Content begins at 4 PM (PDT). All participants will be muted until Q&A at the end, so please use Chat for any questions/comments.

The Importance and Urgency of Considering the Unthinkable

**ADVANCE PLANNING IN THE COVID-19 PANDEMIC**

What are we going to talk about?

Advance planning for decisions that may need to be made if we contract the COVID-19 virus

- Understanding
  - the course of the illness
  - the risk for severe illness
  - what to expect at home and in the hospital
  - communicating our wishes
  - preparation

First of all...TAKE A DEEP BREATH!

**EVERYTHING WILL BE OK**

Who is getting sick?

<table>
<thead>
<tr>
<th>Age group</th>
<th>Cases</th>
<th>Ever hospitalized</th>
<th>Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 19</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20 to 29</td>
<td>73</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>30 to 39</td>
<td>96</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>40 to 49</td>
<td>108</td>
<td>26</td>
<td>0</td>
</tr>
<tr>
<td>50 to 59</td>
<td>126</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>60 to 69</td>
<td>125</td>
<td>40</td>
<td>0</td>
</tr>
<tr>
<td>70 to 79</td>
<td>70</td>
<td>29</td>
<td>5</td>
</tr>
<tr>
<td>80 and over</td>
<td>52</td>
<td>23</td>
<td>13</td>
</tr>
<tr>
<td>Not available</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>808</td>
<td>154</td>
<td>18</td>
</tr>
</tbody>
</table>
Who is most at risk for serious illness?

- **Age**
  - Flu vs COVID-19 death rate, by age

- **Underlying conditions**
  - Mortality Risk
  - Also increasing risk: Kidney disease, Diabetes, Chronic lung disease, Hypertension, Obesity, Prior stroke, Frailty, Smoking

Determine your risk level

- **Highest**: > age 80 AND 1 or more chronic conditions
- **High**: age 70 – 79 AND 1 or more chronic conditions
- **Moderately high**: age > 60 AND/OR 1 or more chronic conditions

Why should I think about this unpleasantness?

- Having a plan reduces your own anxiety
- Protects your loved ones from facing major decisions without any guidance from you
- Avoids unnecessary burden on exhausted healthcare professionals
- Allows pre-consideration of ethical dilemmas that could arise in a surge
Early Symptoms

- Appear 3-14 days after exposure
  - Virus able to spread before symptoms
- Fever
- Cough
- Flu-like aches, fatigue, feel bad
- Loss of appetite, smell, taste
- May resolve after several days, or progress to more serious symptoms

Home care

- Isolation! Stay home in own room, preferably with own bathroom; use good hand/respiratory hygiene
- Stay in touch with PCP – don’t go in unless advised
- Wear face mask whenever out of your room (including in transit to doctor/hospital)
- Analgesics/drink fluids/rest

How sick will people get?

- The Majority of Infections are Mild
- 80.9% Like flu, stay-at-home
- 13.1% Severe
- 4.7% Critical

Another view

- Critical (needs ICU care)
- Serious (needs hospitalization)
- Mild (no hospitalization)
If you get better...
- It might take more than a week
- Remain in isolation until 72 hours after symptoms subside (or at least 7 days after they start)
- You should now have built up immunity against COVID-19 and no longer be able to catch or spread it

If you get worse...
Early symptoms don’t improve - now develop:
- Shortness of breath
  - Difficulty moving around because you can’t catch your breath
  - Difficulty talking because you have to stop to breathe during sentences
- Low oxygen levels (via pulse oximeter)
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

DECISION POINT

Hospitalization - Pneumonia
- Expect full PPE and isolation
- Unlikely to be able to have family/friends/visitors of any kind during hospital stay
- No proven treatments to “cure” virus, though experimental treatments may be offered
- Treatment is to support for your body to build immunity and fight the virus off
Hospitalization - Pneumonia

- Oxygen administration – possible biPAP
- Respiratory medications to assist with breathing
- Antibiotics (secondary bacterial infections)
- Pain medications
- Monitoring for worsening symptoms
- Likely to have infrequent in-person attention from hospital staff (lack of PPE supplies, short-staffed if surge)

Hospitalization - Pneumonia

- Often requires more than two weeks in hospital before able to return home
- Illness may continue to worsen over time, leading to need for more intensive care 8-12 days into illness (30%)
  - Increased risk of major complications
  - Possible compromise of other organ systems

Adult Respiratory Distress Syndrome and Cytokine Storm

- ARDS: fluid builds up in the tiny, elastic air sacs (alveoli) in your lungs
  - keeps your lungs from filling with enough air, which means less oxygen reaches your bloodstream
  - deprives your organs of the oxygen they need to function
- Cytokine Storm: Systemic inflammatory immune response syndrome
  - can overwhelm vital organs and cause shut-down

