

Talking about uncertain recovery and goals of care for patients who are at risk of dying with COVID 19

S	Setting / situation	Read clinical records, ensure privacy, no interruptions. Sit down, take time, use measured pace and tone. Use silences to allow processing. Be honest and clear, avoid jargon.
P	Perception	“What do you understand about what is happening at the moment?”
I	Invitation	“How much information do you want from me?....Are you the someone who likes all the details or just the basics of what’s going on?”
K	Knowledge	“I’d like to share my understanding and to plan together what we need to do next...” “I am worried about how unwell you are and how you might not respond to treatment... I wish we were not in this situation... I hope that starting (oxygen, medicines to help with symptoms) will help but I am worried that you might die from this. I am so sorry
E	<p>Empathy</p> <p>Explore priorities</p> <p>Escalation planning</p>	<p>“This seems to have come as a shock/something you were expecting to hear/really upsetting”. “I am so sorry this is happening to you”</p> <p>“What matters most to you at this moment?... What are your biggest fears or worries?... What do you think might help with these feelings?... How much do your family know about what is important to you?... What help do they need at the moment?”</p> <p>A dying patient or unstable patient where CPR would not work and ventilatory support is not appropriate:</p> <p>“We have talked about [supporting you with...] but there are some other things we need to discuss too. We need to make the right plan for you if things do get worse. I am worried that you are sick enough to die [because of...] and we need to talk about how we look after you. Is that ok? This is really hard to talk about but it is so important. There is nothing we will do to make dying happen more quickly but also nothing we will do to prolong dying. If your heart stops or you stop breathing, resuscitation would not work. This is because of how ill you are.”</p> <p>“We know that if your heart or and breathing stopped, we would not be able to restart them with resuscitation or a ventilator and you would not survive. It’s important we complete a special form, called a ReSPECT form where we record what is important to you and a plan of how we look after you if things do get worse”.</p> <p>“Are there other treatments that you want to discuss with me? Do you have any questions?”</p>
S	Summary/ strategy	<p>Summarise what you’ve said; explain next steps</p> <p>Complete a ReSPECT form and document clearly in the notes. Ensure the principles of the Mental Capacity Act, 2005 are applied. Communicate with multidisciplinary team and family (with consent).</p>