Rapid Development and Publication of National End of Life Guidelines during a Pandemic

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Aim

To outline the development of national palliative care guidelines for covid-19 lung disease and potential pandemic related drug shortages

Approach Taken

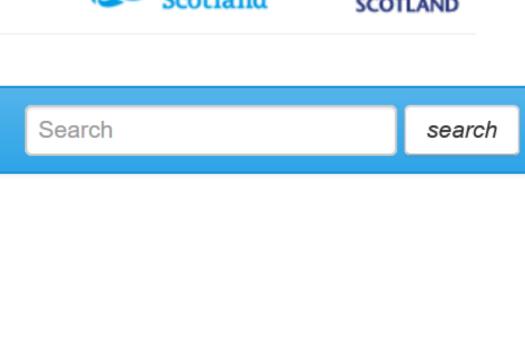
As the scale of the covid-19 pandemic was being realised across the world, healthcare systems mobilised emergency plans to cope with demand and the associated high disease burden and mortality. Specialist palliative care services recognised early that their expertise would be essential. Furthermore, they identified the need for specific guidance to help manage and alleviate the suffering caused by this new and unknown virus. Led by a small team of senior leaders, the specialist palliative care community developed guidelines by:

- Centrally coordinating the multidisciplinary effort using electronic platforms
- Rapidly reviewing international emerging evidence
- Using existing national networks for rapid review and iterative expert consensus development
- Providing strong leadership
- Rapid dissemination including via social media
- Ongoing peer review process to ensure the continuing development of the guidance as new data emerges



Scottish Palliative Care Guidelines

Anticipatory Care Planning guidance



Contact Us News and Updates Bulletins Resources Mobile App COVID-19 Guidance About the Guidelines Home COVID-19 - Our Response **Symptom Control** The palliative care community will stand with those who are facing suffering related to any illness, those who die during this Palliative Emergencies pandemic, those who face bereavement and all who provide care. **End of Life Care** Temporary guidelines are now available for symptom management: **Medicine Information** Guidance for when a person is imminently dying from COVID-19 lung disease **Patient Information** · Guidance for supporting end of life care when alternatives to medication normally given through syringe pumps are required The standard end of life care guidelines should be used for all other situations. **Updates** We need your **feedback** on the COVID-19 guidelines The weekly research bulletin on Further guidance related to COVID-19 is also available and includes: COVID-19 and Palliative Care is now

(or during rapid deterioration)

Results

Site Map

31/08/2020

available.

Within three weeks, the team had developed and gained Scottish Government approval for the publication of specific palliative guidance for:

- Rapid dying from Covid lung disease
- Alternative medications for anticipated shortage of usual drugs, equipment (syringe driver) or staffing

The review process indicates the guidelines are helpful and appropriate for specialist and generalists providing palliative care and a robust governance process has been created within the existing national guidelines system.

Lessons Learned

- Successful rapid development of evidence based covid-specific palliative guidelines approved and available for use within three weeks of identified need
- Speed of development aided by existing recognised networks of specialist palliative care professionals
- Key elements to success:
 - Multi-professional collaboration
 - Multi-organisational support
 - Communication
- Centralised coordination

Data collection tool – Scottish Palliative Care Temporary Guideline for Rapid Death due to Covid-19 lung Please do not include any patient identifiable detail such as health board area, address or date of death. This guideline is to support best end of life care for patients expected to die imminently from COVID19 lung disease. Where the patient recovered please detail the medicines needed to achieve symptom control Home/care home/hospital/hospice/ other (detail) deterioration Staff present in 4 hours prior to DN or community SN/care home SN/carers/GP/other community staff

Ward nursing staff/FY /ST /consultant / other hospital staff

Specialist palliative care Specialist palliative care nursing staff/ trainee/specialty doctor /consultant Covid-19 status at Swab positive Symptoms present time of death (or Breath lessness Swab negative Agitation/distress deterioration) Delirium Respiratory secretions Swab result No swab taken Pyrexia/rigors Drugs used at Adequate doses suggested (please give further symptom control achieved with this in temporary information below) Please give further information below Dose given prn in last 24h Dose given prn in last 4h Dose in syringe pump (last 24hrs) [mg]

Further information if guideline not used – other local guideline used, unable to access, lack of time to access, decision to use a different dose due to patient characteristics, other?

Further comments on drugs used (including *Other drugs used if noted above)

of medication were given, was additional support sought?

Further information if symptom control not achieved – which symptoms remained problematic, what doses

Further information where patient recovered - partial/full recovery? Place of post-recovery care? Any suggestions for changes to the current temporary guideline?

Please return this form by email to hcis.pallcareguidelines@nhs.net putting Covid-19 in the subject of the

Acknowledgements:

Special thanks to all our Scottish palliative care colleagues, particularly the Scottish Palliative Care Pharmacy Association, Strathcarron Hospice, Prince & Princess of Wales Hospice and Marie Curie Hospice Edinburgh.

For more information contact info@palliativecarescotland.org.uk









