

Difficult decisions

NICE Covid-19 rapid guidelines offer a useful decision aid [algorithm](#) for the most appropriate care following admission to hospital. But what about those difficult decisions we have to make in the community prior to that?

Derriford Hospital ITU are using the Rockwood [Clinical Frailty Score](#) of 5 or above and comorbidity criteria to identify who is unlikely to benefit from ITU and survive.

Assessing frailty and considering ongoing management is vital before a decision to admit is made. Decision making can be difficult. This guide should help community clinical staff start conversations early so patients and families can understand what might happen next and have realistic expectations of ceiling of care most suited to them. The benefits of admission versus harm of interventions should be openly discussed at an early stage to offer compassionate personalised care.

This conversation quote from our ITU colleagues may be useful in offering an explanation as to why admission to hospital may not be in the patients' best interests.

"We know that a relatively young and fit patient who spends 7-10 days in ICU will take 3-6 months to recover."

[NHS England palliative care guidance](#) is useful in focussing on goals of care;

- Supportive measures – for example, provision of fluids and/or oxygen.
- Targeted treatment – for example, provision of antibiotics to treat pneumonia.
- Organ support – for example, ventilator support, renal replacement therapy, etc.

These are aimed at preserving and prolonging life. It is important to remember that most people with Covid-19 will survive and recover. But those who are older with co-morbidities are less likely to do so, which underlines the importance of recognising frailty and those who are dying.

The [SPICT](#) Covid-19 tool offers clear communication models to work out what is best for patients and talk about realistic, available options for treatment, care and support for people. Options depend on the best place of care and for people who already depend on others for care at home or in a care home, it may be better to care for them in a familiar place when they are very ill or dying.

For those who are dying as a consequence of coronavirus, a switch in focus to high quality, compassionate, palliative care at the end of their life is important. Remember to inform patients/ carers that you can still offer treatment and manage symptoms at home.

In summary, we've got to work out what the patient's goals are and where the patient is best placed so that they can be realistically managed, remembering for many patients that, 'It's OK to stay at home.'

Further resources:

[NICE guidance](#)
[BMA Ethics Advice](#)