Supporting implementation of NICE Critical Care Guidelines (NG159)

https://www.criticalcarenice.org.uk/patient-information

Understanding treatments and outcomes in hospital and critical care

Planning your care if you are diagnosed with COVID 19 (Coronavirus infection)

This guide prepares you to consider what you would like to happen and the care settings you might need if you have suspected or diagnosed COVID-19 (coronavirus infection).

Not everyone will feel able to take part in such a conversation, which is fine. Your family members may be able to help in this situation. It is important to know that planning ahead and talking about your wishes and preferences for care means that doctors and nurses are more likely to know your preferences. If you are unable to make your own decisions, because of serious illness, this will help them to reach the right decisions about your care.

This information outlines treatments that are given in Critical Care and how these treatments compare to treatments on the ward or in a setting without life support, treatment such as the community e.g. a care home or your own home.

Some facts about COVID 19 and Critical Care

The most common serious problem people experience in COVID 19 infection is difficulty with breathing.

For many people, this can be treated outside of the hospital, including in your own home. It may also be treated in a hospital ward with oxygen given through a face mask. For some people however, giving oxygen via a face mask is not enough to keep them alive. To get enough oxygen the person may need to be admitted to critical care for further treatment. Critical Care is a place that provides specialist care for people when they become critically unwell. Critical Care treatment supports a person’s breathing and other organ functions to keep them alive while allowing the illness to run its course.

Treatment on critical care might include needing to be given heavy sedation (medication to keep you asleep to tolerate the breathing support needed) and a tube inserted into the windpipe to connect to a ventilator (a machine to support breathing). Sadly, despite this intensive treatment many people who are admitted to Critical Care will still not survive.

Who looks after you in Critical Care?

Treatment and care is given by a healthcare team which may include nurses, doctors, physiotherapists, dietitians and other team members.

What will happen if I am admitted to Critical Care?

The members of the healthcare team work together around the clock to provide the treatment. They will closely monitor your condition and review your treatment
regularly to see if it is making a difference. We hope that if treatment is successful you will recover to return to a quality of life that is acceptable to you. However, after critical care treatment, you will almost certainly not be as fit as you were. This is even more likely if you are already frail or have other illnesses.

There are some helpful critical care videos here that give you an idea of what to expect when deciding on Critical Care treatment.

How successful can I expect Critical Care treatment to be?

Despite all our efforts on critical care, some people do not survive. Currently about 1 in 4 people do not survive their critical care admission regardless of their age. If a person is frail (or has a number of medical conditions), their chances of survival are lower. At present, we believe that up to 4 in 10 people who come to critical care with COVID-19 do not survive their illness. In other groups of patients, including those who are frail, the survival rate is much lower, with 6 in 10 or more of people with COVID-19 dying despite a period of ventilation.

How long would I need to be treated for?

At present preliminary data in the UK suggests that people are spending 3-4 days under sedation and being ventilated, but it has been excess of 10-days. Physical recovery from 7-10 days of ventilation in a young and fit patient is generally 3-6 months, however it can take longer. Emotional and psychological recovery can take up to a year. Full recovery is much less likely to happen if a person is frail or has a number of medical illnesses already. You may never reach the same quality of life as you had before as there may be ongoing weakness, lung or other health problems related to the Critical Care stay.

Are there any alternatives to Critical Care?

Care in a setting without life support machines might include staying in the community or your own home, and aims to relieve suffering and preserve dignity. There would be no life support machines and the healthcare team would concentrate on relieving symptoms with drugs and other treatments. It may also make it easier for your family to visit, since visiting is extremely restricted on a Critical Care unit at the moment.

Some people who do not choose life support may not live as long as they would on life support. If doctors do not think you would benefit from an attempted period of ventilation (supporting your breathing with a ventilator), then their focus will change to keeping you as comfortable as possible at the end of your life.

Sometimes doctors or nurses will make a clear recommendation about what health care setting you would most benefit from. You can always refuse to go into hospital or to Critical Care if you don’t want to, even if the doctors are recommending that you do so. It is important that you understand the risks and benefits of each healthcare setting. It is important that you and your family express your choice and what matters to you, but you need to understand the risks and benefits to do that.
What do critical care teams need to consider?

The team will look at how sick you are and what other health conditions you have in case these could affect the chance of recovery. They will take your wishes into account. You might want to think about:

1. What are the health care settings where I might receive care?
2. What are the pros and cons of each of these for me?
3. How do I get support to make a decision that is right for me?

Long Term Health conditions

The guidance on this website has been created with specific reference to COVID 19 to help you plan your care and preferences for treatment if you have suspected or diagnosed COVID 19.

If you have long term health considerations, the following may also help you work through some additional considerations should you wish to. This is particularly relevant in relation to considering your views

www.Healthwise.org or https://www.healthlinkbc.ca/health-topics/tu1430#bo1073 is a Canadian website. It contains some useful tools and ways to help you consider your own decisions but it does have some differences to care provided in the NHS.

The following animation from Macmillan Cancer Support may also be of interest. It can be found here.

Living Wills

An advance decision form (sometimes known as an advance decision to refuse treatment, an ADRT, or a living will) lets you refuse any medical treatments that you do not want to be given in the future. You can access an online form and guidance here.