

Nurses are obliged to provide comprehensive and compassionate end-of-life care. They are responsible for recognizing patients' symptoms, taking measures within their scope of practice to administer medications, providing other measures for symptom alleviation, and collaborating with other professionals to optimize patients' comfort and families' understanding and adaptation.<sup>1</sup>

The current challenge is that deaths from COVID-19 do not involve the usual gradual decline. Instead, death from COVID-19 often involves acute decline with little warning. Most patients are on ventilatory support or supplemental oxygen. The patient often has an endotracheal tube in place, and death occurs either by natural decline or by rapid wean.

Limitations in care settings, resources, and support—accompanied by restrictions on visitors during this critical period—are further redefining the dying experience. The nurse's experience of caring for COVID-19 patients at the end of life has constrained the customary high-touch process due to contact restrictions to limit exposure, lack of available personal protective equipment (PPE), and concerns about various procedures releasing droplets.

Comprehensive and compassionate end-of-life care includes recognizing when death is near and conveying that information to families to allow for adequate preparation as much as possible.<sup>1</sup>

Unlike before the pandemic, end-of-life care during the current crisis is delineated by limited exposure to COVID-19 in all aspects of care. Nurses must recognize they can only provide the best care possible under difficult circumstances and should seek support from the interdisciplinary team (IDT) and other organizational and community resources.

In non-acute settings, it is critical to have medications available to manage terminal symptoms, such as pain, dyspnea, anxiety, restlessness, and secretions. Common medications for management of terminal symptoms in the non-acute setting in the adult patient include:<sup>2</sup>

- Pain and dyspnea: concentrated opioid (morphine liquid concentrate 20 mg/ml)
- Nausea and restlessness: haloperidol or lorazepam liquid, crushed tablets, or prochlorperazine suppository
- Anxiety and agitation: concentrated benzodiazepine (e.g., lorazepam liquid 2 mg/ml)
- Terminal secretions: anticholinergic (e.g., glycopyrrolate, hyoscyamine, or atropine sublingually or scopolamine patches)

**\*DISCLAIMER NOTE:** Medication dosing for symptom management is provided as recommendations only for nursing to discuss with prescribers and for prescriber consideration after careful history, physical exam, and review of lab/diagnostic studies. Dosing should be adjusted based on each patient's clinical case, presentation, and prescriber's clinical judgment.

### Principles of Comfort as Death Nears:<sup>3</sup>

- Enlist support of the IDT (e.g., social worker, chaplain) to help rapidly plan for final contact with family via video or telephone.
- Allow family to visit if allowed, within exposure-risk policies and protocols.
- Utilize technology for family communications and support if they cannot be in attendance.

- Turn and position the patient for comfort as allowed by exposure-risk policies and protocols.
- Medicate the patient prior to repositioning.
- Perform frequent mouth care as allowed by exposure-risk policies and protocols.
- Stop or reduce tube feedings and intravenous fluids.
- Provide a quiet environment.
- Mottling and cyanosis are part of the dying process. This does not indicate the patient is cold.

### **Nurse Support:**

- Participate in supportive care rounds to promote self-care surrounding the grief and loss of witnessing COVID-19 deaths.
- Participate in a sacred pause—a ritual performed at a patient's death to honor the lost life, recognize the efforts of the healthcare team, reflect on the experience, and bring closure when possible.<sup>4</sup>

### **Signs of Imminent Death:**

- Profound weakness
- Terminal secretions
- Changes in mental status
- Decreased urinary output
- Increased heart rate
- Changes in breathing patterns
- Cooling and mottling of extremities
- Temperature fluctuations

### **Signs of Death:**

- Unresponsive
- Absence of heartbeat and respirations
- Body color pale and waxy as blood settles
- Pupils fixed
- Decreased temperature
- Muscles that relax then stiffen four to six hours after death as rigor mortis sets in
- Possibly opened eyes; possibly relaxed jaw

Follow organizational protocols for death pronouncement, notifications, and transfer of body.

### **Additional Interventions:**

- An interprofessional team with multiple perspectives can provide meaningful interventions. Consider referral to palliative care for difficult conversations and advanced symptom management. Encourage moments of sacred pause to self-reflect as a team or individually.

For additional information, please access HPNA's COVID-19 Resource page at [www.advancingexpertcare.org](http://www.advancingexpertcare.org).

## REFERENCES

1. American Nurses Association. Nurses' Roles and Responsibilities in Providing Care and Support at the End of Life [position statement]. 2016. <https://www.nursingworld.org/practice-policy/nursing-excellence/official-position-statements/id/nurses-roles-and-responsibilities-in-providing-care-and-support-at-the-end-of-life/>. Accessed April 5, 2020.
2. *Primer of Palliative Care*. 7th Ed. 2019 American Association of Hospice and Palliative Medicine. Chapter Care During the last hours of life. ISBN 9781889296081
3. City of Hope. CARES Program. <https://www.cityofhope.org/education/health-professional-education/supportive-care-medicine-professional-education/supportive-care-clinical-programs/cares-program>. Accessed April 5, 2020.
4. Kapoor S, Morgan CK, Siddique MA, Guntupalli KK. "Sacred pause" in the ICU: evaluation of a ritual and intervention to lower distress and burnout. *American Journal of Hospice and Palliative Medicine*<sup>®</sup>. 2018; 35: 1337-1341. doi: 10.1177/1049909118768247.

## ADDITIONAL RESOURCES

- ELNEC Support for Nurses During COVID-19: <https://www.aacnnursing.org/ELNEC/COVID-19>
- Dahlin C, Wittenberg-Lyles E. Communication in palliative care: an essential competency for nurses. In: Ferrell B, Paice J, eds. *Oxford Textbook of Palliative Nursing*. 5th ed. New York, NY: Oxford University Press; 2019.
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