Medically Frail



Date Screened:_____

Patient Name:_____

Patient's COVID status: _____

Date of Birth:_____

Preferred Language:_____

Primary Care Provider:_____

Conversation structure	Sample Conversation
Assess understanding	"Tell me what you know about how COVID-19 is affecting people like yourself that have other serious medical problems or are older."
Provide education and Identify preferences	"You are right/Well actually, COVID-19 is a viral illness. There is not a known cure. We know it is particularly serious in patients like you. While it can be a mild flu-like illness with fever, sore throat, cough, and muscle soreness; it can be much worse than this. I wish this weren't the case, but I worry you could get sick very quickly and may even be at risk of dying within a short period of time." "There are some people who are okay being in the hospital and getting oxygen and other medicines to support them in the hopes their body will be able to recover from the viral illness. Would you be
	okay with this?"
If no, reflect	"I understand. We can always use medicines and oxygen to make sure you are comfortable. For most people, this will mean using hospice to make sure you are not suffering and remain comfortable. What are your thoughts?" Thoughts:
	Proceed to health care surrogate

Discuss medical recommendation s about life support and code status. Clarify preferences.	"If you were to get a lot sicker from COVID-19 despite medicines and oxygen, there may come a time when you are not able to breathe on your own. If this were to happen, you would likely die. Going to the ICU, using a life support machine called a ventilator, or attempting CPR would likely not work. I recommend not doing those things. What I would recommend is that we use medicines to ensure that you are comfortable and not suffering. Does that make sense?"			
If no, reflect	"I understand. There are some people who want to live as long as possible no matter what their life looks like. Is that how you feel?"			
	Thoughts:			
	Proceed to health care surrogate			
Identify health care surrogate	"Tell me who is the person you want the doctors and nurses to communicate with and help make further decisions with us should you not be able to communicate?"			
	Name: Relationship:			
	Mobile: Home:			
	"It would be helpful to complete a form naming this person as a healthcare durable power of attorney (DPOA). Have you already done this?"			
	"Does Holton Community Hospital have a copy of the paperwork?" \Box YES \Box NO \Box N/A			
	"We have hospital staff who can help you complete this paperwork. Would you like them to help?"			
Relay information to surrogate and document wishes	"I'm going to ask someone to call and let your surrogate know what we discussed. Is that okay? I'm also going to have it documented in your medical record, so all the doctors and nurses know your wishes."			
Offer support	"I know this time can be really scary. We have hospital staff who can call and provide support. Would you like them to call you?"			
	If yes, ask Jackie in SLS to call within 72 hours			
	Crisis Hotlines (24/7): 1-800-985-5990 or 1-800-273-8255			

Name of screener:_____

Completed form must be immediately delivered to care managers for follow-up

Please update 'sticky note' and social history on chart with name/number of DPOA

Code Status Decision Aid For Individuals with COVID-19

If your heart stops and you are not breathing, there are two options of medical care. We know that for individuals with COVID-19, the likelihood of surviving if your heart stops is extremely low. For most individuals who have other serious medical problems or are older, not attempting CPR is the right medical decision. For individuals that do not have other serious medical problems, attempting CPR might be the right option. Talk to your doctor about their recommendations. Talk to your loved ones about your wishes. Below helps you walk through what each option means.

What are your options?	Attempt CPR	Do Not Attempt CPR
What is it?	CPR is done by health care workers and includes: Pushing on your chest (chest compressions) Electric shocks and IV medicines If your heart restarts, a tube is put in your mouth, down your throat, and into your windpipe. This tube is connected to a breathing machine called a ventilator.	CPR is not provided.
What does it do?	Attempts to restart your heart and breathing.	Not providing CPR allows a natural death.
What are the benefits?	CPR may restart your heart and breathing.	Avoids machines.
What are the short-term burdens?	If CPR restarts your heart, you will need to be in the ICU. With the tube down your throat, you cannot speak or swallow. You may need medicine to keep you sedated. You may have pain or broken ribs from chest compressions. If CPR is not able to restart your heart and breathing, you will die.	You will die.
What are the long-term burdens?	You may not be able to get off the ventilator. You may have mild to severe brain damage. You may never be able to return home.	You will die.
Which option best fits with your values?	Your Values	Your Values
	You want the chance to live longer. You are willing to take the chance that your death may occur even with CPR. You are willing to have discomfort and be in the ICU. You are willing to take the chance that your death may be on machines. You accept that your death may be the result of coming off machines if the machines are not able to improve your condition.	You wish to allow a natural death. You do not want to be on machines at the hospital.

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Primary developers: Linda Briggs, MSN, MA, RN, and Sandra Schellinger, MSN, RN, NP-C
Punding and materials provided by Respecting Choices*, www.respectingchoices.org,
This product has been certification provaint to the Washington State Health Care Authority pursuant to ICV 7:00.06. The date of certification is July 18, 2018, and will expire two years from this date, or sooner pursuant to Washington State Health Care Authority pursuant to ICV 7:00.06. The date of certification is July 18, 2018, and will expire two years from this date, or sooner pursuant to Washington State Health Care Authority years are golyboot-hosy/hared decision making.
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Life Support Decision Aid For Individuals with COVID-19

If you are not able to breathe on your own, there are two options of medical care. For some, going on a ventilator as a form of life support is the right decision. Others would not want to risk being on machines for end-of-life care. If you have other serious medical problems or are older, the likelihood of surviving this illness if you go on a ventilator is low. Talk to your doctor about their recommendations. Talk to your loved ones about your wishes. Below helps you walk through what each option means.

What are your options?	Ventilator/Life Support	Comfort Measures
What is it?	A tube is put in your mouth, down your throat, and into your windpipe. This tube is connected to a breathing machine called a ventilator.	Medicines and oxygen to lessen shortness of breath, pain, anxiety, and suffering to allow for a natural death.
What does it do?	Pushes oxygen into your lungs.	It helps with your symptoms. It does not treat your illness.
What are the benefits?	May allow you to recover. May allow you to live longer.	Avoids machines. Helps keep you comfortable as your body is passing away. For some people, this means you are able to be cared for at home by your loved ones and hospice.
What are the short-term burdens?	With the tube down your throat, you cannot speak or swallow. You may need medicine to keep you sedated. You will need to be in the ICU.	Medicines may make you feel drowsy.
What are the long-term burdens?	You may not be able to get off the ventilator. Your health may get worse, other problems may occur, and you may die.	You will die.
Which option best fits with your values?	Your Values	Your Values
	You want the chance to live longer. You are willing to have discomfort and be in the ICU. You are willing to take the chance that your death may be on machines. You accept that your death may be the result of coming off machines if the machines are not able to improve your condition.	You do not want to be on machines at the hospital. You wish to allow a natural death.

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