all stages of care.\**

Good Palliative Care aims to relieve symptoms and ease suffering and distress for the person and their loved ones. This will be particularly so with COVID19 infection in older age groups as there is no current specific curative treatment, meaning all care for people with COVID19 is primarily supportive in nature.

COVID19 as an invasive respiratory pathogen can lead to rapidly escalating symptoms of breathlessness but also airway secretions, fever, cough, fear, anxiety, delirium, agitation and restlessness.

**WHENEVER CARING FOR A PATIENT CONFIRMED OR SUSPECTED OF BEING INFECTED WITH COVID19 APPROPRIATE DONNING AND DOFFING OF PERSONAL PROTECTIVE EQUIPMENT (PPE) AND STANDARD '5 MOMENTS' HAND HYGIENE SHOULD BE UNDERTAKEN**

For more information see the SA Health [COVID-19 Personal Protective Equipment \(PPE\) Matrix and Infection Control Recommendations](#).

## CHECK

### Are comfort measures effective?

- Do we need to try something else?

### Are symptom management medications effective?

- Do we need to seek advice, get dose reviewed, request frequency change?
- Do we have support for out of hours?

Let's put  
imagination to work

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<sup>1</sup> This document draws extensively on the work of the Northern Care Alliance, NHS and the Association for Palliative Medicine of Great Britain and Ireland's *COVID-19 and Palliative, End of Life and Bereavement Care in Secondary Care- Role of the specialty and guidance to aid care* published in March 2020.

Symptom	Non-Pharmacological Measures
<p><b>Anxiety / Fear / Distress</b></p> <ul style="list-style-type: none"> <li>Respiratory distress and a diagnosis of COVID 19 will likely cause high levels of anxiety and distress. There may be worsening of pre-existing mental health conditions</li> <li>Face masks make communication challenging – voices will be muffled and the person/family cannot see your face for non-verbal cues. This will be worse for persons with hearing problems, language barriers or cognitive deficits</li> </ul>	<ul style="list-style-type: none"> <li>Keep the environment as calm and comfortable as possible</li> <li>Calm and reassure constantly</li> <li>Focus on kindness and understanding in care delivery</li> <li>Exploring the persons' significant fears, physical, emotional, spiritual, social and develop a plan to ameliorate these fears as much as possible with family input.</li> <li>Ensure patient has constant access to a call bell</li> <li>Offer music and items of comfort</li> <li>Integrate, where possible, family support structures and regular contact via phone/video calls</li> <li>Assess need for spiritual support worker or counsellor</li> </ul>
<p><b>Breathlessness</b></p> <ul style="list-style-type: none"> <li>May be severe from COVID19</li> <li>May also be due to pre-existing or concurrent heart disease, lung disease, asthma</li> <li>Fear/anxiety may be exacerbated</li> <li>Fatigue and severe hypoxia can be triggered by simple tasks (toileting, standing, moving from bed to chair)</li> </ul>	<ul style="list-style-type: none"> <li>Calm and reassure the patient</li> <li>Positioning (support person to choose position of comfort: sit upright, let shoulders droop, keep head up; lean forward) – <b>FIND A COMFORTABLE POSITION</b> -this may change over time (see image below, early in disease progression)</li> <li>Mindfully slowing breathing – e.g. 'rectangular breathing'</li> <li>Relaxation and mindfulness techniques, e.g. voice, music, aromatherapy</li> <li>Emotional support</li> <li>Sips of iced water/ice to suck</li> <li>Cooling the face by using a damp flannel or cloth</li> <li>When eating <b>AVOID</b> large meals, eat slowly</li> </ul> <div data-bbox="703 1227 1493 1469" style="text-align: center;"> </div> <div data-bbox="735 1480 1465 1541" style="text-align: center;"> <p>Forward lean 1      Forward lean 2      Adapted forward lean for lying      Adapted forward lean for sitting</p> </div> <p>(Image: 'Caring for your dying relative at home with COVID-19', Hospice UK 2020)</p> <p><b>ALERT — AVOID AEROSOLISATION</b></p> <ul style="list-style-type: none"> <li>Fans are <b>NOT</b> recommended for use with persons with known or suspected COVID19</li> <li>NIV (CPAP/BIPAP) should <b>NOT</b> be used due to the risks to others without specialist advice and support.</li> <li>Nebulised medications should <b>NOT</b> be given, instead deliver inhaled medication via a spacer</li> </ul>

