

Irrelevant & Sensitive

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Royal Society of MENCAP

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NHS No:

Dear

## **COVID-19 Care Home (Residential/Nursing) Advanced Care Planning**

### **Introduction**

As the COVID-19 pandemic continues to worsen, it is important to plan well for your/your relative's future care. Getting a good understanding of your wishes will help carers and clinicians help to give you the care you want, where you want it.

Whilst the government, health sector and scientists work hard to prevent the spread of the virus, planning for a worse-case scenario around health care and hospital admissions is vital. You may have already been asked some of these questions during previous advanced planning conversations for which a care plan may have already been produced. We would ask you to read this document carefully in order to either confirm these previous decisions or make renewed decisions based on the information provided below.

As you currently reside/your relative currently resides in a care home, you/they are on the vulnerable list of patients either because of age, frailty, due to medical conditions past or present or a combination of any of these.

### **Background**

COVID-19, also known as Coronavirus, is a virus, and as yet there is no cure or direct treatment. Currently, unwell patients are treated by supporting the bodily function(s) that are failing. In the majority of patients, especially the elderly and frail, this presents as respiratory system failure in the form of a severe viral pneumonia. The treatment for respiratory system failure is life support with a ventilator.

Currently, hospitals outside of London are coping with demand for intensive care beds. This is likely to change very quickly as we see an increasing number of deaths, admissions and confirmed cases of COVID-19.

### **Hospital Admission**

For the great majority of patients in care homes, conveyance to hospital in the event of COVID-19 viral pneumonia will not be appropriate. This is because of regardless of how aggressive treatment may be, the body will unlikely respond to that treatment. It would therefore be more

appropriate for patients to be kept is their place of residence where they can be kept comfortable, looked after in familiar surroundings and by the people that know them.

For other reversible conditions where naturally a hospital admission would be warranted, serious consideration should be taken around what life prolonging treatment you/your relative would want and therefore whether a hospital admission is wanted.

### **Cardiopulmonary Resuscitation – CPR**

Cardiopulmonary resuscitation (CPR) is an emergency treatment given to try and restart the heart and lungs after they have stopped working. It involves doing chest compressions by pushing down firmly on the chest, using electric shocks and drugs to try restart the heart and artificially inflating the lungs.

The chances of success in CPR for a patient with advanced disease or frailty are virtually zero. CPR is therefore not appropriate for the vast majority of these people and should only be attempted if it is considered that it may be successful. For these reasons, many people decide in advance not to have CPR, and choose to be allowed to have a natural and peaceful death.

### **Treatments**

Oral antibiotics and analgesia (pain relief) will be given to those who need it within their place of residence unless otherwise instructed. Many other forms of analgesia can be given depending on compliance and ability to swallow thus allowing for patients to be kept comfortable regardless of their condition.

### **Best Interest Decisions**

For where no decision has previously been made during advanced planning discussion (including the failure of relatives to return complete documents) and no completed document is returned within a suitable time frame, a best interests decision may well be made by the clinicians involved in your/your relatives care if you/they become unwell. Every effort will be made to contact a relative in a time of need.

### **Record Sharing**

It is imperative in the current climate that the more clinician who have access to your medical records and Enhanced Summary Care Record, the better. These records will only be accessed when a party becomes directly involved with your care. These may include but are not limited to community nursing and care teams, out of hours doctors, the ambulance service. Therefore we will be opening access to your/your relatives care records unless you stipulate otherwise.

### **A Note from Irrelevant & Sensitive**

This pandemic is ever evolving and worsening hour by hour. Whilst we wish to provide the best care possible to all of our patients, challenging times lay ahead for everyone and difficult decisions will need to be made.

Should you wish to discuss anything on this document or have other concerns or queries regarding your/your relatives' future care, please feel free to ring or email the surgery **I&S**

**I&S**, our Paramedic Practitioner, will be happy to respond to your questions.

**I&S**