DECISION POINT
Intensive Care
- Usually requires ventilator to assist with breathing
  - Most often with induced coma
- Multiple medications/treatments to combat multi-organ failure
- Usually requires prolonged stay
- Treatment decisions made over phone by healthcare representatives/family
- Mortality rate: 60-80%

CPR
- If heart stops during ICU treatment, generally full-code is initiated
- In case of COVID-19 infection,
  - greatly increases risk of infecting healthcare providers
  - requires abundant use of scarce PPE
  - has <5% chance of success

Decision Point #1
**Would I want to go to the hospital?**
Considerations:
- More medical support available
- Isolation from loved ones – perhaps from staff
- May have scarcity of hospital beds and healthcare staff, if surge
- OPTION: May be able to get home care with oxygen, tele-medicine support, palliative or hospice care – if you have a care-giver
Decision Point #2
Would I want Intubation/Intensive Care?
Considerations:
- Induced coma likely
- Loved ones isolated from you
- ICU beds/ventilators may not be available for everyone who needs them
- Increases risk of infections for healthcare providers

Decision Point #2
Would I want Intubation/Intensive Care?
Considerations:
- Increased risk of mortality (>60%)
- If dying, is this how you want it to end?

OPTION: May choose palliative care in hospital instead of intensive care
May want to relinquish bed/vent to someone more likely to survive (in a surge situation)

Decision Point #3
Would I want CPR if my heart stops?
Considerations:
- Increases risk to healthcare workers
- Uses scarce resources
- Highly unlikely to succeed
- May not be the way you’d prefer to die

OPTION: Choose to allow “natural death” if heart stops

Planning for Decision Points
- Consider your wishes/values – what is most important to you in this kind of potentially life-threatening situation?
- Talk with your loved ones – bounce your thoughts off of them and get feedback
  - Are they willing to support your decisions?
Planning for Decision Points

- Review your Advance Directive
  - Are your Healthcare Representatives the right people for making hard decisions in this kind of situation?
  - Does the AD adequately cover your COVID-19 decision points? (probably not)
- Write a supplemental statement about your COVID-19 decision points plan – what you do and don’t want
  - Sign, date, and attach it to your Advance Directive
- Send a copy to your PCP to scan into your electronic medical record

Planning for Decision Points

- If you have a POLST, review it to make sure that it is consistent with your COVID-19 decision points plan.
  - If not, call your PCP office and ask to revise POLST.
- If you don’t have a POLST and think it’s time, call your PCP to discuss. Note: it’s likely to be difficult to have a face-to-face visit with your PCP about this.

Talking with your Family

- Share your plan, including supplemental AD statement (and POLST, if applicable) with your family/loved ones
- Explore the challenges of having your HCR/loved ones make difficult decisions without being able to be with you
  - Most decisions will be over the phone, in consultation with intensivist/hospitalist.
  - Ask “can you make hard decisions for me, respecting my wishes, even if it mean letting me go?”

If the worst happens...

- Last face-to-face goodbye
- Last digitally-communicated goodbye
  - “Please forgive me,”
  - “I forgive you”
  - “Thank you”
  - “I love you”

The Four Things that Matter Most, Ira Byock
Preparing

- Get your life in order – take care of loose ends, unfinished business now, before you get sick
- Plan for isolation at home – where will you be? who can help you? what do you need to take care of in advance?
  “If I woke up tonight with a fever and couldn’t leave my home for 2 weeks, am I ready?”

Preparing

- Know how to use communications technology so you can communicate with loved ones during isolation
- Communicate your decision point wishes clearly both in conversation and in writing as completely as you can with your family/loved ones
- Prepare copy of Advance Directive and COVID-19 supplement statement to take to hospital, if that becomes necessary

Preparing

- Build immunity
  - Eliminate unhealthy substances/habits
  - Eat nutritious whole-food diet
  - Get plenty of sleep
  - Move your body
  - Get sunlight and fresh air
  - Reduce stress – find joy

Preparing

- Hope for a mild illness, but be as ready as you can be for a more difficult journey
- Do what you can to prepare, then let go of the rest.

Worrying never makes the future any better, but can definitely ruin your present moment.
QUESTIONS

- Put your question in Chat, or raise hand or “yes” in Participant box
- Caveat: I’m not a COVID-19 expert, not a physician, and cannot offer medical advice.
- Helpful resources will be posted on my website: [http://codaconversations.com/](http://codaconversations.com/)