Pallium Canada

Webinar Q&A
End-of-Life Care in the ED for patients Imminently Dying of a Transmissible Acute Respiratory Infection (such as COVID-19) – Wednesday April 8, 2020 @ 8 pm ET

Question	Answer	CPC Exchange
Cuong 08:52 PM **Advice on refractory secretions despite Glycopyrrolate 0.4mg s/c q4h straight.**	There is no great literature for management of refractory respiratory secretions. If the secretions are deep in the lung, these medications are usually ineffective. Some will advise using scopolamine at 0.3-0.6mgsubcut q4h as some will report it may be more effective. Again, the literature is equivocal. If the patient is well sedated, they will not be aware of the secretions and are unlikely to have any discomfort. The treatment of respiratory secretions is often a treatment for families and health care providers.	If you'd like to continue this conversation head to the Canadian Palliative Care Exchange and create a discussion topic or contribute to a conversation already taking place. There is no cost to participate. Join now to share and learn alongside your colleagues from across Canada: www.cpcexchange.ca
Claude 08:53 PM **Is there symptoms "cluster" that can be recognized and indicating that the patient will rapidly deteriorate**	I am not aware of any specific symptom clusters. The descriptions of patients include some that have very low oxygen saturation but have otherwise normal vital signs and are not complaining of much dyspnea. There are patients with low oxygen levels (sometimes in the high eighties to low nineties) with	

	a lot of dyspnea and work of breathing. The deterioration pattern is often of progressive lowering of oxygen saturations despite increasing oxygen delivery. ICUs have described rapid drops with eventual hypoxic cardiac arrest. This can be over a period of days but can happen over a few hours.	
Betty-Lou 08:57 PM **Are there programs for offering blood withdrawal for research to develop vaccine?**	I am not aware of any.	
Marie-Josée **On behalf of the Moncton and New Brunswick palliative care physicians: We are concerned that COVID-19 palliative patients have no choice but to die 'alone'... the patient is alone and without family.** **The family is frustrated and extremely sad to not be able to assist their loved one (what could be worse than imagining the loved one dying alone?!?).** **Also, for the nursing staff, how can we help them? They come off as the 'bad**	This statement and question weigh heavy on all of us. Whether we are the ones instituting the restrictions or following the guidance of the provincial or federal government. This is a form of moral distress that goes against who we are as palliative care practitioners and as human beings. There are a lot of resources available on-line to help navigate these difficult conversations, including Vital Talks (vitaltalk.org). Many hospitals are finding ways to provide virtual visits	

guys' to families in crisis and experience mourning themselves. What a feeling of hopelessness! **Our question: What can we do to best supervise and support all these people in distress (patient, family, caregivers)?**	between patients and families using smart devices. Many emergency departments are forming "wellness" teams to help staff find ways of managing these difficult times. Some provinces are also providing access to health care workers and the public to mental health supports. (I'm happy to provide what I have access to)	