

Journal Pre-proof

Crisis Symptom Management and Patient Communication Protocols Are Important Tools for All Clinicians Responding to COVID-19

Brynn A. Bowman, MPA, Andrew E. Esch, MD, MBA, Anthony L. Back, MD, Nadine Marshall, LMSW, MSc



PII: S0885-3924(20)30181-0

DOI: <https://doi.org/10.1016/j.jpainsymman.2020.03.028>

Reference: JPS 10428

To appear in: *Journal of Pain and Symptom Management*

Received Date: 19 March 2020

Revised Date: 25 March 2020

Accepted Date: 26 March 2020

Please cite this article as: Bowman BA, Esch AE, Back AL, Marshall N, Crisis Symptom Management and Patient Communication Protocols Are Important Tools for All Clinicians Responding to COVID-19, *Journal of Pain and Symptom Management* (2020), doi: <https://doi.org/10.1016/j.jpainsymman.2020.03.028>.

This is a PDF file of an article that has undergone enhancements after acceptance, such as the addition of a cover page and metadata, and formatting for readability, but it is not yet the definitive version of record. This version will undergo additional copyediting, typesetting and review before it is published in its final form, but we are providing this version to give early visibility of the article. Please note that, during the production process, errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

© 2020 Published by Elsevier Inc. on behalf of American Academy of Hospice and Palliative Medicine

Title:

Crisis Symptom Management and Patient Communication Protocols Are Important Tools for All Clinicians Responding to COVID-19

Authors:

Brynn A Bowman, MPA (corresponding author)

Center to Advance Palliative Care of the Brookdale Department of Geriatrics and Palliative
Medicine

Icahn School of Medicine at Mount Sinai

55 W 125th St, FI 13

New York, NY 10027

brynn.bowman@mssm.edu

Andrew E Esch, MD, MBA

Center to Advance Palliative Care of the Brookdale Department of Geriatrics and Palliative
Medicine

Icahn School of Medicine at Mount Sinai

New York, NY

Anthony L Back, MD

VitalTalk

University of Washington

Seattle, WA

Nadine Marshall, LMSW, MSc

Center to Advance Palliative Care of the Brookdale Department of Geriatrics and Palliative
Medicine

Icahn School of Medicine at Mount Sinai

New York, NY

Tables: None

Figures: None

Word Count: 1,024

Abstract

Symptom management and skilled communication with patients and families are essential clinical services in the midst of the COVID-19 pandemic. While palliative care specialists have training in these skills, many front-line clinicians from other specialties do not. It is imperative that all clinicians responding to the COVID-19 crisis have access to clinical tools to support symptom management and difficult patient and family communication.

Key words: palliative care, COVID-19, coronavirus, dyspnea, communication, symptom management

Running Title: COVID-19 Symptom and Communication Protocols

Journal Pre-proof

Background

Epidemiological data from China suggest that the two factors most closely associated with COVID-19 severe illness and mortality are age (1), and underlying health conditions – precisely the characteristics of the palliative care population of seriously ill older adults (2).

This pandemic is already causing widespread suffering among patients and their families due to symptom burden (most commonly from dyspnea and fatigue) (3), and fear and anxiety (present in any serious illness, but exacerbated by the lack of information and understanding about a novel disease). If the health system's capacity is surpassed, this suffering may also be compounded by the existential distress caused by lack of availability of medical services and life-saving equipment. While palliative care specialists are trained to address these sources of physical and psychological suffering – and are thus well-equipped as individual clinicians to meet the demands of the COVID-19 crisis – the national palliative care workforce was insufficiently sized to meet the needs of patients with serious illness even before this crisis emerged (4).

As specialists whose clinical skills are particularly appropriate for responding to COVID-19, palliative care teams must strategically deploy scarce resources where they can provide the most benefit in the form of relief of suffering for patients and families. The role of palliative care teams is thus twofold: 1) to provide direct consultation to colleagues when they need help caring for those patients whose needs are most acute, and 2) to enable all clinicians to provide palliative care services, by connecting non-palliative care colleagues to crisis-appropriate resources for symptom management and patient and family communication.

Due to widespread training gaps in symptom management and patient communication (5, 6, 7), practical protocols and algorithms are needed to support front-line clinicians responding to COVID-19 in emergency departments, intensive care units, general medicine units, and in outpatient and other care settings. While crisis conditions are unlikely to be conducive to comprehensive continuing education, palliative care teams working in hard-hit regions of the country can fill a critical role by disseminating practical symptom management protocols to clinicians. In regions that are preparing for but not yet in crisis mode, palliative care teams have an important role to play by facilitating systematic approaches to symptom management and patient/family communication with training specific to COVID-19 within their organizations. The authors of this paper – along with other educators across the country – have developed publicly available rapid-response education and tools specific to clinical scenarios facing health care professionals responding to COVID-19.

Symptom Management

Symptom management is key to providing relief for patients suffering from a serious illness, whether to improve patient experience during illness and recovery or to ease the dying experience. In areas where hospitals are at or over capacity, it will be important for health systems to have the capacity to safely manage patients' symptoms at home and other community residential settings– whether those symptoms are caused by COVID-19 or by an unrelated serious illness. This means that clinicians working in the hospital, making visits to patient homes, or providing care and monitoring patients telephonically, will all benefit from symptom management training.

