

## Preparation

- *Determine decision-making capacity. If lacking, have conversation with legal surrogate decision-maker.*
- *Engage family/caregivers as able*

## Goals

- *Foreshadow risk of critical illness and outline life-sustaining treatments as “trials”.*
- *Identify patients who would not want resuscitation*
- *Approach patients with serious illness when your instincts tell you that they would likely not benefit from resuscitation and/or ICU care.*
- *This approach might feel new but is a part of standard care for very sick patients. It uses an informed assent model to provide patients with information about the likelihood of benefit.*

## Responding to Emotion

- **Name**  
*This is scary.*
- **Understand**  
*I can't imagine how hard this is.*
- **Respect**  
*You are being so strong through this.*
- **Support**  
*We will figure this out together.*
- **Explore**  
*Tell me more.*

## OPEN THE CONVERSATION

I'd like to talk about you/your loved one's health and do some planning in advance if you/they were to get sicker. Would that be ok?

## ASSESS UNDERSTANDING

What is your **understanding** of your/their illness?

As you think about your/their health, what **worries** do you have?

## SHARE INFORMATION

I want to share my understanding of things. It can be difficult to predict what will happen with COVID infections. In the hospital, we will do everything we can to get people through this, which usually includes oxygen and other supportive treatments.

I **HOPE** you/they will do well and recover as most people do, and I **WORRY** that some people can become critically ill very quickly. This can mean needing a breathing machine and ICU care. I think it is important to prepare for that possibility.

## ALIGN

I **wish** we were not in this situation.

## TRANSITION, SHARE INFORMATION

Can we talk about how we think about CPR and breathing machines in this setting? What do you already know about these things?

If a COVID infection causes someone's lungs to fail, the medical team sometimes uses a breathing machine to breathe for them. If someone gets so sick that their heart stops, the medical team sometimes uses CPR or chest compressions to try to restart the heart.

## EXPLORE

What are your initial thoughts about these types of interventions?

## MAKE A RECOMMENDATION

I think it makes sense to attempt these things for now to try to get you/them through this. If you/they were to unexpectedly get much sicker, we might need to **revisit** this, because CPR may do more harm than good in those situations. How does that sound?

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I hear that you/they would not want these things and I think that makes sense. I **recommend** that if your heart or lungs were to fail, we focus on your comfort and use medications to help with this. We would not have you/them go to the ICU or be on a breathing machine or have CPR. The way we communicate this in the hospital is by placing a “Do Not Attempt Resuscitation/Do Not Intubate” order. Is that ok with you?

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Given your/their other serious health problems, our team is worried that these interventions might do more harm than good. I **recommend** that we focus on treatments that will help and avoid things that won't. I **recommend** that if your/their heart or lungs were to fail, we focus on your/their comfort and use medications to help with this. We would not have you/them go to the ICU or be on a breathing machine or have CPR. The way we communicate this in the hospital is by placing a “Do Not Attempt Resuscitation/Do Not Intubate” order. Is that ok with you?

IF ASSENT: I think this makes the most sense for you. If you got sicker, our plan would be to keep you comfortable and not go to the ICU.

IF NO ASSENT: I understand. We may need to talk about this again.

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## ALIGN

Thank you for doing some planning with me. I know this is not easy to think about. No matter what happens, we will do everything we can to provide the best care for you/your loved one.

## DOCUMENT YOUR CONVERSATION

Document in your H&P or Progress Note.

Change code status in EMR, if applicable.

*For patients who*

- 1) *Desire life-prolonging measures or are uncertain*  
**AND**
- 2) *Have reasonable chance of ICU benefit*

*For patients who **do not want** resuscitation and clinical situation makes this reasonable*

*For patients with a **low likelihood of significant ICU benefit** (elderly, multiple medical comorbidities, serious or terminal illness, etc.)*