

COVID-19 Palliative Care: Hospital Admission Decision

**COVID
COHORT 1**

**COHORT 2
HIGH RISK
Condition
deteriorating**

This diagram provides guidance on taking a decision to admit a person to hospital. Any decision should take into account a person's care plan.

Vulnerable Patients:

- Care Plans for patients on NHS England vulnerable patients list completed prior to contracting COVID-19
- Share care plans on Summary Care Record and CHIE to be available to all duty doctors
- Record chronic frailty score see NICE COVID-19 guideline 159
- Record patients wishes
- Use ReSPECT/future planning template

Decision to admit process:

(If care plan does not confirm patient wishes to stay at home)

- Decision Point 1 - Duty Doctor to discuss with patient taking into account deterioration of symptoms and comorbidities
- Decision Point 2: discuss with a second GP. Preferably patients own GP to review patients wishes against deterioration in symptoms
- Decision Point 3: discuss with MAU consultant to decide appropriate setting based on patients wishes, NEWS2, frailty score and comorbidities

**Acute Hospital
Levels 1-4:**

- ITU
- O Plus
- O Beds
- Step down beds

Community hospital

- O Beds medical and nursing
- Step up/down beds

Community Hospital

- Supportive treatment
- Step up/down beds

Possible New Community Sites

- Supportive treatment nursing and care
- Step up/down beds

Care Homes

- Supportive treatment/ nursing care
- Step up/down beds

Patient's Home

- Patients wishes to be at home
- Family able to be present
- Supportive treatment (palliative)

Consideration for stepping up/down:

- Respiratory Rate
- Saturated O2 Levels
- Temperature
- Heart rate
- NEWS2 increasing/decreasing
- comorbidities

COVID-19: Community Palliative Care

