



Guidance for End-of-Life Compassionate Visits for Long Term Care Facilities During the COVID-19 Pandemic

The goal of these recommendations is to allow for family visitation for one to three days prior to onset of coma when a patient is nearing end-of-life.

Individuals dying of any illness go through an end-of-life pattern of symptoms that is fairly consistent and predictable. In the final days of life dying patients become weaker and finally bedbound. Swallowing becomes progressively more difficult. Their intake of food and fluids declines and ultimately ceases. Patients sleep more and often become more confused, sometimes agitated. Increased somnolence (sleepiness) progresses to obtundation (minimal responsiveness) and finally coma. Coma, a state of complete unresponsiveness, may occur hours or days before death.

It should be noted that patients dying of COVID-19 have been reported to die more quickly due to sometimes rapid development of respiratory failure and hypoxia.

The Centers for Medicare and Medicaid Services of the federal government requires that family be allowed compassionate end-of-life visits to their loved ones. To balance this requirement with the need for facilities to comply with CDC and MDH guidance to limit the spread of COVID, we recommend the following:

- 1) Patients who are declining (weaker and approaching bedbound status, swallowing difficulty and minimal intake) should be referred to hospice if not already enrolled. If feasible and resources are in place to do so, consider working with the family to transition the resident home for their last few days.
- 2) Family members should be allowed visitation in the final days of life before coma develops to allow for some degree of communication with loved ones. In the case of COVID-19, patients may die quickly. If the patient develops hypoxia, family should be allowed a visit if desired.
- 3) Spiritual counselors should be allowed visitation in the final days of life.
- 4) Single, one time visits are preferred. A maximum of two family members should be allowed to visit. Visits should be limited to one hour. Social distancing and appropriate PPE must be complied with.

5) Family members may be defined by the resident. If unable to define, during the pandemic, they will be defined as: mothers, fathers, spouses, significant others, sisters, brothers, and children.

6) Upon entrance to the facility, family members and spiritual counselors will be screened for COVID-19 signs and symptoms. If any signs or symptoms are present, the visitor will not be allowed to conduct the compassionate care visit.

7) Visitors should follow the PPE use guidance utilized for the facility's staff, taking into consideration the COVID-19 status of the resident.

8) If the resident has a roommate, consider moving the roommate or the resident, whichever is more appropriate to the situation, to a different room for compassionate care visits and end-of-life care.

Guideline developed by Minnesota Network of Hospice & Palliative Care, Care Providers of Minnesota, and LeadingAge Minnesota 5/13/2020