

<b>C COURSE OF ILLNESS</b>	
	<input type="checkbox"/> <b>Briefly describe COVID-19</b> <ul style="list-style-type: none"> <li>• COVID-19 causes a viral respiratory illness that can spread from person to person.</li> <li>• Residents of nursing homes are particularly at risk for this infection.</li> <li>• They are also at risk of getting more serious COVID-19 infections and death.</li> </ul>
	<input type="checkbox"/> <b>Describe the range of symptoms that people with COVID-19 infection may experience</b> <ul style="list-style-type: none"> <li>• The course of illness varies among different people and we cannot predict how it will affect your loved one.</li> <li>• Some people have the virus and have almost no symptoms.</li> <li>• Some can experience a flu-like illness, body aches and worsening of confusion and recover.</li> <li>• Some may have sudden shortness of breath and quick deterioration and death, all within a few hours.</li> <li>• Some patients may have fevers, a cough and shortness of breath over many weeks. Somewill eventually recover. Others will continue to decline and develop severe shortness of breath, and may die.</li> </ul>
<b>O OUTCOMES IN OLDER ADULTS</b>	
	<input type="checkbox"/> <b>Describe the poor outcomes associated with COVID-19 infection among nursing home residents.</b> <ul style="list-style-type: none"> <li>• Onein three nursing home patients with COVID-19 infection will die.</li> </ul>
	<input type="checkbox"/> <b>Describe the prognosis for those with severe COVID-19 infection</b> <ul style="list-style-type: none"> <li>• In one study, 2 of 3 patients who were sick enough to be in the intensive care unit (ICU) died. Most of the people who died were older and had chronic illnesses.</li> <li>• Among COVID-19 patients who had a cardiac arrest inside the hospital, only 4 out of 132 survived. Of those, 3 did not regain their usual state of health as it was before the COVID-19 infection. For the majority of these patients, the cardiac arrest happened in front of someone and resuscitation (or CPR) was started within a minute. Most of the time cardiac arrests do not happen while someone is watching, and patients have an even lower chance of survival.</li> </ul>
<b>V PROVISIONS WE HAVE MADE</b>	
	<input type="checkbox"/> <b>Describethe general care provided for the residents in the COVID-19 area</b> <ul style="list-style-type: none"> <li>• We have moved your loved one to a specialized COVID-19 unit.</li> <li>• Our staff will continue to provide routine care like helping with turning, feeding (if needed) and mouth care.</li> <li>• We arefrequentlychecking their oxygen levels with pulse oximetryand for symptoms like fever, pain, cough, diarrhea, and shortness of breath.</li> </ul>
	<input type="checkbox"/> <b>Describethe care plans specific for people with COVID-19infections</b> <ul style="list-style-type: none"> <li>• As we anticipate the needs of your loved one, we have medicines and equipment at the ready to provide care though this disease course.</li> <li>• We have acetaminophento help lower fevers and to relieve muscle aches and pains.</li> <li>• If your loved one becomes short of breath, we can start supplemental oxygen. We have</li> </ul>

**Fig. 1.** COVID-19 Communication and Care Planning Tool. This tool is intended to help guide the discussion between a clinician and a resident and/or their family members about COVID-19 infections, including responding to symptoms and to end-of-life considerations. As it is written, the tool is written for a conversation between a clinician and a family member(s). It may be readily adjusted for a conversation with the resident. White squares indicate actions for the clinical staff. Black circles indicate discussion points. The [Supplementary Material](#) contains a longer version of this tool in a format that may be modified to suit the needs of individual long-term care settings. A downloadable PDF of this form is available at [www.sciencedirect.com](http://www.sciencedirect.com).

	<p>oxygen concentrators and oxygen tanks available.</p> <ul style="list-style-type: none"> <li>• People with infections can become dehydrated. We will encourage your loved one to drink more fluids and give intravenous fluids if needed.</li> <li>• Sometimes people who are dying from respiratory disease—like a COVID-19 infection—will develop what we call “air hunger.” We have medication to help relieve the anxiety and suffering that go along with this.</li> <li>• Our staff will be with your loved one at the end of his/her life if that happens.</li> </ul>
	<p><input type="checkbox"/> <b>Offer empathy and solutions about visiting restrictions.</b></p> <ul style="list-style-type: none"> <li>• We understand it must be so hard on you to not be able to see and visit with your loved one. It’s especially hard now that your loved one has a COVID-19 infection.</li> <li>• It has been tough for our staff that you cannot visit. They understand how important it is for our residents to see families. We have missed seeing you.</li> </ul>
<b>I</b>	<b><u>I</u>NFORMED CONSENT</b>
	<p><input type="checkbox"/> <b>Address if a “Do Not Hospitalize” order should be considered</b></p> <ul style="list-style-type: none"> <li>• Let’s talk about what your loved one’s wishes are for their healthcare.</li> <li>• We have to think about your loved one’s health before they became infected and now the high chance of death due to a COVID-19 infection.</li> <li>• If your loved one becomes very sick, we can consider transferring them to the hospital or caring for them here where our staff knows them. <ul style="list-style-type: none"> <li>○ Knowing what we know about outcomes of COVID-19 would your loved one have wanted to be transferred to the hospital?</li> </ul> </li> </ul>
	<p><input type="checkbox"/> <b>Discuss “Do Not Resuscitate” orders</b></p> <ul style="list-style-type: none"> <li>• When people have a cardiac arrest and get CPR, the chest compressions cause a great deal of pain and injury.</li> <li>• Even in the best of circumstances, few people with your loved one’s health conditions would survive CPR.</li> <li>• If your loved one has a cardiac arrest—that is, their heart stops—how would you like us to care for your loved one? <ul style="list-style-type: none"> <li>○ Would you want us to perform chest compressions on your loved one?</li> </ul> </li> </ul>
<b>D</b>	<b><u>D</u>OCUMENTATION</b>
	<p><input type="checkbox"/> <b>Summarize and document intervention(s) that are requested by the family or resident</b></p> <ul style="list-style-type: none"> <li>• Hospital Transfer or Do Not Hospitalize.</li> <li>• Attempt chest compressions or Do Not Resuscitate</li> </ul> <p><input type="checkbox"/> <b>Review communication plan</b></p> <ul style="list-style-type: none"> <li>• Plan for staff to family communication and vice versa.</li> <li>• Plan for communication between residents and loved ones using devices</li> </ul> <p><input type="checkbox"/> <b>Fill out documents and write orders that need to be created and formally signed off (e.g., AMDA COVID-19 ACP document, POLST, etc.)</b></p>

Fig. 1. (continued).