Palliative care teams are encouraged to work with their organization's leadership to ensure that all clinicians receive symptom education, prioritizing 1) dyspnea, 2) pain (and opioid-induced constipation), and 3) delirium. The Center to Advance Palliative Care (CAPC) has developed a

series of symptom protocols in response to the COVID-19 pandemic that provide stepwise symptom guidance for all clinicians. The protocols account for care provided in all settings including oral, sublingual (SL), intravenous (IV), and subcutaneous (SQ) medication administration. Importantly, these tools are specific to COVID-19. They will be continuously updated as the global medical community learns more about the pathophysiology of the virus (for example, recent evidence suggesting that NSAIDs are contraindicated for patients with COVID-19)(8), as well as to account for potential drug shortages and common formulary restrictions. These clinical tools are publicly available at <https://www.capc.org/toolkits/covid-19-response-resources>.

Communicating with Patients About COVID-19

Clinicians across the globe are suddenly faced with explaining unprecedented situations to patients and families with no road map. Though anecdotal, VitalTalk and Mount Sinai Health System faculty report that front-line clinicians in their organizations experience distress in patient and family conversations about whether COVID-19 testing is appropriate and/or available, limitations on care delivery resources, difficult decision-making, families separated from sick or dying loved ones to prevent the spread of infection, and fear of a virus whose characteristics and long-term consequences are not yet known.

VitalTalk – a clinical communication education provider – has developed an open-source communication guide to help clinicians navigate these unprecedented conversations. The guide identifies common questions being asked by patients and families across the U.S., and provides specific phrases and techniques ('conversation maps') designed to support patients during crisis. The guide is publicly available through VitalTalk's website (www.vitaltalk.org) and via CAPC's COVID-19 Response Toolkit. Like CAPC's symptom protocols, the VitalTalk communication guide will be continuously updated to ensure that it addresses the real-world experiences of patients and health care professionals living through the COVID-19 pandemic.

Disseminating Clinical Tools for Symptom Management and Patient Communication

All leaders of health care organizations, crisis committees, and clinical leaders are urged to provide tools and training to help their clinical teams respond to COVID-19. Palliative care leaders have a critical role to play in raising awareness among their leadership and colleagues about the availability and implementation of existing resources, and in developing or adapting materials specific to their organizations. Symptom and communication tools may be added to COVID-specific internal toolkits (e.g. on an intranet site or via email dissemination), and quick-reference materials may be printed and made available as pocket cards. These workforce training and technical assistance materials should be accompanied by guidance or criteria for allocation of the scarce resource that is the specialty-level palliative care team. Palliative care allocation should include clinical scenarios when it is appropriate to request a face-to-face or telemedicine consult from the specialty palliative care team (including phone numbers and other relevant contact information).

During the COVID-19 crisis, health care organizations can deploy a strategy to reduce human suffering by supporting all front-line clinicians to communicate compassionately with patients and families and to address burdensome symptoms.

Disclosures: The authors have nothing to disclose.

Funding: This work did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Journal Pre-proof

References

1. Novel Coronavirus Pneumonia Emergency Response Epidemiology Team. The epidemiological characteristics of an outbreak of 2019 novel coronavirus diseases (COVID-19) in China [Chinese]. Chinese Center for Disease Control and Prevention Weekly. 2020;41(2):145–151. doi: 10.3760/cma.j.issn.0254-6450.2020.02.003. [Epub ahead of print]
2. Schoenherr LA, Bischoff KE, Marks AK, O’Riordan DL, Pantilat SZ. Trends in hospital-based specialty palliative care in the United States from 2013 to 2017. *JAMA Netw Open* 2019;2(12). doi: 10.1001/jamanetworkopen.2019.17043.
3. Yang J, Zheng Y, Gou X, et al. Prevalence of comorbidities in the novel Wuhan coronavirus (COVID-19) infection: A systematic review and meta-analysis. *Int J Infect Dis*. 2020. doi: 10.1016/j.ijid.2020.03.017. [Epub ahead of print]
4. Kamal AH, Wolf SP, Troy J, et al. Policy changes key to promoting sustainability and growth of the specialty palliative care workforce. *Health Aff(Millwood)*. 2019; 38(6):910-918.
5. Shipton EE, Bate F, Garrick R, et al. Systematic review of pain medicine content, teaching, and assessment in medical school curricula internationally. *Pain Ther*. 2018;7(2):139–161. doi: 10.1007/s40122-018-0103-z.
6. Fulmer T, Koren MJ, Hernández S, Hult A. Physicians’ views on advance care planning and end-of-life care conversations. *J Am Geriatr Soc*. 2018;66(6):1201–1205. doi: 10.1111/jgs.15374.
7. Anderson WG, Puntillo K, Boyle D, et al. ICU bedside nurses’ involvement in palliative care communication: a multicenter survey. *J Pain Symptom Manage*. 2016;51(3):589–596.e2. doi: 10.1016/j.jpainsymman.2015.11.003.
8. Day, M. Covid-19: ibuprofen should not be used for managing symptoms, say doctors and scientists. *BMJ*. 2020;368. doi: 10.1136/bmj.m1086.