<p><b>Cough</b></p> <ul style="list-style-type: none"> <li>• Minimise the risk of cross-transmission: refer to the SA Health 'COVID-19 Personal Protective Equipment (PPE) Matrix and Infection Control Recommendations'</li> <li>• Patients: suspected, probable or confirmed COVID-19 cases should wear a surgical mask (level 1) as tolerated.</li> <li>• Cover the nose and mouth with a disposable tissue when sneezing, coughing, wiping &amp; blowing the nose</li> <li>• Dispose of used tissues IMMEDIATELY into clinical waste bin used for infectious or contaminated waste</li> <li>• Clean hands with soap and water, alcohol and hand rub after coughing, sneezing, using tissues, or after contact with respiratory secretions or objects contaminated by these secretions</li> </ul>	<ul style="list-style-type: none"> <li>• Oral intake as tolerated/desired</li> <li>• Honey &amp; lemon in warm water</li> <li>• Position for comfort - elevate the head when sleeping</li> <li>• Avoid smoking</li> </ul>
<p><b>Delirium</b></p> <ul style="list-style-type: none"> <li>• COVID19 may cause severe delirium toward end of life. Other underlying conditions may contribute to this, e.g. cognitive decline, dementia</li> <li>• Involving family and people close to the patient will be difficult, if not impossible due to infection risk. Use of social media, comforting music, photographs, family story telling may be helpful</li> <li>• Identify and manage, where possible, the underlying cause or causes: constipation, urinary retention, hydration, non-respiratory infection, pain, sensory deprivation (missing hearing aids / glasses) or overload (lights / noises)</li> </ul>	<ul style="list-style-type: none"> <li>• Prevention of delirium is better than cure: screen, identify, manage</li> <li>• Use a valid Delirium Screening tool, e.g. 4AT (<a href="http://www.the4at.com">www.the4at.com</a>), CAM Delirium Assessment Scale (<i>*online App</i>), Nu-DESC</li> <li>• Ensure clear, unambiguous communication</li> <li>• Regular reorientation (e.g. explaining where the person is, who they are, and what your role is) and maintain routine (meals, sleep/wake cycle etc)</li> <li>• Calm and reassure - use soothing speaking tone, singing, comforting music, photographs</li> <li>• If possible, have the person cared for by staff/family who are familiar to them</li> <li>• Avoid moving people within and between wards or rooms unless absolutely necessary, as this may worsen delirium and also increase risk of infection to others.</li> <li>• Ensure adequate lighting</li> </ul>
<p><b>Emptying</b></p> <ul style="list-style-type: none"> <li>• Immobility, medication, dehydration and end-of-life can contribute to problems with elimination</li> </ul>	<ul style="list-style-type: none"> <li>• <u>Constipation</u> – monitor and maintain bowel regularity. Use of opioids can result in constipation</li> <li>• <u>Urinary Output</u> – monitor urine output. Use of opioids can result in urinary retention. If the patient/ resident is restless and not voiding, assess for urinary retention. Intermittent or permanent indwelling catheter may be required</li> </ul>
<p><b>Falls</b></p> <ul style="list-style-type: none"> <li>• Fatigue and exertional hypoxia can be triggered by simple tasks (toileting, standing, moving from bed to chair), which will increase fall risk, including in otherwise non-frail persons</li> </ul>	<ul style="list-style-type: none"> <li>• Falls assessment</li> <li>• Have plan to prevent falls</li> <li>• Supervision for transfers/toileting</li> <li>• Warn persons of risk (if able to understand)</li> <li>• Regular toileting</li> </ul>

<p><b>Fatigue / Drowsiness</b></p> <ul style="list-style-type: none"> <li>Patients with severe COVID19 may experience severe fatigue</li> </ul>	<ul style="list-style-type: none"> <li>Reassure the person that this is normal</li> <li>Person should be encouraged to reserve energy for what they want the most</li> <li>Encourage rest times</li> <li>Encourage gentle activity as tolerated/desired within capacity</li> </ul>
<p><b>Fever</b></p> <ul style="list-style-type: none"> <li>High fevers and sweating are common with COVID19 infection.</li> <li>The person may also have shivering, shaking/rigors and body aches</li> </ul>	<ul style="list-style-type: none"> <li>Keep room temperature cool</li> <li>Wear loose clothing</li> <li>Change clothing/linen more regularly if severe sweats</li> <li>Cool face by using a damp flannel or cloth</li> <li>Oral fluids as tolerated/desired</li> <li>Avoid alcohol</li> <li><b>ALERT</b></li> <li>Fans are <b>NOT</b> recommended for use with persons with known or suspected COVID19.</li> </ul>
<p><b>Oral care / Food and fluid</b></p> <ul style="list-style-type: none"> <li>Maintain moist oral mucosa and hydration</li> <li>A person lying quietly in bed uses very little energy. A decreased energy need is also part of the dying process</li> </ul>	<ul style="list-style-type: none"> <li>Offer food and fluid as tolerated and desired</li> <li>Frequent mouth toilets to keep the oral mucosa moist</li> <li>Encourage teeth/denture cleaning</li> <li>Lip balm to lips</li> </ul>
<p><b>Pain</b></p> <ul style="list-style-type: none"> <li>Pain with COVID19 will most commonly be muscle /joint pain, associated with coughing but can also be due to existing underlying conditions</li> </ul>	<ul style="list-style-type: none"> <li>Provide emotional support</li> <li>Pain assessment using validated tools</li> <li>Positioning for comfort, providing pillow/towel to splint chest support for coughing</li> <li>Ensuring the mattress is comfortable</li> </ul>
<p><b>Skin integrity</b></p> <ul style="list-style-type: none"> <li>Patients with severe COVID19 may have pre-existing or develop pressure areas/skin damage due to degree of debility, hypoxic fatigue</li> </ul>	<ul style="list-style-type: none"> <li>Assess for risk of pressure injury</li> <li>Ensuring the mattress is comfortable and suitable for level of risk, e.g. air mattress or alternating mattress</li> <li>Regular pressure area care and repositioning</li> <li>Regular hygiene</li> <li>Skin assessments each shift – particular attention to bony prominences, sacrum and heels</li> <li>Moisturise skin</li> </ul>