

KEYWORDS: PAIN; COUGH; DYSPNEA; DELIRIUM; SYMPTOM MANAGEMENT

DESCRIPTION



Per the NCP (2018), physical care

- Requires understanding the patient's goals in the context of their broader will including relieving symptoms to optimize functional status and quality of life
- Requires a holistic approach (i.e., pharmacological, nonpharmacological, behavioral, etc.)
- Requires collaboration among teams, disciplines, and primary and specialty care providers

COVID-19 CONCERNS



- The context in which physical, emotional, and spiritual wellbeing is defined has evolved during the pandemic and has been affected dramatically for many people and populations
- Pain symptoms may be undertreated and needed care may be delayed due to patient or family concerns for COVID-19 exposure
- Patients on long-term opioid regimens may require additional or higher dose opioids to manage both pain symptoms and breathlessness or new pain/dyspnea associated with COVID-19
- "Quality of life" may have taken on new meaning during the COVID-19 crisis

ASSESSMENT CONSIDERATIONS



- COVID-19 symptoms may have exacerbated existing symptoms or caused new discomfort to arise acutely and severely in the patient with cancer
- Caregivers may become overwhelmed in the home setting while tending to both cancer or treatment symptoms as well as new onset challenges with COVID-19
- Symptom management medications that were once effective may need re-evaluation and discussion among the interdisciplinary team
- As the health system and health providers are overwhelmed due to COVID-19, patients on symptom maintenance therapies may have been understandably undertreated

QUESTIONS FOR PATIENT/FAMILY



- What symptoms are most troublesome to you at this time? (Examples might include pain, shortness of breath, indigestion, fevers, sleeplessness, nausea, constipation, etc.)
- What treatments have you been using at home that have been effective? Which ones have you tried that have been ineffective?

ADDITIONAL SUGGESTIONS FOR CLINICAL PRACTICE



- Ensure routine pain assessments per hospital protocol, in addition to before and 30-60 minutes following intervention, such as analgesic administration
- Consult palliative care specialty team upstream in hospitalization or at time of diagnosis with COVID-19 to ensure readily available input for complex symptom management

RELATED RESOURCES



- Center to Advance Palliative Care. (2020). Symptom Medications COVID-19 Clinical Resource. Available at: <https://www.aacnnursing.org/Portals/42/ELNEC/PDF/symptom-medications-covid-19-clinical-resource.pdf>
- ELNEC. (2020). ELNEC Support for Nurses During COVID – Symptom Management Infographics (under "Symptom Management" tab). Available at: <https://www.aacnnursing.org/ELNEC/COVID-19>
- Radbruch L et al. (2020). Recommendations for Symptom Control of Patients with COVID-19 – Briefing Note. Global Palliative Care and Covid-19 Series. Available at: <http://globalpalliativecare.org/covid-19/uploads/briefing-notes/briefing-note-recommendations-for-symptom-control-of-patients-with-covid-19.pdf>