

## Checklist for the withdrawal of ward-based respiratory support at the end of life for COVID -19 patients

Date \_\_\_\_\_ Time \_\_\_\_\_  
 Ward \_\_\_\_\_  
 Speciality \_\_\_\_\_  
 Consultant in charge \_\_\_\_\_  
 HCP starting form \_\_\_\_\_  
 HCP.Reg.No. \_\_\_\_\_

WRITE OR ATTACH ADDRESSOGRAPH

Surname \_\_\_\_\_  
 Forenames \_\_\_\_\_  
 DOB dd / mm / yyyy Age \_\_\_\_\_  
 Hospital number \_\_\_\_\_  
 NHS number \_\_\_\_\_

	Initials when complete
Discussion with patient and clinical team with clear documentation of end-of-life decision making/patient's wishes	
Discussion with family. Main family contact identified; name/number documented in HCR	
Palliative care team aware Mon-Fri 8.30-4.30, ext. 54787, OOH consider if advice needed from Palliative Medical consultant on call via JCUH switchboard	
DNACPR and STEP form completed	
Anticipatory medications prescribed (See palliative care guide at a glance A3 sheet)	
Decide route for administration of medications iv or s/c	
Clear plan for who will remove the mask and switch off the ventilator	
Discussion regarding removal of mask once settled or stepwise reduction in support. Mask removal may be better if the patient is poorly tolerating the mask. Stepwise reduction in support should be considered if the patient is anxious or dyspnoeic.	
Remove any monitoring and cancel alarms on ventilator	
Deliver morphine and midazolam as <b>premedication</b> before starting and as needed <b>IV dose:</b> morphine 1 to 5 mg, midazolam 1-5mg. Titrated each drug to achieve relief of breathlessness, agitation and/or pain. OR <b>S/C dose:</b> 10mg of morphine and 10mg midazolam Higher doses may be required if patient has previously been exposed to opioids, benzodiazepines, co-analgesic drugs (e.g., gabapentin, pregabalin), antidepressants or antipsychotics.	
Assess response to <b>anticipatory medications 15-20 minutes after delivery.</b> <b>If patient is comfortable, consider</b> removal of mask or reduction in pressure support (see flowchart overleaf). If patient is still symptomatic, address these appropriately	
Regular reassessment to ensure that patient's symptoms are controlled until time of death Would this patient benefit from a syringe driver? Do you need Specialist Palliative Care advice?	
Verification of death (appropriate PPE required)	
Contact designated family member	
Send web-ICE referral to Bereavement service	
Last offices and arrange collection of patients for transfer to mortuary. Please ensure that portering staff are aware of COVID-19 status	

