TOOL FOR SHARING CLINICAL AND CARE PATHWAYS BETWEEN PROFESSIONALS WORKING IN HOSPITAL AND PALLIATIVE CARE SERVICES CARING FOR COVID-19 POSITIVE PATIENTS

RISK FACTORS FOR INCREASED MORTALITY

Comorbidity:

Cardiovascular disease	Yes	No
Diabetes mellitus	Yes	No
Chronic respiratory disease	Yes	No
Cancer	Yes	No

CLINICAL ISSUES

Dyspnoea at rest and/or when speaking	Yes	No
Respiratory rate > 22 breaths/min	Yes	No
PaO2 < 65 mmHg or SpO2 < 90%	Yes	No
Radiological evidence of worsening	Yes	No
Organ failure or dysfunction	Yes	No
Deterioration in laboratory tests	Yes	No

ONGOING DRUG TREATMENT

Antiviral	Yes	No
Immunosuppressive	Yes	No
Monoclonal antibody	Yes	No
Chloroquine	Yes	No
Morphine	Yes (dose……)	No
Other		

LIFE SUPPORT MEASURES

Respiratory	Yes	No
Haemodynamic support	Yes	No
Renal support	Yes	No

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COMMUNICATION

1. Can the patient communicate independently?	Yes	No
2. Is the patient aware about his/her condition and/or have they asked to be kept personally informed?	Yes	No
3. Has the patient asked for relatives to be informed about his/her clinical condition?	Yes	No

BASIC INFORMATION

Physical examination:

Pain:	Yes	No	Urinary incontinence:	Yes	No
Agitation:	Yes	No	Urinary catheter:	Yes	No
Nausea:	Yes	No	Faecal incontinence:	Yes	No
Vomiting:	Yes	No	Constipation:	Yes	No
Dyspnoea:	Yes	No	Expectorating independently:	Yes	No
Swallowing independently:	Yes	No	Other: ……..		

The patient is:

Confused	Yes	No	Semi-conscious	Yes	No
Conscious	Yes	No	Unconscious	Yes	No

PSYCHOLOGICAL SUPPORT	**GOAL 1: Has the psychologist on the multidisciplinary team been asked to attend?** **GOAL 2: Has the patient been offered support from the psychologist?** **GOAL3: Have the patient's family members/carers been offered support from the psychologist?** **GOAL 4: Have the health care team been offered support from the psychologist?**

TREATMENT	**GOAL 1: Was treatment prescribed for the following symptoms, which may occur in the final hours/days of the patient's life?** Pain ☐ Agitation ☐ Secretion management/suction ☐ Nausea/vomiting ☐ Dyspnoea ☐ Planning of treatment prevents delays in administering drugs if symptoms appear. Treatment can be discontinued if considered unnecessary.

ONGOING INTERVENTIONS	**GOAL 1: Ongoing interventions have been re-assessed and adjusted by the health care team: YES □ PARTIALLY □ NO □**				
		Not currently appropriate (do not perform/ administer)	**Discontinued Date…… Time……..**	**Ongoing Date……. Time……**	**Started**
	Routine blood tests	□	□	□	□
	IV antibiotics	□	□	□	□
	Blood transfusions	□	□	□	□
	Monitoring of vital signs	□	□	□	□
	Oxygen	□	□	□	□
	Artificial nutrition	□	□	□	□
	Administration of fluids	□	□	□	□
	Diagnostic imaging	□	□	□	□
	Non-invasive ventilation	□	□	□	□
	Haemodynamic support (inotropes)	□	□	□	□
	Renal support	□	□	□	□
	GOAL 2: The patient has clearly stated that they do not wish to be resuscitated YES □				

Name of doctor who provided the information:……

Date…….. Signature and stamp……