



COVID-19 GUIDELINES FOR TREATMENT OF OLDER PEOPLE AND THOSE NEEDING PALLIATIVE CARE

EMBARGOED UNTIL 12:01am Monday 6 December 2021

THE National COVID-19 Clinical Care Taskforce has produced guidance for practitioners on the delivery of two pathways of quality geriatric and palliative care during the COVID-19 pandemic.

A summary of the new guidelines is published today by the *Medical Journal of Australia*, and is authored by the Taskforce's Care of Older People and Palliative Care Panel, led by Ms Saskia Cheyne, a Senior Evidence Analyst with the NHMRC Clinical Trials Centre at the University of Sydney, and Research Fellow at Monash University.

"Older people living with frailty and/or cognitive impairment who have COVID-19 experience higher rates of critical illness," Cheyne and colleagues wrote.

"There are also people who become critically ill with COVID-19 for whom a decision is made to take a palliative approach to their care.

The Panel has developed two clinical flow charts for the management of people with COVID-19 who are i) older and living with frailty and/or cognitive impairment, and ii) receiving palliative care for COVID-19 or other underlying illnesses.

The flow charts focus on goals of care, communication, medication management, escalation of care, active disease-directed care, and managing symptoms such as delirium, anxiety, agitation, breathlessness or cough. The flow charts are available at <https://covid19evidence.net.au/#clinical-flowcharts>

The National Taskforce also developed living guideline recommendations for the care of adults with COVID-19, including a commentary to discuss special considerations when caring for older people and those requiring palliative care. The living guidelines are available at <https://covid19evidence.net.au/>

"Along with treatment decisions, other elements of clinical care are particularly complex in these populations," Cheyne and colleagues wrote.

"Effective communication with patients can be hindered due to the physical barriers created by mask wearing and other forms of personal protective equipment. COVID-19 also limits face-to-face contact, not just between the patient and health professional but also between the patient and their families and carers, due to visiting restrictions.

"The clinical flow charts encourage the use of alternative tools, such as digital technologies, which can be used safely from outside the patient's room and without requiring personal protective equipment."

Another challenge in these populations is the advance care directives, which, if they are available, were likely written before the COVID-19 pandemic.

"It is vital to reaffirm these wishes with patients and any legal guardian for medical decision making," wrote Cheyne and colleagues.



MJA

The Medical Journal of Australia

Media Release

“For patients with COVID-19 and other underlying health conditions, their goal of care may be curative, directed towards COVID-19, or it may be focused instead on symptom management. Care should always be holistic, respecting the priorities and preferences of patients.”

All MJA media releases are open access and can be found at: <https://www.mja.com.au/journal/media>

Please remember to credit *The MJA*.

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

The statements or opinions that are expressed in the MJA reflect the views of the authors and do not represent the official policy of the AMA or the MJA unless that is so stated.

CONTACTS:

Eloise Hudson
Director of Communications, Partnerships
National COVID-19 Clinical Evidence Taskforce
Email: Eloise.hudson@monash.edu